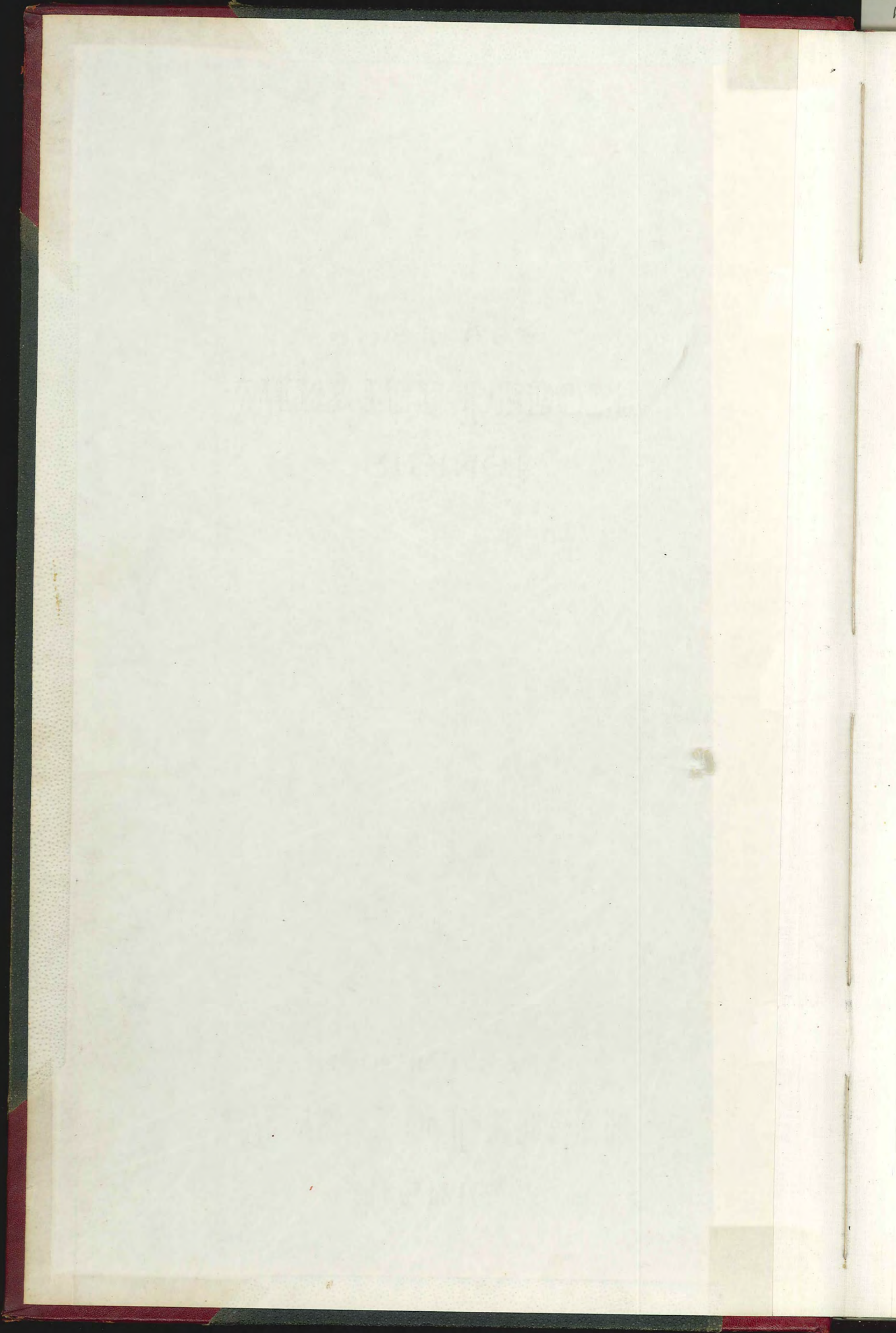


1941-1945

GENERAL  
REGISTER

7/6/41  
10/20/45



July 6<sup>th</sup> 1941.  
to  
October 20<sup>th</sup> 1945.

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y

	Page	
Adams Wallace W.	2.	
Allen Evelyn E.	29	Child of Wm. Allen.
Appleton Mary Ella	53	
Ayers Jane	75.	
Adams Freda	102.	
Arnold Baby June.	121	Child of Jean (Wood) Arnold.
Abbott. Mary E.	194.	
Ames Mary A.	246.	
Allo. Clarissa R.	264.	
Allo. Victor	267.	

	Page	
Barnard Frank	3.	
Burridge Lawrence	8.	
Barritt Laura	9.	
Blake Gerald	12.	
Burdick Eliza H.	17.	
Barrett Mary E.	25.	
Brooks Richard E.	34.	
Baker Elmer F.	45.	
Burgess Cora S.	47.	
Barhard Frank R.	52.	
Barrett Mabel A.	62.	
Burgess Margaret	73.	
B. Blanchard Etta J.	78.	
Bacpus Linda B.	81.	
Blackburn Louise	115.	
Brock Annie C.	117.	
Baxter Anna Coats	160.	
Burns Bridget J.	172.	
Ball Baby Boy	189.	Child of Donald H. Ball,
Bates Adelaide W.	190.	U.S. Coast Guard.
Burgess Wilberta B.	192.	
Barrows Father John.	196.	
Bowen Everett H.	199.	
Binder Harrington E.	204.	
Barrett Emma F.	216.	
Brooks Mary E.	262.	
Beldue Thomas J.	289.	
Barney William H.	295.	

A  
BC  
DE  
FG  
HI  
JK  
LM  
NO  
PQ  
RS  
TU  
VW  
Y

	Page.	
Cummings Richard L.	5	
Callwith Arthur R.	6	
Craig Baby Boy	30	Child of Alexander M. Jr.
Chadwick Mary L.	49	
Coffin Elizabeth D.	55	
Cisco Phyllis B.	68	
Cady Harry B.	80	
Chadwick Elsie M.	84	
Cash Leland S.	86	
Coleman Mary J.	103	
Chase Sarah Bailey	107	
Chadwick Charles E.	119	
Clarkson John M.	128	
Cook Mary V.	132	
Cartwright Esther A.	146	
Christholm Alice S.	165	
Coffin Jesse A.	174	
Cowan Nan Marie	224	
Chase Roland B.	237	
Condon Charles E.	236	
Colby Frank W.	247	
Cardoza Joseph Urbano	250	
Clough Arthur J.	248	
Cook Martha A.	255	
Cosmos Domingo	269	
Chambler Sillian	275	
Cash Lulu	281	
Curley Catherine	285	
Cartwright Robert	292	

	Page	
Dalman Mary K.	23.	
Davis, William A.	27.	
Dunham Florence P.	33	
Dawson, Elizabeth A.	38.	
Davis Cushing	82	
Davis Leo.	85	Donnell Wm. 98
Dunham Sarah Jane	125.	
Duc. Louise	131.	
Dunham, Marcus W.	144	
DeGraw Ralph W. Jr.	168.	
Donovan, Anna L.	181	
Davis Belle,	219	
Donnell Jeanette	252	
Davis Roger G.	253.	
Donnell Ruth	263.	
Dittmar Katherine M.	293.	

C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y

Eddy Frederick W. Page 11.  
Eddy Henry S. 215.  
Esau Ellsworth. 218.



Fuller Fred V. Page	35
Francis. Mary E.	36
F. reborn. Mary R. Jr.	43.
Francis Sarah. B.	60.
Folger. Sufphenia	163.
Flanders Abby S.	178.
Folger Edward C.	185.
Flood. Mary	197.
Folger Ellen M.	209.
Fish. Catherine	241.
Fawcett Percy Howell	274.
Fraser Emma	277.
Freeze Elsworth A	278.

E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y

	Page
Gardner Mary M. J. d.	7
Grant George A.	57.
Gardner H. Marshall.	91.
Gomes Remicho G.	111
Gardner Harrison G.	150
Gouin Marcel E.	182.
Gardner Mary J.	183.
Grant Edward M.	230
Gomes Emily S.	249.
Grant Rachel C.	256.
Gardner Emma C.	261.
Garland Hattie B.	298.

1941-1945

	Page
Hammond Charles F.	54
Hall, Sulu F.	66
Huskins Asa C.	76
Heffner, Mary E.	88
Harris Ethel W.	89
Holland William	95.
Hussey Lydia	105.
Hall, Fredrick G.	137.
Handy, Doris	162
Hussey Elizabeth, C.	164
Huskins Annie S.	171.
Holmes, Ida A.	200.

G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y

Ingraham Ella M. Page 149

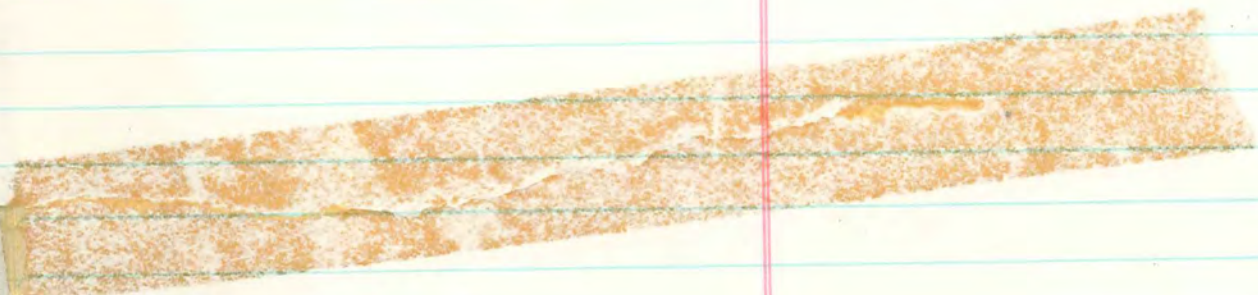


Johnson Lillian G.	Page 22
Jarvis Mary B.	61
Jones Herbert M.	214.
Johnson Harry F.	239
Johnson Esther F.	250
Jennigan William F.	254.
Jennigan Johnnie L.	257.
Jonks Florence M.	266.



J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y

	Page
Halley Laveria	19.
Killer John R.	58
Kirk Frederick A.	151
King Ethel C.	169.



	Page.
Lewis George W.	13.
Locke James	83.
Lemieux Charlotte C. -	99.
Lewis Mary E.	101
Larkin Joseph M.	109.
Lathrop Samuel P.	113.
Sandsteiner Karl	138.
Lewis Eliza C.	145.
Lehmailr Isabel M.	167.
Sandsteiner Helene	177
Lamb Franklin C.	179
Sindquist Eric W.	187.
Lopes Georgia A.	193.
Sowell Nathaniel E.	195.
Signa Manuel Rose	228
Lewis Susie A.	290.

K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y

	Page	
Mc Mullen James H.	1.	
Myrick Lydia B. E.	16.	
Mc Grath Nellie W.	20.	
Mac Laughlin Ernest S.	26.	
Murray Philip	37	
Marland. Child of Gertrude	39	
Manchester Albert F.	40	
Maeve Frank	44.	
Moniz Dorothy	46	
Mendes Ambrose	64.	
Mc Cleave Mary J.	67	
Magowan Hannah C.	70	
Mowry Lizzie P.	87.	
Morey Edw. Clinton	90.	
Marcelino John.	96.	
Munroe Winifred C.	110.	
Marks Frank	112	
Miller Dorothy M.	126.	
Moore Leonora	136.	
Mc Grath Thomas H.	141.	
Marland.	158	Twins of Gertrude.
Mc Hugh Joanne	159.	
Mendes Antoinette	161	and Cheryl. See. <sup>Antone.</sup> Father, Joseph Mendes
Murphy William E.	175	
Mc Hugh Dennis J.	188.	
Mack Lottie	198.	
Macy Charles H.	211.	
Morris Charles C.	217.	
Macy Mary P.	227	
Minshall Robert	234.	
Morris William R.	244.	
Manteo Harry	265.	
Marshall Elizabeth E.	272.	
Mayhew Mabel Barker	282.	
Mc Cleave Clinton	294.	



Norcross Madeleine L.	Page 63.
Nichols Mabelle A.	71.
Nichols Ella Young.	130
Norcross Annie M.	148.
Norcross Oscar C.	152
Norcross Arthur A.	156
Newcomb Theodore F.	173.
Nickerson Mimmie L.	240.

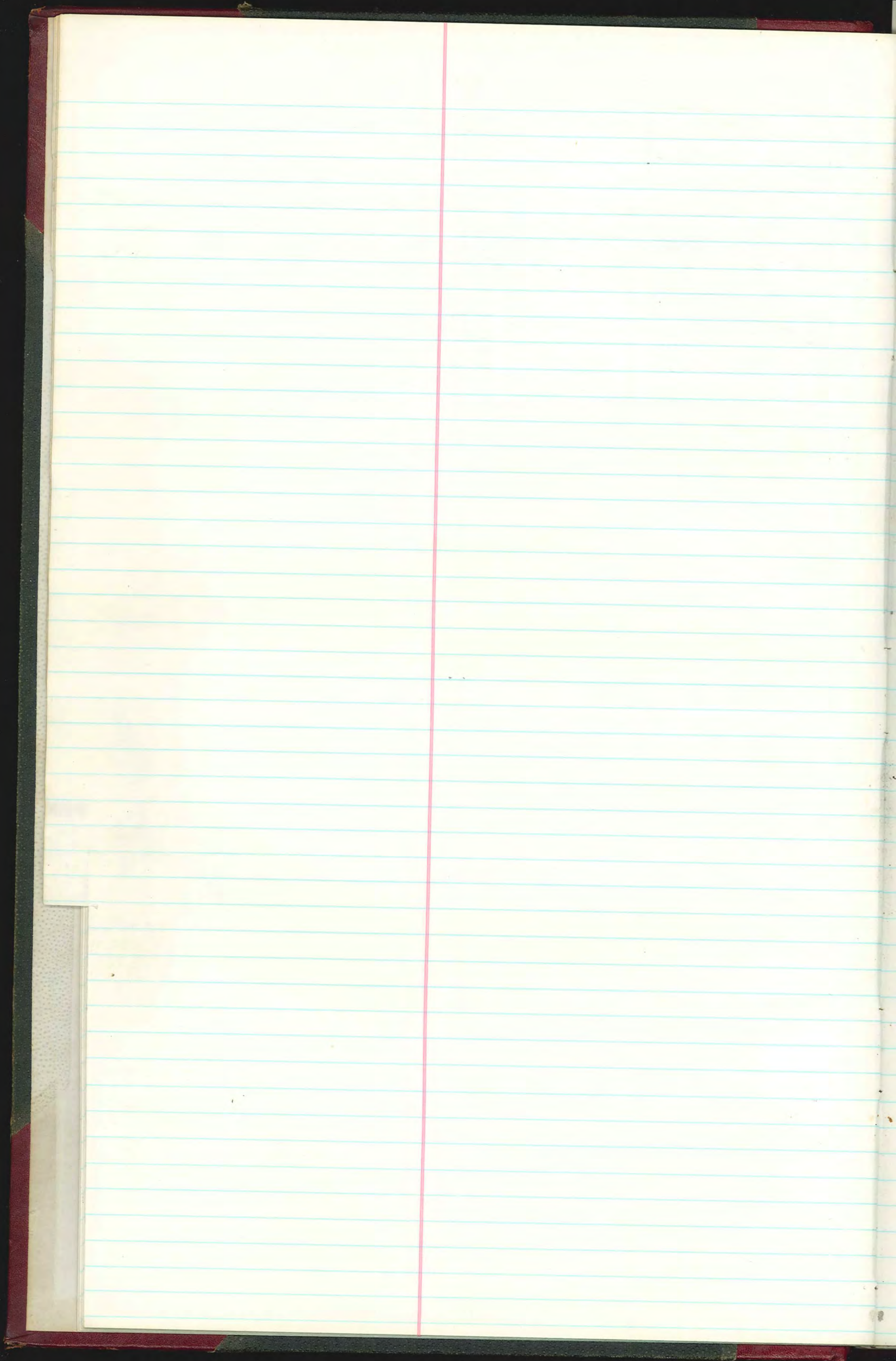
Mendes

M  
N  
O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y

	Page	
O'Donnell, William	98.	
O'Hanlon, Susan.	202.	
Othoto Louis N.	235.	
O'Donnell, Jeanette	252	
O'Donnell Ruth	263.	
Arpin David Alfred.	296.	Child of Alfred N.
Arpin Georgina P.	300.	Wife of. " "

	Page.	
Pineo Howard A. Jr.	31	
Pitman Frederick W. M.	32.	
Pitman Abbie G.	41	
Pitman Isom H.	104	
Pickett Lawrence R.	128.	Child of. C. ney (Folger.) Pickett.
Pineo Howard A.	140	
Pease Elmer F.	143.	
Peluso Louis	153	
Perry Isabell	222	
Post. Regis H.	233	
Pearl. Alice E.	271.	

O  
P  
Q  
R  
S  
T  
U  
V  
W  
Y



	Page
Rule George Cobb	10.
Ray William C.	14.
Roy Jones H.	65
Rebinbas John C. J.	72.
Ray Richard Irving	77.
Riley Mary C. Edgar	127.
Russell Benj. J. W.	129.
Reis Mary S.	139.
Ring John C.	142
Realt. David R.	155
Russell Ellen C.	157
Riddell Emma	203.
Robinson Wm. Applebye.	205.
Rogers Selma C.	208
Robinson Frank E.	210
Ruoff Paul.	212.
Ramsdell Clara	213.
Raftery Anna	221
Reynolds Mary C.	225
Riddell Charles Whitney	237
Raymond Mary E.	238
Ray Annie S.	260.
Roberts Mary D.	276
Rezendes Alfred S.	288.

	Page	
Sharp Elisabeth E.	18.	
Swasey Annie F.	24.	
Stebbins Robert H.	28.	
Souza Mary C.	48	
Saraford Atta B.	50	
Souza Joseph E.	56	
Swain Preston M.	59.	
Spencer Ella Young	69	
Stackpole, Baby Boy	74	Child of Charles G. Stackpole
Small Phibe H.	93.	
Syvaro Helen M.	97.	
Sargent. Baby Boy	100	Child of Richard G. Sargent.
Types George	108	
Sherman Sophie	114	
Sylvia Manuel	116	
Swain Eunice Barney	124	
Stetson Lillian F.	133	
Schneewind Ewald H.	134.	
Shaw Mary	135	
Starbuck Annie L.	147.	
Smiths Alfred E.	170.	
Stanley-Brown Rudolph	176.	
Swain Mary E.	191.	
Smiths Baby Girl	201.	Child of Wm. D. Smith U.S.C.G.
Smiths William H.	226	
Souza Seontine A.	229.	
Smith Aubrey C.	242.	
Small Asa W.	243.	
Squires William R.	246.	
Smith Baby Boy	259	Child of Paul. Smith
Sharrocks Alfred F.	286	
Small Catharine L.	287.	
Stevenson Isabelle	299	

Thayer Charles Elery	16.
Taylor Frederick A.	51.
Todd Mary Elizabeth	79.
Terry Mary Ann	92.
Tracy Ora J.	94.
Tracy Phoebe W.	106
Terry Ernest R.	206
Thompson Isabel Irving	223
Turner Harriett C.	258
Thayer Beatrice	268
Thomas Seth John	280.
Tallant Ruth Foster	283.
Touret Frank Hale	284.
Tivell Edwin S.	297

Varney Theodore

Page  
232



1941-1945

*[Faint, illegible handwriting in the right-hand column]*

U  
V  
W  
Y

	Page
Wait, Annie S.	4.
Winkler Rose	21.
Watts James H.	42
Warrill Ella	118
Wood James H.	120
Wagon. May,	122.
Williams Bridget E.	154
Walsh. Sarah A.	166.
Waggaman Jean M.	180.
Wolfe Frances M.	184.
Whelden Elizabeth R.	186.
Whelden Edward H.	207.
Wildrick Marion N.	220
Wright Obed A.	270
Waggaman Floyd P.	273.
Whelton John L.	279
Warland Henry G.	291.

1941-1945

W  
Y

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# RECORD AND BILL OF ITEMS

Yearly No. 43

FOR THE FUNERAL OF

Total to date 1501

James Henry McMullen  
 Residence Smith St Court New Bedford  
 Place of Death 76 West Dover  
 Date of Birth 1884 Apr 29  
 Date of Death 1941 July 6  
 Maiden Name \_\_\_\_\_  
 Birth-place Fall River  
 Name of Father Abbott D McMullen  
 Maiden Name of Mother Sarah Marchinton  
 Cause of Death—Primary Heart disease  
 Certifying Physician Folger Med Ex  
 Place of Burial New Bedford  
 Funeral Service at \_\_\_\_\_  
 Time of Service Shipped July 7  
 Date of Interment St Michael Austin  
 Social Security No. 024-18-2717  
 Wife or Widow of Malvina Des Marias  
 Age 57 Years 2 Months 7 Days  
 Sex Single  
 Color or Race Age 58  
 Occupation Furniture Mover  
 His Birth-place Canton Mass  
 Her Birth-place Fall River  
 Secondary Presumably Coronary thrombosis  
 Residence \_\_\_\_\_  
 Cemetery Rural  
 Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 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 Pine tunnel	20 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming of services	35 00	Officiating Clergyman	
Washing and Dressing		Amount of Bill	65 00
Shaving		Goods Ordered by Mrs McMullen	
Services 2 transfers	10 00	Bill Charged to	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

65.00

CR.

			Sept 11	1941 Check	65 00
				PAID	
				By	
				A. D. McMullen	
				New Bedford	


## RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to date 1503

Wallace W. Adams

Residence 28 Union St.  
 Place of Death 28 Union St.      Wife or Widow of Anna B. Cathcart  
 Date of Birth 1851 May 1      Age 90 Years      Sex           Color or Race       
 (Year)      (Month)      (Day)      { 2 Months      Single      {  
 Date of Death 1941 July 7      { 6 Days      Married      {  
 (Year)      (Month)      (Day)  
 Maiden Name       
 Birth-place Nantucket      Occupation Boatman, retired  
 Name of Father Alden H. Adams      His Birth-place Catant, Mass  
 Maiden Name of Mother Electa M. Hinkley      Her Birth-place Bourne, Mass  
 Cause of Death—Primary Circulatory failure      Secondary Arteriosclerosis Senility  
 Certifying Physician Gilpatrick      Residence           Cholecystitis  
 Place of Burial Nantucket      Cemetery P.H.  
 Funeral Service at           Lot No. 698  
 Time of Service           Grave No.       
 Date of Interment July 9      Section            Put in the Diagram one mark like this || for every Grave in it. And mark this Burial with double dagger thus: †  
 Social Security No.           Walton H. Adams      Designate site of monument thus:

Casket or Coffin No. <u>1753</u>	100 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	<b>Automobiles</b>	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>Services</u>	35 00		
Washing and Dressing			
Shaving			
Services		Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Hannah</u>	
Church Charges <u>Funeral</u>	25 00	Amount of Bill	185 00
Cemetery Charges	10 00	Goods Ordered by <u>Walton H. Adams</u>	
Music		Bill Charged to <u>    </u>	
Flowers			

DR.

185.00

CR.

	<u>Sept 18 1941. Check</u>	185 00
<b>PAID</b>		
<u>By Walton H. Adams</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 46

FOR THE FUNERAL OF

Total to date 1503

Frank Barnard

Residence 38 Pine St.

Place of Death Presumably Old North Wharf Wife or Widow of Sabrina Sculley

Date of Birth 1890 June 13 { 51 Years { Sex ..... { Color or Race  
 (Year) (Month) (Day) Age { 0 Months { Single ..... { Age 45  
 (Year) (Month) (Day) { 18 Days { Married ✓ {

Maiden Name ..... Birth-place Nantucket Occupation Day laborer

Name of Father Elliott Barnard His Birth-place Nantucket

Maiden Name of Mother Margaret McLane Her Birth-place Ireland

Cause of Death—Primary Accidental Secondary drowning

Certifying Physician Folger Med Ex Residence .....

Place of Burial Nantucket Cemetery St. Mary's

Funeral Service at ..... Lot No. ....  
 Time of Service ..... Grave No. 1  
 Date of Interment July 12 Section .....  
 Social Security No. Can not be learned Sabrina S. Barnard

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>102</u>	50 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 funeral</u>	50 00		
Washing and Dressing .....			
Shaving .....			
Services .....			
Use of Chairs .....		Transportation Charges .....	
Church Charges .....		Officiating Clergyman <u>Fr. Carroll</u>	
Cemetery Charges .....	10 00	Amount of Bill .....	125 00
Music .....		Goods Ordered by <u>Mrs Barnard</u>	
Flowers .....		Bill Charged to .....	

DR.

\$ 125.00

CR.

<p><u>Found July 18</u>  <u>on Coast 1 1/2 miles</u>  <u>from station in</u>  <u>Chand of Bay</u>  <u>Delivered by Coast Guards</u>  <u>at New Weymouth</u></p>		<p><u>Sept 18 1941 Cash</u></p> <p style="text-align: center; font-size: 2em; font-weight: bold;">PAID</p> <p style="text-align: center;"><u>By Nellie Barnard</u></p>	<p>125 00</p>
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# RECORD AND BILL OF ITEMS

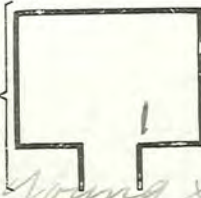
Yearly No. 46

FOR THE FUNERAL OF

Total to date 15:04

*Annie S. Wait*

Residence 6 Chester St.  
 Place of Death 6 Chester St. Wife or Widow of William W. Wait  
 Date of Birth 1 857 (Year) June (Month) 13 (Day)  
 Date of Death 19 41 (Year) July (Month) 13 (Day) Age { 84 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 0 Months { Single \_\_\_\_\_ {  
 { 13 Days { Married \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket Occupation Real Estate Agent  
 Name of Father Oliver C. Spencer His Birth-place Nantucket  
 Maiden Name of Mother Sydia J. Barney Her Birth-place Nantucket  
 Cause of Death—Primary Chronic Myo Secondary Arteriosclerosis, Hypertension  
 Certifying Physician Carroll Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery 15H  
 Funeral Service at \_\_\_\_\_ Lot No. 265  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment July 15 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



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>1 00 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		Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Bond</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>185 00</u>
Cemetery Charges	<u>10 00</u>	Goods Ordered by <u>Mrs. Elley Spencer</u>	
Music		Bill Charged to	
Flowers			

DR. \$ 185. 00 CR.

				<u>Aug 29 1941. Cash</u>	<u>185 00</u>
				<b>PAID</b>	
				<u>By</u>	
				<u>Elley Spencer</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 47

FOR THE FUNERAL OF

Total to date 1505

Richard L. Cummings

Residence 11 Warren St

Place of Death N.C. Hosp 5 days Wife or Widow of Margaret Allen

Date of Birth 1909 June 20 32 Years Sex Male Color or Race White

Date of Death 1941 July 12 Age 0 Months Single Yes Age 26

Maiden Name Chatham, Mass Occupation Labourer, Wanaconit Water Co

Birth-place Chatham, Mass Occupation Labourer, Wanaconit Water Co

Name of Father George W. Cummings His Birth-place Orleans Mass

Maiden Name of Mother Mae Ellis Her Birth-place Vermouth, Mass

Cause of Death—Primary Acute Appendicitis Secondary perforation, general peritonitis

Certifying Physician Collins Residence W. Cummings, Orleans Mass

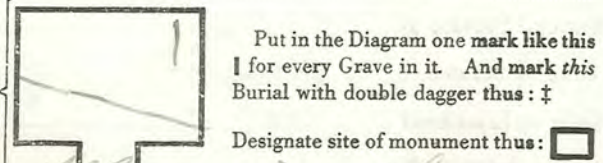
Place of Burial Nantucket Cemetery P.H.

Funeral Service at Lot No. 1050

Time of Service July 15 Grave No. Section

Date of Interment July 15 Section George W. Cummings, Orleans Mass

Social Security No. 0312-03-3987 Designate site of monument thus:



Casket or Coffin No. <u>297</u>	<u>125 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>15 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		<u>Lot No 1050</u>	<u>30 00</u>
Embalming <u>+ services</u>	<u>35 00</u>		<u>215 00</u>
Washing and Dressing		Transportation Charges	
Shaving		Officiating Clergyman <u>Bond of Marons</u>	
Services <u>transfer</u>	<u>5 00</u>	Amount of Bill	<u>245 00</u>
Use of Chairs		Goods Ordered by	
Church Charges <u>Funeral</u>	<u>25 00</u>	Bill Charged to	
Cemetery Charges	<u>10 00</u>		
Music			
Flowers			

DR.

\$ 215.00

CR.

Aug 26	Pa P.H.C.A. for lot 1050	30 00	Aug 11.	1941 Cash	245 00
			Aug 26	Pa. P.H.C.A.	30 00
					<u>215 00</u>
				<b>PAID</b>	
				By	
				<u>Margaret Cummings</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 48

FOR THE FUNERAL OF

Total to date 1506

Arthur R Callivity

Residence 24 Huxley St. 2441

Place of Death M.C. Hospital 18 days Wife or Widow of Anna S. Bump

Date of Birth 1 883 (Year) July (Month) 13 (Day) Age { 58 Years { Sex ..... { Color or Race  
 Date of Death 19 41 (Year) July (Month) 18 (Day) { 0 Months { Single ..... { Age 53  
 Maiden Name ..... { 5 Days { Married ✓ ..... {

Birth-place Providence R.I. Occupation Police Officer

Name of Father John Callivity His Birth-place Germany

Maiden Name of Mother Hildergard Her Birth-place Germany

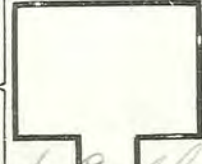
Cause of Death—Primary Chronic Myo Secondary Diabetes Mellitus

Certifying Physician Morgan Residence .....

Place of Burial Nantucket Cemetery P.H.

Funeral Service at ..... Lot No. 1208

Time of Service July 21 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: †

Social Security No. .... Designate site of monument thus:

Anna S Callivity

Casket or Coffin No. <u>5997 Mhq</u>	350	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 .....			<u>Telegrams</u>	1 20
Slippers .....			Newspaper Notices.....	1 25
Embalming <u>of services</u>	35	00	<u>Set No 1208</u>	35 00
Washing and Dressing .....				580 00
Shaving .....			Transportation Charges.....	
Services <u>Transfers</u>	10	00	Officiating Clergyman <u>Bennett</u>	
Use of Chairs .....			Amount of Bill.....	567 45
Church Charges <u>Funeral</u>	25	00	Goods Ordered by <u>Mrs Callivity</u>	
Cemetery Charges.....	10	00	Bill Charged to .....	
Music .....				
Flowers .....				

DR. 530.00 CR.

Aug	26	Pd PHCA Ad	35	00	Aug	19	1941 check	567 45
							PAID	
							By <u>Mrs Callivity</u>	

1941-1945

### RECORD AND BILL OF ITEMS

Yearly No. 49

FOR THE FUNERAL OF

Total to date 1507.

*Mary M. Tice Gardner*

Residence 111 So. Mountain Ave. Montclair N.J. 40 years

Place of Death Montclair N.J. Wife or Widow of Edward W. Gardner

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

Date of Death 19 41 July 18 (Year) 18 (Month) 18 (Day)

Maiden Name Catherine Von Hassel Age { 84 Years { Sex Wid { Color or Race

Birth-place New York City. Occupation at home { 7 Months { Single

Name of Father William Tice His Birth-place New York. { 20 Days { Married

Maiden Name of Mother Hasser Her Birth-place Fredce

Cause of Death—Primary Carcinoma of uterus Secondary abdominal, Carcinoma of testis

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

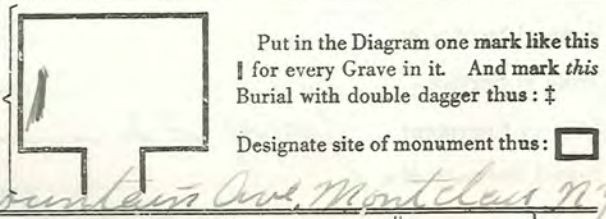
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 464

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment July 21. Section \_\_\_\_\_

Social Security No. Mrs. Florence Mel Smith 111 So. Mountain Ave. Montclair N.J.



Casket or Coffin No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Lining and Pillow Set No. _____	Bearers or Porters _____
Handles _____	Hearse to <u>Personal Service</u> <u>10.00</u>
Plate _____	Removal <u>From Boat</u> <u>5.00</u>
Outside Box or Vault _____	<b>Automobiles</b> <u>Funeral</u> <u>25.00</u>
Burial Suit _____	<u>Cemetery Chgs</u> <u>10.00</u>
Slippers _____	Newspaper Notices _____
Embalming _____	Transportation Charges _____
Washing and Dressing _____	Officiating Clergyman <u>Bennett.</u> <u>750.00</u>
Shaving _____	Amount of Bill _____
Services _____	Goods Ordered by _____
Use of Chairs _____	Bill Charged to _____
Church Charges _____	
Cemetery Charges _____	
Music _____	
Flowers _____	

DR.				CR.			

**RECORD AND BILL OF ITEMS**

Yearly No. 50

FOR THE FUNERAL OF

Total to date 1508

*Lawrence M. Burridge*

Residence Washington St.

Place of Death M.C. Hospital, 1 day Wife or Widow of Louise

Date of Birth 1 (Year) May (Month) 29 (Day) Age { 86 Years { Sex            Color or Race  
 Date of Death 1941 (Year) July (Month) 20 (Day) { 1 Months { Single             
 Maiden Name            { 21 Days { Married           

Birth-place Salmon River Nova Scotia Occupation Boat Builder

Name of Father Sevi Burridge His Birth-place Nova Scotia

Maiden Name of Mother Jane Harrington Her Birth-place Nova Scotia

Cause of Death—Primary Chronic Myo. Secondary Arteriosclerosis

Certifying Physician Foley Residence           

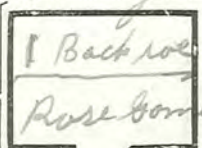
Place of Burial Shanley Cemetery St Marys

Funeral Service at            Lot No.           

Time of Service            Grave No.           

Date of Interment July 23 Section           

Social Security No.            *Agnes C. Demars 19 Bliss St Springfield*



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

DR.

CR.

Aug 16 1941 Check	100 00
<b>PAID</b>	
By <i>Town Treasurer</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 51

FOR THE FUNERAL OF

Total to date 1509

Laura Barros

Residence Lower Orange St.

Place of Death " " " Wife or Widow of Edwin Barros

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

Date of Death 1941 (Year) July (Month) 21 (Day)

Maiden Name \_\_\_\_\_ Age 28 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 \_\_\_\_\_ Months { Single \_\_\_\_\_ Age 49  
 \_\_\_\_\_ Days { Married \_\_\_\_\_

Birth-place New Bedford Occupation House Wife

Name of Father Paul Tarraves His Birth-place Bravo Cape Verde

Maiden Name of Mother Amelia Lopes Her Birth-place Bravo Cape Verde

Cause of Death—Primary Pulmonary T.B. Secondary \_\_\_\_\_

Certifying Physician Folger Residence \_\_\_\_\_

Place of Burial New Bedford Cemetery St. John's

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment July 23, 1941 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_



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 boxed</u> <u>20 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 _____		Goods Ordered by _____			
Services <u>2 transfers</u> <u>10 00</u>		Bill Charged to _____			
Use of Chairs _____					
Church Charges _____					
Cemetery Charges _____					
Music <u>Telegram &amp; toll call</u> <u>1 05</u>					
Flowers _____					

DR.

\$ 66.05

CR.

	<u>Paul Tarraves</u>				
	<u>210 No. Second St</u>				
	<u>New Bedford</u>				

# RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to date 1510

George C Rule

Residence 6 Gau St.

Place of Death Palmer Memorial Hosp 11 day Wife or Widow of Alberta E. Douglas

Date of Birth 1874 Feb 7 Age 67 Years Sex        Color or Race         
(Year) (Month) (Day)

Date of Death 1941 July 20 Age 5 Months Sex Single Color or Race Age 61  
(Year) (Month) (Day)

Date of Death 1941 July 20 Age 13 Days Sex Married Color or Race         
(Year) (Month) (Day)

Maiden Name       

Birth-place Nantucket Occupation Vice President & Cashier of

Name of Father Charles H Rule His Birth-place Nantucket Pacific N. Bank

Maiden Name of Mother Anna F. Cobb Her Birth-place Nantucket

Cause of Death—Primary Pulmonary Embolism Secondary Atherosclerosis, Hypertrophy of

Certifying Physician        Residence       

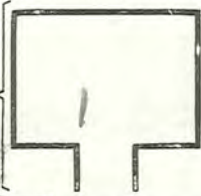
Place of Burial Nantucket Cemetery North

Funeral Service at        Lot No.       

Time of Service        Grave No.       

Date of Interment July 23 Section       

Social Security No. 019-18-5193 Alberta E. Rule



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		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services	10 00		
Use of Chairs <u>2 Transfers</u>	10 00	Transportation Charges	
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman <u>Bond</u>	
Cemetery Charges	10 00	Amount of Bill	55 00
Music		Goods Ordered by <u>Mrs Rule</u>	
Flowers		Bill Charged to <u>      </u>	

DR. 55.00 CR.

		12	31/41 check	55 00

PAID  
 By Mrs. Geo. C. Rule

# RECORD AND BILL OF ITEMS

Yearly No. 53

FOR THE FUNERAL OF

Total to date 1511.

Frederick W. Eddy

Residence 143 Henry St. Brooklyn N.Y.

Place of Death 37 East St. Wife or Widow of Selma Bloom

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

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

Maiden Name \_\_\_\_\_ { Single \_\_\_\_\_ { Age 75.

Birth-place Rome N.Y. Occupation News paper writer Retired { Married 25 yrs

Name of Father Richard Eddy His Birth-place Providence R.I.

Maiden Name of Mother Sarah Stottard Her Birth-place New York

Cause of Death—Primary Acute coronary Secondary thrombosis, arteriosclerosis

Certifying Physician Fine Residence \_\_\_\_\_

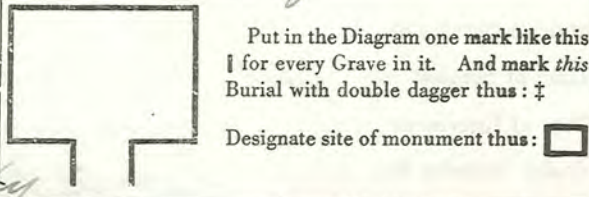
Place of Burial Cremated Fresh Pond crematory Cemetery Song Island N.Y.

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment \_\_\_\_\_ Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Mrs Selma Eddy



Casket or Coffin No. <u>J 30</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>Pine</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>2 transfers</u>	<u>10 00</u>		
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	<u>115 00</u>
Music		Goods Ordered by <u>Mrs Eddy</u>	
Flowers		Bill Charged to _____	

DR. 115.00 CR.

				<u>Aug 19 1941 Check</u>	<u>115 00</u>
				<b>PAID</b>	
				<u>By Mrs F. W. Eddy</u>	
				<u>143 Henry St</u>	
				<u>Brooklyn N.Y.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

Total to date 1512

Gerald Blake

Residence 27 Mannmouth Court Brookline

Place of Death M.C. Hospital 6 hrs Wife or Widow of Edna Malone

Date of Birth 1980 (Year) Aug (Month) 1 (Day) Age 60 Years { Sex                      Color or Race                     

Date of Death 1941 (Year) July (Month) 28 (Day) { 11 Months { Single                     

Maiden Name                      { 28 Days { Married Age 54 1/2

Birth-place Boston Mass Occupation Internet

Name of Father John Blake His Birth-place Ireland

Maiden Name of Mother Mary E. McGrath Her Birth-place Ireland

Cause of Death—Primary acute Coronary Secondary thrombosis, Arteriosclerosis

Certifying Physician Finie Residence                     

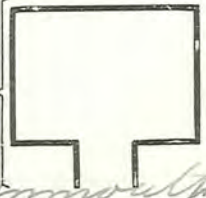
Place of Burial Boston Cemetery                     

Funeral Service at                      Lot No.                     

Time of Service Shipped July 29 Grave No.                     

Date of Interment                      Section                     

Social Security No. Edna M. Blake 27 Mannmouth Court Brookline



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>515<sup>12</sup></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 <u>                    </u>		Hearse to	
Plate <u>                    </u>		Removal	
Outside Box or Vault <u>Perie</u>	<u>20 00</u>	Automobiles	
Burial Suit <u>                    </u>		Newspaper Notices	
Slippers <u>                    </u>			
Embalming <u>                    </u>	<u>35 00</u>		
Washing and Dressing <u>                    </u>			
Shaving <u>                    </u>			
Services <u>                    </u>	<u>10 00</u>		
Use of Chairs <u>                    </u>		Transportation Charges <u>ticket to Boston</u>	<u>3 95</u>
Church Charges <u>                    </u>		Officiating Clergyman	<u>315 00</u>
Cemetery Charges <u>                    </u>		Amount of Bill	<u>318 95</u>
Music <u>                    </u>		Goods Ordered by <u>Mrs. Blake</u>	
Flowers <u>                    </u>		Bill Charged to <u>                    </u>	

DR. \$ 318.00 CR.

		<u>Sept 6</u>	<u>1941 Check</u>	<u>318 95</u>
			<b>PAID</b>	
			<u>By Edna M. Blake</u>	



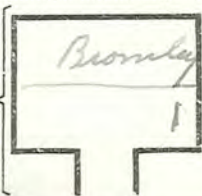
# RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date 1513

George W. Lewis

Residence 3 Atlantic Ave  
 Place of Death Pocasset Sanatorium 2 mos 27 days Wife or Widow of Martha J. Davis  
 Date of Birth 1 (Year) 1941 (Month) July (Day) 29 Age { 6.2 Years { Sex ..... { Color or Race .....  
 Date of Death 1941 (Year) July (Month) 29 (Day) { 7 Months { Single ..... { Negro  
 Maiden Name ..... { 17 Days { Married 2 yrs 6 mos {  
 Birth-place Springfield Mass Occupation Laundryman Retired  
 Name of Father John H. Lewis His Birth-place Saunookeville Va  
 Maiden Name of Mother Margaret Carter Her Birth-place Culpeper Va  
 Cause of Death—Primary Broncho Pneum. Secondary Hypertension heart disease  
 Certifying Physician ..... Residence Antaroscissus  
 Place of Burial Nantucket Cemetery Newtown  
 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 ..... Section .....  
 Social Security No. Martha J. Lewis

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 .....	<b>Automobiles</b> .....	
Burial Suit .....	Newspaper Notices .....	
Slippers .....	<u>Funeral Complete</u> <u>100.00</u>	
Embalming .....	Transportation Charges .....	
Washing and Dressing .....	Officiating Clergyman <u>Rogers</u>	
Shaving .....	Amount of Bill <u>100.00</u>	
Services .....	Goods Ordered by .....	
Use of Chairs .....	Bill Charged to <u>Health Dept.</u>	
Church Charges .....		
Cemetery Charges .....		
Music .....		
Flowers .....		

DR.

CR.

				<u>Aug 23</u>	<u>Rec Check</u>	<u>100.00</u>
				<u>27</u>	<u>Pd Ed W. Rickman</u>	<u>34.60</u>
						<u>65.40</u>
					<b>PAID</b>	
					<u>By Town Treasurer</u>	

# RECORD AND BILL OF ITEMS

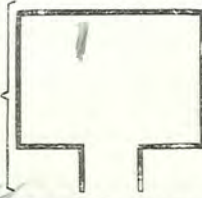
Yearly No. 56

FOR THE FUNERAL OF

Total to date 1514

William C. Ray

Residence 40 Union St.  
 Place of Death 40 Union St. Wife or Widow of Amelia P. Ray  
 Date of Birth 1863 Oct 19 Age 77 Years Sex Male Color or Race White  
 Date of Death 19 Aug 1 Age 9 Months Single Married  
 Maiden Name Amelia P. Ray Age 13 Days Married 74 Years  
 Birth-place Nantucket Occupation Carpenter Retired  
 Name of Father Henry C. Ray His Birth-place Nantucket  
 Maiden Name of Mother Elizabeth Edue Her Birth-place Nantucket  
 Cause of Death—Primary Chronic Myo Secondary Arteriosclerosis  
 Certifying Physician Folger Residence Nantucket  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 563  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Aug 3 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



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>1953</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>Clark</u>	<u>100 00</u>	Automobiles <u>J. H. Wood 1</u>	<u>5 00</u>
Burial Suit _____		Newspaper Notices	<u>270 00</u>
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>Odd Fellows</u>	
Cemetery Charges	<u>10 00</u>	Amount of Bill	<u>270 00</u>
Music _____		Goods Ordered by <u>Mrs Ray</u>	
Flowers _____		Bill Charged to _____	

DR.

\$ 270.00

CR.

				Aug 13	1941 Cash	270 00
					Disc	10 00
						265 00
				Aug 14	Herbert Car	5 00
						260 00
					<b>PAID</b>	
					By	
					Amelia P. Ray	

# RECORD AND BILL OF ITEMS

Yearly No. 57

FOR THE FUNERAL OF

Total to date 1575.

*Sydia B. E. Myrick*

Residence 79 Main St 3ys

Place of Death " " " Wife or Widow of Alexander M. Myrick

Date of Birth 1 854 July 29 (Year) (Month) (Day) Age { 87 Years { Sex Female { Color or Race White

Date of Death 19 41 Aug 2 (Year) (Month) (Day) Age { 0 Months { Single Married

Maiden Name Nantucket Occupation None

Name of Father Allen Smith His Birth-place Barnstable

Maiden Name of Mother Sarah Hayden Her Birth-place Nantucket

Cause of Death—Primary Carcinoma of Secondary descending Colon, Hypertension & arteriosclerosis

Certifying Physician Cassaday Residence " "

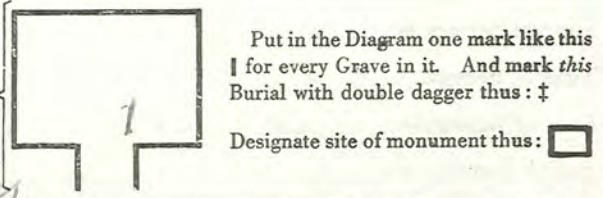
Place of Burial Nantucket Cemetery P. H.

Funeral Service at " " Lot No. 485

Time of Service " " Grave No. 1

Date of Interment Aug 4 Section " "

Social Security No. " " *Betta J. Boyer*



Casket or Coffin No. <u>285<sup>12</sup></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>of services</u>	<u>35 00</u>	Officiating Clergyman <u>Hannah</u>	
Washing and Dressing		Amount of Bill <u>255 00</u>	
Shaving		Goods Ordered by <u>Betta Boyer</u>	
Services <u>transfer to church</u>	<u>5 00</u>	Bill Charged to <u>Wm. A. Smith</u>	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>20 00</u>		
Cemetery Charges <u>60 00</u>			
Music			
Flowers			

DR. 255.00 CR.

				Dec 20	1941 Check	255 00

# RECORD AND BILL OF ITEMS

Yearly No. 58

FOR THE FUNERAL OF

Total to date 1516

*Charles Elmer Thayer*

Residence 384 Commonwealth Ave Boston

Place of Death Conrad's Beach Wife or Widow of Christene Smelling

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

Date of Death 1941 (Year) Aug 10 (Month)  (Day) Age { Years { Sex { Color or Race  
 { Months { Single {  
 { Days { Married 45 yrs {

Maiden Name

Birth-place Denver Col. Occupation Insurance Broker

Name of Father Charles E. Thayer His Birth-place Unknown

Maiden Name of Mother Fane Smith Her Birth-place "

Cause of Death—Primary Cardiac Failure Secondary while swimming

Certifying Physician Folger Med Co. Residence

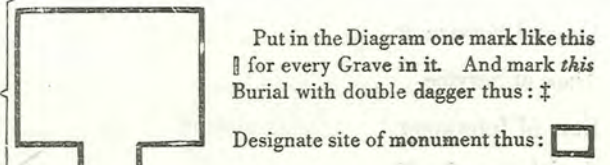
Place of Burial Boston Cemetery

Funeral Service at  Lot No.

Time of Service  Grave No.

Date of Interment Shipped Aug 11 Section

Social Security No.  *Christene S. Thayer*



Casket or Coffin No. <u>175 x 12</u>	<u>175 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 <u>Ticket to Woods Hole</u>	<u>1 75</u>
Church Charges		Officiating Clergyman	<u>235 00</u>
Cemetery Charges		Amount of Bill	<u>236 75</u>
Music		Goods Ordered by <u>Mrs Thayer</u>	
Flowers		Bill Charged to	

DR. 235.00 CR.

				<u>Sept 17, 1941. Check</u>	<u>236 75</u>
				<b>PAID</b>	
				<u>By</u>	
				<u>R. G. Fessenden</u>	
				<u>77 Court St</u>	
				<u>Boston,</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 59

FOR THE FUNERAL OF

Total to date 1577

Elna Hussey Burdick

Residence Jefferson St

Place of Death M.C. Hospital 4 days Wife or Widow of Walter M. Burdick

Date of Birth 1 27 19 (Year) (Month) (Day) Age 63 Years Sex Female Color or Race White

Date of Death 19 41 Aug 11 (Year) (Month) (Day) Age 6 Months Single Married

Maiden Name Hussey Days 23 Married Married

Birth-place New Bedford Occupation Housework own home

Name of Father Joseph H. Borden His Birth-place Fall River

Maiden Name of Mother Marianne Hussey Her Birth-place Nantucket

Cause of Death—Primary Collins Secondary Residence

Certifying Physician Collins Residence Nantucket

Place of Burial Nantucket Cemetery P.H.

Funeral Service at 349 Lot No. 349

Time of Service Aug 13 1941 Grave No. 1

Date of Interment Aug 13 1941 Section 1

Social Security No. Eva C. Burdick, 63 Sagamore St. Dorch. Co.

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>39</u>	<u>50 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>Stemie</u>	<u>45 00</u>	Officiating Clergyman <u>Rogers</u>	
Washing and Dressing		Amount of Bill <u>150 00</u>	
Shaving		Goods Ordered by <u>Eva C. Burdick</u>	
Services <u>Transp</u>	<u>10 00</u>	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.

150.00

CR.

				Sept 1	Rec Check DOR.	<u>25 00</u>
				2 09	" "	<u>125 00</u>
					<b>PAID</b>	
					By <u>Eva C. Burdick</u>	

# RECORD AND BILL OF ITEMS

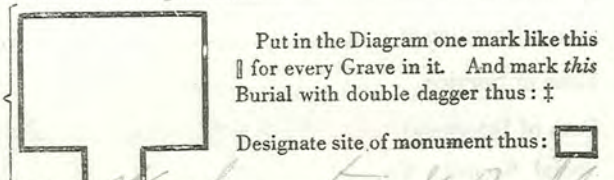
Yearly No. 60

FOR THE FUNERAL OF

Total to date 1518

Elizabeth Elling Sharp

Residence 729 Washington St. Brookline  
 Place of Death 4 Step Lane Nant. 2ms Wife or Widow of Harold Sharp  
 Date of Birth 1888 June 10 (Year) (Month) (Day) Age { 53 Years { Sex Divorced { Color or Race  
1941 Sept 1 (Year) (Month) (Day) Age { 2 Months { Single {  
 Maiden Name { 22 Days { Married {  
 Birth-place Poughkeepsie N.Y. Occupation None  
 Name of Father David Sharp His Birth-place Poughkeepsie N.Y.  
 Maiden Name of Mother Susan D. Greene Her Birth-place Wappingers Falls N.Y.  
 Cause of Death—Primary Hypertension Secondary Chemia, Nephritis, Aortic stenosis  
 Certifying Physician Caradon Residence \_\_\_\_\_  
 Place of Burial Poughkeepsie N.Y. Cemetery Rural  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. Theodore E. Sharp 729 Washington St Brookline



Casket or Coffin No. <u>1297 Oak</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>Chestnut</u>	<u>50 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>of services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Funeral</u>	<u>15 00</u>	Telegrams to Poughkeepsie	<u>1 10</u>
Use of Chairs <u>Transfer</u>	<u>10 00</u>	Transportation Charges <u>ticket to N.Y.</u>	<u>39 90</u>
Church Charges _____		Officiating Clergyman <u>Dr. S. Arnold</u>	<u>425 00</u>
Cemetery Charges _____		Amount of Bill	<u>466 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 425.00 CR.

Shipped to Frederick Anderson Balding Ave. Poughkeepsie N.Y. <u>1297</u>	Dec 6 1941 Check <u>466 00</u> <div style="text-align: center; font-size: 2em; font-weight: bold; margin: 10px 0;">PAID</div> By Joseph W. W. O'Brien 18.0 Post Office Square Boston, Mass.
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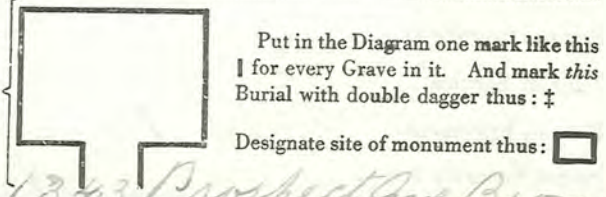
# RECORD AND BILL OF ITEMS

Yearly No. 61

FOR THE FUNERAL OF

Total to date 1519

Residence Serenia Kelley  
 Place of Death Cod Fish Park Sea Scout  
 Date of Birth 1 882 Oct 18 (Year) (Month) (Day)  
 Date of Death 19 41 Sept 18 (Year) (Month) (Day)  
 Maiden Name \_\_\_\_\_  
 Birth-place St. Helena Island S.C.  
 Name of Father Agrippa Polite His Birth-place St. Helena S.C.  
 Maiden Name of Mother Julia Grant Her Birth-place Beaufort S.C.  
 Cause of Death—Primary Presumably ruptured Secondary Ante mortem death  
 Certifying Physician Folan M.D. Residence \_\_\_\_\_  
 Place of Burial Dayton Village S.C. Cemetery \_\_\_\_\_  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Shipped Sept 3 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



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 trimmed</u>	<u>20 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>15 00</u>	<u>3 Death Certificates</u>	<u>1 50</u>
Use of Chairs		Transportation Charges <u>ticket to NY</u>	<u>9 50</u>
Church Charges		Officiating Clergyman	<u>70 00</u>
Cemetery Charges		Amount of Bill	<u>5 81 00</u>
Music		Goods Ordered by <u>James A. Polite</u>	
Flowers		Bill Charged to <u>E. W. Wainwright &amp; Son</u>	

DR.

70.00

CR.

<u>Shipped to</u>	<u>Sept 20</u>	<u>Rec Check</u>	<u>81 00</u>
<u>E. W. Wainwright &amp; Son</u>			
<u>162 W. 136th St. N.Y. City</u>			
		<b>PAID</b>	
		<u>By</u>	
		<u>E. W. Wainwright &amp; Son</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 62

FOR THE FUNERAL OF

Total to date 1520

Nellie W. McGrath

Residence Miacomet Rd.

Place of Death " Wife or Widow of Patrick J. McGrath

Date of Birth 1 Sept 7 (Year) (Month) (Day) Age 72 Years { Sex { Color or Race

Date of Death 1941 Sept 14 (Year) (Month) (Day) { Months { Single {

Maiden Name \_\_\_\_\_ Days { Married 53 {

Birth-place County Mayo, Ireland Occupation Housewife

Name of Father James Mc Hall His Birth-place County Mayo, Ireland

Maiden Name of Mother Bridget Roach Her Birth-place "

Cause of Death—Primary Coronary thrombosis Secondary Sudden death

Certifying Physician Folger Med Co. Residence \_\_\_\_\_

Place of Burial Nantucket Cemetery St. Marys

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Sept. 16 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Patrick J. McGrath



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>A1707 Graydon</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>16 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>of services</u>	<u>35 00</u>	Officiating Clergyman <u>Fr. Griffin</u>	
Washing and Dressing _____		Amount of Bill	<u>280 00</u>
Shaving _____		Goods Ordered by <u>Patrick J. McGrath</u>	
Services <u>Transfer</u>	<u>5 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>10 00</u>		
Music <u>Candelabra Candles</u>	<u>5 00</u>		
Flowers <u>of Prayer Rail</u>			

DR. 280.00 CR.

		Sept 22, 1941 Cash	275 00
		Disc	5 00
			280 00
		PAID	
		By <u>Patrick J. McGrath</u>	



1941-1945

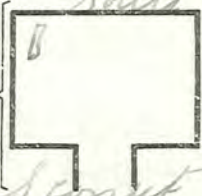
# RECORD AND BILL OF ITEMS

Yearly No. 63

FOR THE FUNERAL OF

Total to date 1521

*Rose Winkler*  
 Residence *Mary Lane Sea Crest*  
 Place of Death " " " Wife or Widow of \_\_\_\_\_  
 Date of Birth 1 *May* 13 (Year) (Month) (Day) Age { *66* Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 19 *Sept* 13 (Year) (Month) (Day) Age { *4* Months { Single  { \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Days Married \_\_\_\_\_  
 Birth-place *Barnes with plant Governor's household* Occupation *House maid Private family*  
 Name of Father *Mr. Kibson* His Birth-place \_\_\_\_\_  
 Maiden Name of Mother *Unknown* Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary *Cerebral Neoplasm* Secondary \_\_\_\_\_  
 Certifying Physician *Carradon* Residence \_\_\_\_\_  
 Place of Burial *Nantucket* Cemetery *P.H. Seal*  
 Funeral Service at \_\_\_\_\_ Lot No. *798* Grave No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Section \_\_\_\_\_  
 Date of Interment \_\_\_\_\_  
 Social Security No. *Paulletta Mrs. Robert H. Page Seal Crest*



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>175</i>	<i>160 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			
Embalming <i>Services</i>	<i>35 00</i>		
Washing and Dressing			
Shaving			
Services <i>Transfer, fund cost</i>	<i>10 00</i>	Transportation Charges	<i>260 00</i>
Use of Chairs		Officiating Clergyman <i>Bond</i>	<i>5 00</i>
Church Charges <i>Funeral</i>	<i>25 00</i>	Amount of Bill	<i>265 00</i>
Cemetery Charges	<i>15 00</i>	Goods Ordered by <i>Mrs. Robert H. Page</i>	
Music		Bill Charged to	
Flowers			

DR.

*\$ 260.00*

CR.

			<i>Sept. 24</i>	<i>1941 check</i>	<i>265 00</i>
	<i>Mrs. R.H. Page</i>				
	<i>The Cragwood</i>				
	<i>Sealsdale N.Y.</i>				
				<b>PAID</b>	
				<i>By R. H. Page</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 64

FOR THE FUNERAL OF

Total to date 1522

Lillian Griswold Johnson

Residence 101 East 74th St. N.Y. City

Place of Death 59 North Liberty 3mos Wife or Widow of Alexander C. Johnson

Date of Birth 1864 Apr 23 Age 77 Years Sex Female Color or Race

Date of Death 1941 Sept 23 Age 5 Months Single Yes

Maiden Name  Days Married

Birth-place McMinnville Tenn Occupation Real Estate Broker

Name of Father Norman Griswold His Birth-place Sydney Conn

Maiden Name of Mother Eliza Smallman Her Birth-place McMinnville Tenn

Cause of Death—Primary Cerebral Accident Secondary Hypertension Arteriosclerosis

Certifying Physician Cassaday Residence

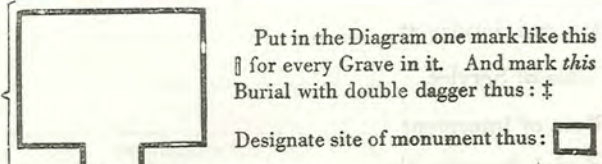
Place of Burial Valhalla N.Y. Cemetery Rensselaer

Funeral Service at  Lot No.

Time of Service  Grave No.

Date of Interment Sept 25, 1941 Section

Social Security No. James P. Roe 101 East 74th St N.Y. City



Casket or Coffin No. <u>1755</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	
Outside Box or Vault <u>Pinehills</u>	<u>20 00</u>	Automobiles	
Burial Suit <u></u>		Newspaper Notices	<u>14 81</u>
Slippers <u></u>		Telegrams	<u>2 76</u>
Embalming <u></u>	<u>50 00</u>	Toll Call	<u>1 15</u>
Washing and Dressing <u></u>		Transportation Charges <u>Tickets</u>	<u>35 00</u>
Shaving <u>Transfer to Boat</u>	<u>5 00</u>	Officiating Clergyman	<u>1 75</u>
Services <u></u>		Amount of Bill	<u>228 72</u>
Use of Chairs <u></u>		Goods Ordered by <u>James P. Roe</u>	
Church Charges <u></u>		Bill Charged to <u></u>	
Cemetery Charges <u></u>			
Music <u></u>			
Flowers <u></u>			

DR. 175.00
CR.

<u>Rensselaer Cemetery</u>		<u>Dec 4</u>	<u>1941 Check</u>	<u>228 72</u>
<u>Telephone</u>				
<u>White Plains N.Y. 348</u>				
<u>PAID</u>				
<u>PAID</u>				
			<u>By James P. Roe</u>	
			<u>Atty.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 65

FOR THE FUNERAL OF

Total to date 1523

Residence Mary H. Dalman  
New Street Sid Seonset

Place of Death Wife or Widow of

Date of Birth 1 Dec 27  
 (Year) (Month) (Day)

Date of Death 1941 Sept 28  
 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Age { 77 Years { Sex \_\_\_\_\_ { Color or Race  
 { 9 Months { Single   
 { 1 Days { Married \_\_\_\_\_

Birth-place New York City Occupation None

Name of Father Louis C. Dalman His Birth-place Hamburg, Prussia

Maiden Name of Mother Mary A. Johnson Her Birth-place Hamburg Prussia

Cause of Death—Primary Ventricular fibrillation Secondary Chronic Myo. Raymonds disease

Certifying Physician Menas Residence \_\_\_\_\_

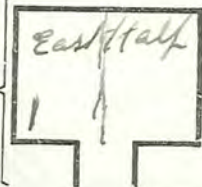
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 968

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Sept. 30 Section \_\_\_\_\_

Social Security No. Minnie E. H. Dalman



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<sup>12</sup></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>15 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		<u>1/2 Lot No. 968</u>	<u>30 00</u>
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>15 00</u>		<u>265 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>295 00</u>
Music _____		Goods Ordered by <u>Minnie E. H.</u>	<u>100 00</u>
Flowers _____		Bill Charged to <u>Crown Single Grav</u>	<u>285 00</u>

DR. 265.00

CR.

<u>Dec 13</u>	<u>Pd. P.H.C. &amp; Lot</u>	<u>20 00</u>	<u>Dec 9</u>	<u>1941. Cash</u>	<u>210 50</u>
	<u>Crown Single Grav</u>	<u>10 00</u>	<u>Jan 17</u>	<u>1942 Postal Savings</u>	<u>75 00</u>

**PAID**  
 By Minnie E. H. Dalman  
 f.u. & Postal Clerk.

RECORD AND BILL OF ITEMS

Yearly No. *66*

FOR THE FUNERAL OF

Total to date *1524*

*Annie F. Swasie*

Residence *25 India St*  
 Place of Death *N.C. Hosp*  
 Date of Birth *1870 Oct 12*  
 Date of Death *1941 Sept 29*  
 Maiden Name \_\_\_\_\_  
 Birth-place *Nantucket*  
 Name of Father *Frank Thomas*  
 Maiden Name of Mother *Anna*  
 Cause of Death—Primary *Cardiac failure following operation for growth in neck*  
 Certifying Physician *F. Roger Med. Co.*  
 Place of Burial *Nantucket*  
 Funeral Service at \_\_\_\_\_  
 Time of Service \_\_\_\_\_  
 Date of Interment *Oct. 1. 1941*  
 Social Security No. \_\_\_\_\_

*Wife or Widow of Antone Swasie*

Age *70* Years *11* Months *17* Days  
 Sex \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_  
 Color or Race \_\_\_\_\_  
 Occupation *Home Companion*  
 His Birth-place *Apex*  
 Her Birth-place \_\_\_\_\_  
 Residence *Sudden Death*  
 Cemetery *P.H.*  
 Lot No. *397C*  
 Grave No. \_\_\_\_\_  
 Section \_\_\_\_\_

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. <i>1175<sup>12</sup></i>	<i>150 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 _____			
Embalming <i>of services</i>	<i>35 00</i>		
Washing and Dressing _____			
Shaving <i>Transfers</i>	<i>5 00</i>		
Services _____			
Use of Chairs <i>Candelabra etc</i>	<i>5 00</i>	Transportation Charges <i>Fr. Candel</i>	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman _____	
Cemetery Charges _____	<i>10 00</i>	Amount of Bill	<u><i>245 00</i></u>
Music _____		Goods Ordered by <i>Mrs Flora Perry</i>	
Flowers _____		Bill Charged to <i>Alfred Perry Adm.</i>	

DR.

*245.00*

CR.

					<i>Jan 17 1942 Cash</i>	<i>245 00</i>
					<b>PAID</b>	
					<i>By Alfred Perry Adm.</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 67

FOR THE FUNERAL OF

Total to date 1525

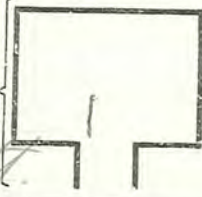
Mary E. Barrett.

Residence Bayonne N.J.  
 Place of Death Roberts House  
 Date of Birth 1861 Sept 11  
 Date of Death 1941 Sept 30  
 Maiden Name \_\_\_\_\_  
 Birth-place Rutherford N.J.  
 Name of Father William Wilson  
 Maiden Name of Mother Abigail  
 Cause of Death—Primary Circulatory collapse  
 Certifying Physician Cassaday  
 Place of Burial Nantuxet  
 Funeral Service at \_\_\_\_\_  
 Time of Service \_\_\_\_\_  
 Date of Interment Oct. 2, 1941  
 Social Security No. \_\_\_\_\_

Wife or Widow of Wm. Mitchell Barrett.  
 Age { 80 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
       0 Months { Single \_\_\_\_\_ {  
       19 Days { Married \_\_\_\_\_ {

Occupation None  
 His Birth-place New York City  
 Her Birth-place Unknown  
 Secondary Hypertension Arteriosclerosis  
 Residence Chronic Myo  
 Cemetery RH  
 Lot No. 196A  
 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>429 mhg.</u>	<u>750 00</u>	Candles	
Size <u>6/6</u> Made by _____		Gloves	
Lining and Pillow Set No. <u>Old lace</u>		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>1092 Cppd.</u>	<u>800 00</u>	Automobiles	
Burial Suit		<u>Telegrams</u>	<u>1 44</u>
Slippers		Newspaper Notices	<u>10 25</u>
Embalming <u>services</u>	<u>75 00</u>		<u>1680 00</u>
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>10 00</u>	Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Bennett.</u>	
Church Charges <u>Buried</u>	<u>25 00</u>	Amount of Bill	<u>1691 69</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by	
Music		Bill Charged to	
Flowers			

DR. 1680.00

CR.

			<u>Dec 3</u>	<u>1941 Check</u>	<u>1691 69</u>
				<b>PAID</b>	
				By	
				<u>Rutherford Trust Co.</u>	
				<u>12 &amp; 14 Park Ave</u>	
				<u>Rutherford, N.J.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 68

FOR THE FUNERAL OF

Total to date 1526

Ernest S. Mac Laughlin

Residence Hammock Pond Rd.

Place of Death u Wife or Widow of Helen M. Williams

Date of Birth 1891 March 20 Age 50 Years Sex Male Color or Race Age 40

Date of Death 1941 Oct 5 Age 6 Months Single Married

Maiden Name u Birth-place Bridgewater, Mass. Occupation Hotel Manager

Name of Father John Mac Laughlin His Birth-place Unknown

Maiden Name of Mother Unknown Her Birth-place u

Cause of Death—Primary Carcinoma of Secondary Kidney metastasis to the liver

Certifying Physician Cassaday Residence u

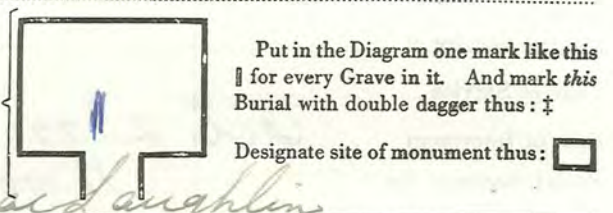
Place of Burial Nantucket Cemetery P.K.

Funeral Service at u Lot No. 1186

Time of Service u Grave No. u

Date of Interment Oct 8 1941 Section u

Social Security No. u



Casket or Coffin No. <u>Wtg</u>	<u>350</u>	<u>00</u>	Candles		
Size			Gloves		
Made by			Bearers or Porters		
Lining and Pillow Set No.			Hearse to		
Handles			Removal		
Plate			Automobiles		
Outside Box or Vault <u>Clark</u>	<u>125</u>	<u>00</u>	Newspaper Notices		
Burial Suit			<u>Lot No 1186</u>	<u>60</u>	<u>00</u>
Slippers				<u>550</u>	<u>00</u>
Embalming <u>Service</u>	<u>40</u>	<u>00</u>	Transportation Charges		
Washing and Dressing			Officiating Clergyman <u>Bennett</u>		
Shaving			Amount of Bill	<u>600</u>	<u>00</u>
Services			Goods Ordered by		
Use of Chairs			Bill Charged to		
Church Charges <u>Funeral</u>	<u>25</u>	<u>00</u>			
Cemetery Charges	<u>10</u>	<u>00</u>			
Music					
Flowers					

DR. 550.00 CR.

				<u>Dec 4</u>	<u>1941 Check</u>			<u>550</u>	<u>00</u>
<b>PAID</b>									
By <u>Helen M Mac Laughlin</u>									
<u>Adm.</u>									

# RECORD AND BILL OF ITEMS

Yearly No. 69

FOR THE FUNERAL OF

Total to date 1527

William A Davis

Residence 97-26-117th St. New York City

Place of Death \_\_\_\_\_ Wife or Widow of Mary Mc Devit

Date of Birth 1 73 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1941 Oct 3 (Year) (Month) (Day) Age 9 Months Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ Days 25 Married \_\_\_\_\_

Birth-place U.S. Occupation Retired Merchant

Name of Father Samuel Davis His Birth-place U.S.

Maiden Name of Mother Davis Swift Her Birth-place U.S.

Cause of Death—Primary Cerebral Hem. Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

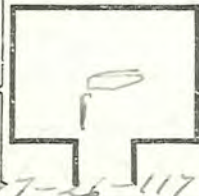
Place of Burial Nantucket Cemetery N.H.

Funeral Service at \_\_\_\_\_ Lot No. 421

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Oct. 7 1941 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Sadie Gregory 97-26-117th St. N.Y.C.



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 <u>Cemetery by Boat</u>	<u>25 00</u>
Handles	Removal <u>opening of closing grave</u>	<u>15 00</u>
Plate	Automobiles	
Outside Box or Vault	Newspaper Notices	
Burial Suit	Transportation Charges	
Slippers	Officiating Clergyman	
Embalming	Amount of Bill	<u>40 00</u>
Washing and Dressing	Goods Ordered by <u>Stanley C Johnson</u>	
Shaving	Bill Charged to <u>Joseph T Davis</u>	
Services		
Use of Chairs		
Church Charges		
Cemetery Charges		
Music		
Flowers		

DR.

CR.

<u>Stanley C Johnson</u>	<u>Oct 25 1941</u>	<u>check</u>	<u>40 00</u>
<u>115-01-108 St. Ave</u>			
<u>Richmond Hill</u>			
<u>N.Y.</u>			
<u>Joseph T. Davis</u>			
<u>Hotel Brookside</u>			
<u>Kansas City</u>			
<u>Mo.</u>			

## PAID

By Joseph T. Davis

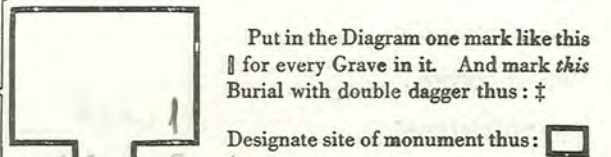
RECORD AND BILL OF ITEMS

Yearly No. 70

FOR THE FUNERAL OF

Total to date 1528

Residence 37 Garden St. Boston 344  
 Place of Death 62 Redgemont St. 1 mi Wife or Widow of Edith M Chase  
 Date of Birth 1 (Year) (Month) (Day)  
 Date of Death 1941 Oct 12 (Year) (Month) (Day) Age 73 Years 3 Months 22 Days  
 Sex Female Color or Race Age 65  
 Maiden Name \_\_\_\_\_  
 Birth-place Fall River Occupation Clock repairing, clockst  
 Name of Father Edw. J. Stebbins His Birth-place Springfield watches  
 Maiden Name of Mother Salience Hathaway Her Birth-place Dighton, Mass  
 Cause of Death—Primary Bronchitis Pneumonia Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery North  
 Funeral Service at \_\_\_\_\_ Lot No. 159  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Oct. 16, 1941 Section \_\_\_\_\_  
 Social Security No. 031-09-9297 Edith M Stebbins East



Casket or Coffin No.	Candles	
Size Made by	Gloves	
Lining and Pillow Set No.	Bearers or Porters	
Handles	Hearse to <u>Cemetery from Boat</u>	<u>25 00</u>
Plate	Removal <u>Opening Grave</u>	<u>15 00</u>
Outside Box or Vault	Automobiles <u>H Wood 1</u>	<u>5 00</u>
Burial Suit	<u>" Car for Drive</u>	<u>5 00</u>
Slippers	Newspaper Notices	
Embalming	Transportation Charges	
Washing and Dressing	Officiating Clergyman	
Shaving	Amount of Bill	<u>50 00</u>
Services	Goods Ordered by <u>Short &amp; Williamson</u>	
Use of Chairs	Bill Charged to <u>Mrs Stebbins</u>	
Church Charges		
Cemetery Charges		
Music		
Flowers		

DR.

CR.

			<u>Oct 29</u>	<u>Per Check</u>	<u>50 00</u>
			<u>Nov 12</u>	<u>Pd H Wood</u>	<u>10 00</u>
					<u>40 00</u>
				<b>PAID</b>	
				<u>By</u>	
				<u>Mrs Edith M Stebbins</u>	



1941-1945

**RECORD AND BILL OF ITEMS**

Yearly No. 71

FOR THE FUNERAL OF

Total to date 1529

*Evelyn E. Allen*

Residence.....  
 Place of Death *N. C. Hospital* Wife or Widow of.....  
 Date of Birth *1941 Nov. 7* { 0 Years { Sex..... { Color or Race  
 (Year) (Month) (Day) { 0 Months { Single..... {  
 Date of Death *1941 Nov. 7* { 0 Days { Married..... {  
 (Year) (Month) (Day) Maiden Name.....  
 Birth-place *Nantucket* Occupation *None*  
 Name of Father *William M. Allen* His Birth-place *Oucher Iowa*  
 Maiden Name of Mother *Evelyn E. Nickerson* Her Birth-place *Cape Sable Island Nova Scotia*  
 Cause of Death—Primary *Unknown* Secondary *Stillborn*  
 Certifying Physician *Menas* Residence.....  
 Place of Burial *Nantucket* Cemetery *P. H.*  
 Funeral Service at..... Lot No. *813*  Put in the Diagram one mark like this  
 Time of Service..... Grave No.  | for every Grave in it. And mark this  
 Date of Interment *Nov. 8 1941* Section  Burial with double dagger thus: †  
 Social Security No. *William M. Allen* Designate site of monument thus:

Casket or Coffin No. <i>915</i>	Candles.....
Size..... Made by.....	Gloves.....
Lining and Pillow Set No.....	Bearers or Porters.....
Handles.....	Hearse to.....
Plate.....	Removal.....
Outside Box or Vault.....	<b>Automobiles</b> .....
Burial Suit.....	
Slippers.....	<b>Newspaper Notices</b> .....
Embalming.....	
Washing and Dressing.....	
Shaving.....	
Services.....	
Use of Chairs.....	Transportation Charges.....
Church Charges.....	Officiating Clergyman.....
Cemetery Charges..... <i>5.00</i>	Amount of Bill..... <u><i>20.00</i></u>
Music.....	Goods Ordered by.....
Flowers.....	Bill Charged to.....

DR.

*20.00*

CR.

	<i>Jan. 13 1942 Check</i>	<i>20.00</i>
	<i>PAID</i>	
	<i>By Wm Allen</i>	

RECORD AND BILL OF ITEMS

Yearly No. 72

FOR THE FUNERAL OF

Total to date 1630

*Baby Boy Craig*

Residence *3 Harris Rd. Princeton N.J.*

Place of Death *Princeton Hosp. N.J.* Wife or Widow of \_\_\_\_\_

Date of Birth *1941 Mar 10* (Year) (Month) (Day)

Date of Death *1941 Nov 10* (Year) (Month) (Day)

Maiden Name \_\_\_\_\_

Birth-place *Princeton N.J.* Occupation *None*

Name of Father *Alexander M. Craig Jr.* His Birth-place *Indiana*

Maiden Name of Mother *Jean Pennoch* Her Birth-place *New York*

Cause of Death—Primary *Premature* Secondary *24 weeks gestation*

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

Place of Burial *Nantuxet* Cemetery *North*

Funeral Service at \_\_\_\_\_ Lot No. *109*

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment \_\_\_\_\_ Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ *Alexander M. Craig Jr. 3 Harris Rd. Princeton N.J.*



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 .....	<b>Automobiles</b> .....
Burial Suit .....	Newspaper Notices.....
Slippers .....	<i>Interment from Boat 10 00</i>
Embalming.....	Transportation Charges.....
Washing and Dressing .....	Officiating Clergyman <i>Bennett</i>
Shaving .....	Amount of Bill <i>10 00</i>
Services.....	Goods Ordered by .....
Use of Chairs .....	Bill Charged to .....
Church Charges.....	
Cemetery Charges .....	
Music.....	
Flowers .....	

DR.

CR.

				<i>Nov. 14, 1941</i>	<i>check</i>	<i>10 00</i>
					<b>PAID</b>	
				<i>140</i>	<i>By Margaret M. Craig</i>	
					<i>M. Antrose Ave</i>	
					<i>So Orange N.J.</i>	

1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 73 FOR THE FUNERAL OF Howard A. Pines Jr. Total to date 1531

Residence 96 Orange St.

Place of Death N. E. Hospital Monday Wife or Widow of Catherine S. Pines

Date of Birth 1907 May 18 Age 34 Years 6 Months 5 Days Sex Male Single ✓ Color or Race Age 29

Date of Death 1941 Nov 23 Maiden Name \_\_\_\_\_

Bir'h-place Boston, Mass Occupation Book keeper

Name of Father Howard A Pines His Birth-place Watertown Mass

Maiden Name of Mother Ella Metzger Her Birth-place New York

Cause of Death—Primary Chronic Myo. Secondary Rheumatic origin Mitral

Certifying Physician F. J. O'Keefe Residence Regurgation

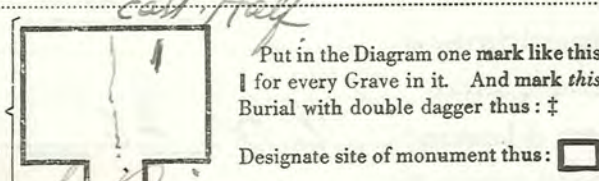
Place of Burial W. Antheekit Cemetery P.H. East Hill

Funeral Service at \_\_\_\_\_ Lot No. 733

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Nov. 25, 1941 Section \_\_\_\_\_

Social Security No. 023-10-7600 Catherine S. Pines



Casket or Coffin No. <u>175 52</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>Full Service</u>	<u>35 00</u>	Officiating Clergyman <u>Fr. Carroll</u>	
Washing and Dressing _____		Amount of Bill	<u>195 00</u>
Shaving _____		Goods Ordered by <u>Catherine Pines</u>	
Services <u>Transfer</u>	<u>5 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>10 00</u>		
Music <u>Candles etc</u>	<u>5 00</u>		
Flowers _____			

DR.

195 00

CR.

Date	Description	Amount
Jan 6 1942	check	195 00
	<b>PAID</b>	
	By Catherine Pines	

RECORD AND BILL OF ITEMS

Yearly No. 74 FOR THE FUNERAL OF Frederick M Pitman Total to date 1532

Residence New St. Dia Consol 1 day  
 Place of Death Chas. V. Chapin Hosp. Providence R.I. Wife or Widow of Matilda Marron  
 Date of Birth 1 Year (Month) (Day)  
 Date of Death 19 41 Nov 23 (Year) (Month) (Day) Age { 39 Years { Sex Divorced { Color or Race  
 { 5 Months { Single  
 { 1 Days { Married  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket Occupation Laborer  
 Name of Father Augustus Pitman His Birth-place Nantucket  
 Maiden Name of Mother Sarah Davis Her Birth-place County Clair Ireland  
 Cause of Death—Primary Lobar Pneumonia Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Nov. 27. Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_  Designate site of monument thus:



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

John D Pitman 50 Jenkins St Providence R.I.

Casket or Coffin No. ....	Candles .....		
Size..... Made by.....	Gloves .....		
Lining and Pillow Set No. ....	Bearers or Porters.....		
Handles .....	Hearse to .....		
Plate .....	Removal <u>From Boat</u>	5	00
Outside Box or Vault .....	Automobiles <u>Funeral</u>	3	00
Burial Suit .....	Funeral .....	25	00
Slippers .....	Newspaper Notices <u>Opening Grav</u>	10	✓
Embalming.....			
Washing and Dressing .....			
Shaving .....			
Services .....			
Use of Chairs .....	Transportation Charges.....		
Church Charges.....	Officiating Clergyman <u>Jr. Carroll</u>		
Cemetery Charges.....	Amount of Bill .....	43	00
Music.....	Goods Ordered by <u>John D Pitman</u>	3	00
Flowers .....	Bill Charged to <u>Billed</u>	40	00

DR. CR.

		Jan 12 1942 Check	40	00
		PAID		
		By		
		Jack D Pitman		

# RECORD AND BILL OF ITEMS

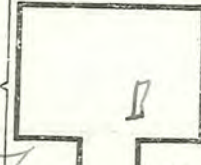
Yearly No. 75

FOR THE FUNERAL OF

Total to date 1533

## *Florence P. Dunham*

Residence 31 Pearl  
 Place of Death 31 Pearl      Wife or Widow of Marcus W. Dunham  
 Date of Birth 19 Jan 7  
 Date of Death 19 41 Nov 29      Age  $\left\{ \begin{array}{l} 82 \text{ Years} \\ 10 \text{ Months} \\ 22 \text{ Days} \end{array} \right.$  Sex  Single  Married      Color or Race Age 83  
 Maiden Name \_\_\_\_\_  
 Birth-place Edgartown      Occupation None  
 Name of Father Benjamin P. Fisher      His Birth-place Edgartown  
 Maiden Name of Mother Catherine      Her Birth-place Edgartown  
 Cause of Death—Primary general arteriosclerosis      Secondary \_\_\_\_\_  
 Certifying Physician Folger      Residence \_\_\_\_\_  
 Place of Burial Nantuxet      Cemetery P.H.  
 Funeral Service at \_\_\_\_\_      Lot No. 657  
 Time of Service \_\_\_\_\_      Grave No. \_\_\_\_\_  
 Date of Interment Dec 2 1941      Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



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>A.1707</u>	<u>185 00</u>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. <u>R 3023 gray</u>		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>270 00</u>
Shaving _____		Goods Ordered by <u>Florence Francis</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. <u>\$ 270.00</u>		CR.	

		<u>Jan 20 1942 Check</u>	<u>270 00</u>
<h2>PAID</h2>			
<i>By Florence P. Francis</i>			

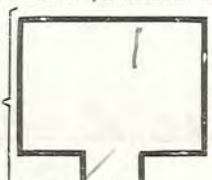
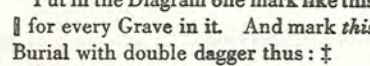
# RECORD AND BILL OF ITEMS

Yearly No. 76

FOR THE FUNERAL OF

Total to date 1534

Richard A Brooks

Residence 38 West Chester St.  
 Place of Death Beth Israel Hosp Wife or Widow of Mary Clisby  
 Date of Birth 1882 Feb 3 59 Years { Sex ..... } Color or Race  
 Date of Death 1941 Dec 16 10 Months { Single ..... } Age 57  
 Maiden Name ..... { 13 Days } { Married ..... }  
 Birth-place Nantucket Occupation Dairy man  
 Name of Father Edward W. Brooks His Birth-place Philadelphia Pa  
 Maiden Name of Mother Martha A. Brock Her Birth-place Nantucket  
 Cause of Death—Primary Cancer of Stomach Secondary Broncho Pneum  
 Certifying Physician ..... Residence .....  
 Place of Burial Nantucket Cemetery P.A.M.V.  
 Funeral Service at ..... Lot No. 56  
 Time of Service ..... Grave No.  Put in the Diagram one mark like this  
 Date of Interment Dec 19 Section .....  for every Grave in it. And mark this  
 Social Security No. .... Mary C. Brooks Designate site of monument thus:

Casket or Coffin No. <u>2855</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>15 00</u>	Automobiles	
Burial Suit		Newspaper Notices	<u>47 51</u>
Slippers			<u>230 00</u>
Embalming			
Washing and Dressing			
Shaving			
Services	<u>10 00</u>		
Use of Chairs <u>Transfer</u>	<u>5 00</u>	Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Bond</u>	
Cemetery Charges	<u>10 00</u>	Amount of Bill	<u>277 51</u>
Music		Goods Ordered by <u>Mary C Brooks</u>	
Flowers		Bill Charged to	

DR.

230.00

CR.

		<u>Jan. 23</u>	<u>1942 Check</u>	<u>277 51</u>
			<u>Pd E.S. Wilson</u>	<u>47 51</u>
				<u>230 00</u>
			<b>PAID</b>	
			<u>By Mary C Brooks</u>	

**RECORD AND BILL OF ITEMS**

Yearly No. 77

FOR THE FUNERAL OF

Total to date 1535

Fred V. Fuller

Residence *12 Milk St.*  
 Place of Death *M.C. Hospital*      Wife or Widow of *Susan Bean*  
 Date of Birth *1 1863 July 30*      Age { *78* Years { Sex ..... { Color or Race .....  
                   (Year)                    (Month)                    (Day)  
 Date of Death *1941 Dec 20*      { *4* Months { Single ..... { *Age 67*  
                   (Year)                    (Month)                    (Day)  
 Maiden Name ..... { *20* Days { Married ..... {  
 Birth-place *Nantucket*      Occupation *Insurance Agent*  
 Name of Father *Wm Cash Fuller*      His Birth-place *Nantucket*  
 Maiden Name of Mother *Mary B Coffin*      Her Birth-place *Nantucket*  
 Cause of Death—Primary *Chronic Myo*      Secondary *Prostatic Hypertrophy; Atherosclerosis*  
 Certifying Physician *Casseday*      Residence .....  
 Place of Burial *Nantucket*      Cemetery *P.H.*  
 Funeral Service at .....      Lot No. *336*            Put in the Diagram one mark like this  
 Time of Service .....      Grave No. ....      | for every Grave in it. And mark this  
 Date of Interment *Dec 23, 1941*      Section .....      }      Burial with double dagger thus: †  
 Social Security No. ....      *Susan B Fuller*      Designate site of monument thus:

Casket or Coffin No. <i>2853</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 <i>Pine</i>	<i>15 00</i>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <i>f. Services</i>	<i>40 00</i>	Officiating Clergyman <i>Harnes</i>	
Washing and Dressing		Amount of Bill	<i>265 00</i>
Shaving		Goods Ordered by <i>Mrs Fuller</i>	
Services <i>Transfers</i>	<i>10 00</i>	Bill Charged to	
Use of Chairs			
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges	<i>10 00</i>		
Music			
Flowers			
DR. <i>265.00</i>		CR.	

	<i>Mrh 19</i>	<i>1942 Check</i>	<i>265 00</i>

**PAID**

By Mrs Fuller

RECORD AND BILL OF ITEMS

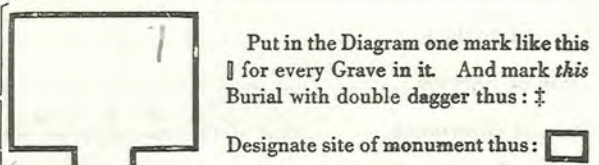
Yearly No. 78

FOR THE FUNERAL OF

Total to date 1536

Mary E. Francis

Residence 3 Lyon St.  
 Place of Death 3 Lyon St. Wife or Widow of James O. Francis  
 Date of Birth 1854 Mar 17 Sex [ ] Color or Race  
 Date of Death 1941 Dec 25 Age 87 Years 9 Months 18 Days Single [ ] Married [ ]  
 Maiden Name [ ]  
 Birth-place Lewiston Me. Occupation House work own home  
 Name of Father Isaac Dunham His Birth-place Nantucket  
 Maiden Name of Mother Dorcas Ann Coombs Her Birth-place Peru Me.  
 Cause of Death—Primary general arteriosclerosis Secondary Chronic Myo.  
 Certifying Physician Foley Residence [ ]  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at [ ] Lot No. 538  
 Time of Service [ ] Grave No. [ ]  
 Date of Interment Dec 27 Section [ ]  
 Social Security No. Edith Parice of Brothers Death records



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		Funeral Complete 100 00	
Embalming			
Washing and Dressing			
Shaving		Transportation Charges	
Services		Officiating Clergyman Farr	
Use of Chairs		Amount of Bill 100 00	
Church Charges		Goods Ordered by Pub. Willison	
Cemetery Charges		Bill Charged to	
Music			
Flowers			

DR.

CR.

		Jan. 5	1942 Check	100 00
			PAID	
			By Town Treasurer	



# RECORD AND BILL OF ITEMS

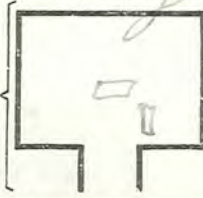
Yearly No. 79

FOR THE FUNERAL OF

Total to date 1537

*Philip Murray*

Residence 101 Orange St  
 Place of Death N. C. Hosp Wife or Widow of Marianna Lewis  
 Date of Birth 1865 Feb 12 Age 76 Years { Sex ..... } Color or Race  
 Date of Death 1941 Dec 27 { 10 Months } Single .....  
 Maiden Name ..... { 15 Days } Married .....  
 Birth-place Gracias Agnes Occupation Sergeant  
 Name of Father Manuel S Santos His Birth-place Gracias Agnes  
 Maiden Name of Mother Florinda Artins Her Birth-place Gracias Agnes  
 Cause of Death—Primary Coronary Occlusion Secondary Arteriosclerosis  
 Certifying Physician Collins Residence .....  
 Place of Burial Nantucket Cemetery St. Marys  
 Funeral Service at ..... Lot No. ....  
 Time of Service ..... Grave No. ....  
 Date of Interment Dec 29 1941 Section .....  
 Social Security No. Frank M. Murray



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</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>&amp; Services</u>	<u>35 00</u>	Officiating Clergyman <u>F. Briffin</u>	
Washing and Dressing		Amount of Bill	<u>195 00</u>
Shaving		Goods Ordered by	
Services <u>Transfer</u>	<u>5 00</u>	Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>10 00</u>		
Music <u>Candelabra etc.</u>	<u>5 00</u>		
Flowers			

DR.

195 00

CR.

					<u>Mch 23</u>	<u>1942 check</u>	<u>195 00</u>

PAID

By Clinton H. Murray

RECORD AND BILL OF ITEMS

Yearly No. 1

FOR THE FUNERAL OF

Total to date 1588

*Elizabeth A. Dawson*

Residence Old Peoples Home

Place of Death N.C. Hospital 1 day Wife or Widow of Walter Dawson

Date of Birth 1871 Sept. 18 70 Years { Sex ..... } Color or Race

Date of Death 1942 Jan 2 3 Months { Single ..... }  
 (Year) (Month) (Day) (Day) (Day) { Married ..... }

Maiden Name ..... Occupation None

Birth-place England His Birth-place England

Name of Father John Howard Her Birth-place England

Maiden Name of Mother Elizabeth

Cause of Death—Primary Coronary Occlusion - Secondary .....

Certifying Physician Cassaday Residence .....

Place of Burial Fall River Cemetery Oak Grove

Funeral Service at ..... Lot No. ....

Time of Service ..... Grave No. ....

Date of Interment Jan. 5-1942 Section .....  Put in the Diagram one mark like this  
 for every Grave in it. And mark this  
 Burial with double dagger thus: †

Social Security No. William H Dawson  Designate site of monument thus:

Casket or Coffin No. <u>175<sup>12</sup></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>None with tabs</u>	<u>18 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>10 00</u>	Transportation Charges <u>Express Chgs</u>	<u>6 10</u>
Use of Chairs .....		Officiating Clergyman.....	<u>163 00</u>
Church Charges.....		Amount of Bill.....	<u>169 10</u>
Cemetery Charges.....		Goods Ordered by <u>Old Peoples Home</u>	
Music.....		Bill Charged to .....	
Flowers .....			
	<u>163.00</u>		

DR.

CR.

		<u>Mich 21,</u>	<u>1942 Check</u>	<u>164 00</u>
			<u>Donation to Home</u>	<u>5</u>
				<u>169 00</u>
			<b>PAID</b>	

# RECORD AND BILL OF ITEMS

Yearly No. 2

FOR THE FUNERAL OF

Total to date 1539

Baby Girl Massland

Residence.....

Place of Death..... Wife or Widow of.....

Date of Birth 1942 Jan 15 (Year) (Month) (Day) Age { 0 Years { Sex..... { Color or Race

Date of Death 1942 Jan 18 (Year) (Month) (Day) Age { 0 Months { Single..... {

Maiden Name..... Age { 0 Days { Married..... {

Birth-place Nantucket Occupation.....

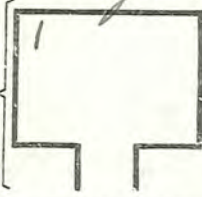
Name of Father unknown His Birth-place.....

Maiden Name of Mother Gertrude W. Kura Her Birth-place Nantucket

Cause of Death—Primary Prematurely Secondary detached placenta utera

Certifying Physician Gil 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 | for every Grave in it. And mark this

Date of Interment June 19 Section..... Burial with double dagger thus: †

Social Security No..... Designate site of monument thus: □

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

DR. 10.00 CR.


# RECORD AND BILL OF ITEMS

Yearly No. 3

FOR THE FUNERAL OF

Total to date 1540

Albert F. Manchester

Residence 34 Carlson St. 444

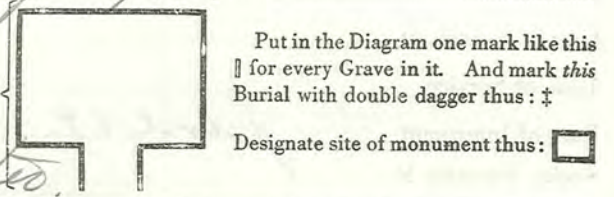
Place of Death M. C. Hosp 4 hrs      Wife or Widow of Margaret A. Burke

Date of Birth 1887 Jan 10      Age { 55 Years { Sex Male { Color or Race Age 54  
(Year)      (Month)      (Day)      { 0 Months { Single  
 Date of Death 1942 Jan 29      { 19 Days { Married

Maiden Name \_\_\_\_\_  
 Birth-place Pawtucket R.I.      Occupation \_\_\_\_\_  
 Name of Father John Manchester      His Birth-place Pawtucket R.I.  
 Maiden Name of Mother Unknown      Her Birth-place \_\_\_\_\_

Cause of Death—Primary \_\_\_\_\_      Secondary \_\_\_\_\_  
 Certifying Physician Fulger      Residence \_\_\_\_\_  
 Place of Burial Taunton      Cemetery St. Joseph

Funeral Service at \_\_\_\_\_      Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_      Grave No. \_\_\_\_\_  
 Date of Interment Feb 2 1942      Section \_\_\_\_\_  
 Social Security No. Rita Hamblin Daughter



Casket or Coffin No. <u>1753</u>	<u>100</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 Painted</u>	<u>20</u>	<u>00</u>	<b>Automobiles</b>		
Burial Suit _____			Newspaper Notices		
Slippers _____					
Embalming <u>of services</u>	<u>35</u>	<u>00</u>			
Washing and Dressing _____					
Shaving _____					
Services <u>2 transfers</u>	<u>10</u>	<u>00</u>			
Use of Chairs _____			Transportation Charges		
Church Charges _____			Officiating Clergyman		
Cemetery Charges _____			Amount of Bill	<u>\$165</u>	<u>00</u>
Music _____			Goods Ordered by		
Flowers _____			Bill Charged to		

DR. \$165.00 CR.

			<u>Feb 6</u>	<u>1942 Check</u>	<u>165 00</u>
				<b>PAID</b>	
				<u>By, A. Prestons Manchester</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 4

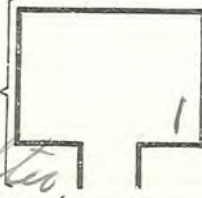
FOR THE FUNERAL OF

Total to date 1541

Abbie G Pitman

Residence 70 Centre St.  
 Place of Death 70 Centre  
 Date of Birth 1852 Nov 4  
 Date of Death 1942 Jan 30  
 Maiden Name Fairhaven  
 Birth-place Fairhaven  
 Name of Father James Tripp  
 Maiden Name of Mother Unknown  
 Cause of Death—Primary Cardiac decompensation  
 Certifying Physician Collins  
 Place of Burial Nantucket  
 Funeral Service at   
 Time of Service   
 Date of Interment Feb 1  
 Social Security No. Anne K. Grimes Daughter

Wife or Widow of Samuel P Pitman  
 Age { 89 Years { Sex  { Color or Race   
 { 2 Months { Single   
 { 23 Days { Married   
 Occupation None  
 His Birth-place Fairhaven  
 Her Birth-place   
 Secondary Arteriosclerosis, Myocarditis  
 Residence   
 Cemetery P.H.  
 Lot No. 611  
 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>285-12</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			
Embalming <u>&amp; services</u>	35 00	Transportation Charges	
Washing and Dressing		Officiating Clergyman <u>Bond</u>	
Shaving		Amount of Bill	250 00
Services		Goods Ordered by <u>Mrs Pitman</u>	
Use of Chairs		Bill Charged to <u>Grimes</u>	
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	10 00		
Music			
Flowers			

DR. 250.00

CR.

			Feb 4, 1942. Cash	250 00
			<b>PAID</b>	
			By Mrs Grimes	

# RECORD AND BILL OF ITEMS

Yearly No. 5

FOR THE FUNERAL OF

Total to date 1542

Residence Cliff Rd James H. Watts.  
 Place of Death u Wife or Widow of Elizabeth Langton.  
 Date of Birth 1 (Year) 1942 (Month) Jan (Day) 31 (Day)  
 Date of Death 1942 (Year) Jan (Month) 31 (Day) Age 73 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { \_\_\_\_\_ } Single \_\_\_\_\_  
 { \_\_\_\_\_ } Days { Married ✓ }  
 Birth-place Wolverhampton, England Occupation Florist, Retired  
 Name of Father William H. Watts His Birth-place Wolverhampton, England  
 Maiden Name of Mother Unknown Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Carcinoma of Secondary esophagus, metastases of  
 Certifying Physician Menges Residence Tongue  
 Place of Burial Wanthicket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 968  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Feb 3 1942 Section \_\_\_\_\_  
 Social Security No. James A. Watts son



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>190. Ext. Halls</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	
Burial Suit _____		Newspaper Notices	
Slippers _____		<u>1/2 Ad. No 968</u>	<u>30 00</u>
Embalming <u>&amp; Services</u>	<u>35 00</u>		
Washing and Dressing _____			<u>170 00</u>
Shaving _____		Transportation Charges	
Services <u>2 transfers</u>	<u>10 00</u>	Officiating Clergyman <u>Fraser</u>	
Use of Chairs _____		Amount of Bill	<u>200 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Goods Ordered by <u>J. A. Watts</u>	
Cemetery Charges	<u>10 00</u>	Bill Charged to _____	
Music _____			
Flowers _____			

DR. 170.00

CR.

				<u>Feb 11. 1942 Cash</u>	<u>200 00</u>
				<u>" " " Pd P.H.Cd.</u>	<u>30 00</u>
					<u>170 00</u>
				<b>PAID</b>	
				<u>By James A. Watts</u>	

1941-1945

# RECORD AND BILL OF ITEMS

43

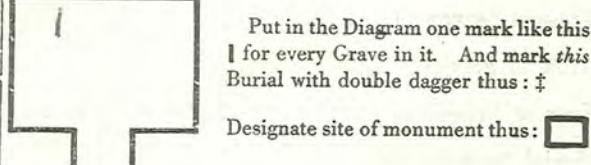
Yearly No. 6

FOR THE FUNERAL OF

Total to date 1543

Mary R. Wilber Freeborn

Residence 22 Liberty St.  
 Place of Death N. C. Hosp. 1 mo 1 day Wife or Widow of Millard F. Freeborn  
 Date of Birth 1 853 Mar 3 (Year) (Month) (Day) Age { 88 Years { Sex {  
 Date of Death 19 42 Feb 8 (Year) (Month) (Day) Age { 11 Months { Single {  
 Maiden Name Lydia S. Coffin Age { 5 Days { Married { Color or Race  
 Birth-place Nantucket Occupation House w/ok  
 Name of Father George S. Wilber His Birth-place Nantucket  
 Maiden Name of Mother Lydia S. Coffin Her Birth-place Nantucket  
 Cause of Death—Primary Chronic Myo. Secondary Fracture of left hip  
 Certifying Physician Foley Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 425  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Feb 10 Section \_\_\_\_\_  
 Social Security No. Lydia S. Freeborn



Casket or Coffin No. <u>90 East Hill</u>	75 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 Box</u>	15 00	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>&amp; services</u>	35 00	Officiating Clergyman <u>Hannah</u>	
Washing and Dressing _____		Amount of Bill <u>165 00</u>	
Shaving _____		Goods Ordered by <u>Lydia S. Freeborn</u>	
Services <u>Transps</u>	5 00	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	10 00		
Music _____			
Flowers _____			

DR. \$ 165.00 CR.

		Mch 16, 1942 Check	\$ 165 00
PAID			
By Lydia S. Freeborn			





# RECORD AND BILL OF ITEMS

Yearly No. 8

FOR THE FUNERAL OF

Total to date 1545

Elmer F. Baker

Residence 1 Lily St

Place of Death M.C. Hosp. 7 days Wife or Widow of Grace Goodman

Date of Birth 1 Apr 25 Age 73 Years Sex        Color or Race       

Date of Death 1942 Mch 9 Age 10 Months Single       

Maiden Name        Age 12 Days Married       

Birth-place Central Falls R.I. Occupation Machinist, Retired

Name of Father Charles Baker His Birth-place West Dennis

Maiden Name of Mother Mary Cornish Her Birth-place Plymouth Mass

Cause of Death—Primary Pulmonary Edema Secondary Chronic Myo General Arteriosclerosis

Certifying Physician Folger Residence       

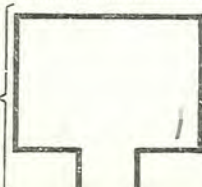
Place of Burial Nantucket Cemetery P.H.

Funeral Service at        Lot No. 966

Time of Service        Grave No. 1

Date of Interment Mch 12, 1942 Section       

Social Security No. Grace Baker



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<sup>2</sup></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		<u>Ad No. 966</u>	<u>60 00</u>
Embalming <u>of Services</u>	<u>35 00</u>		<u>190 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>Harnack</u>	
Cemetery Charges	<u>10 00</u>	Amount of Bill	<u>250 00</u>
Music		Goods Ordered by <u>Mrs Baker</u>	
Flowers		Bill Charged to <u>      </u>	

DR.

2190.00

CR.

		<u>Mch 16, 1942</u>	<u>Cash</u>	<u>250 00</u>
		<u>" 18</u>	<u>Pd P H Co</u>	<u>60 00</u>
				<u>2190 00</u>
			<b>PAID</b>	
			<u>By: Grace Baker</u>	

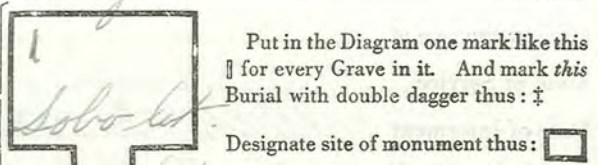
# RECORD AND BILL OF ITEMS

Yearly No. 9

FOR THE FUNERAL OF

Total to date 1546

Dorothea Moniz  
 Residence 111-113 4th St. New York City  
 Place of Death Harlem Hosp. 10th Wife or Widow of \_\_\_\_\_  
 Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) Age { 17 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1942 (Year) March (Month) 8 (Day) { 7 Months { Single  {  
 Maiden Name \_\_\_\_\_ { 8 Days { Married \_\_\_\_\_ {  
 Birth-place Nantucket Occupation Waitress  
 Name of Father Alvaro Moniz His Birth-place St. Nicholas Azores  
 Maiden Name of Mother Eleanor Fernandes Her Birth-place Nantucket  
 Cause of Death—Primary Natural Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St. Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment March 12 1942 Section Solo lot  
 Social Security No. Eleanor Fonseca 8234 Home St. Bronx N.Y.



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 _____	<b>Automobiles</b> _____
Burial Suit _____	Newspaper Notices _____
Slippers _____	
Embalming _____	
Washing and Dressing _____	
Shaving _____	
Services _____ <u>5 00</u>	
Use of Chairs <u>Transfer</u> _____ <u>5 00</u>	Transportation Charges _____
Church Charges <u>Funeral</u> _____ <u>25 00</u>	Officiating Clergyman <u>Fr. Carroll</u>
Cemetery Charges _____ <u>10 00</u>	Amount of Bill <u>750 00</u>
Music _____	Goods Ordered by <u>Alvaro Moniz</u>
Flowers <u>Candelabra etc</u> _____ <u>5 00</u>	Bill Charged to _____

DR.

350.00

CR.

				<u>March 23 1942</u>	<u>Cash</u>	<u>50 00</u>
					<b>PAID</b>	
					<u>By Alvaro Moniz</u>	

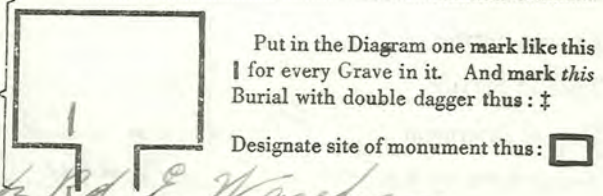
# RECORD AND BILL OF ITEMS

Yearly No. 10

FOR THE FUNERAL OF

Total to date 1547

Residence Cora S Burgess  
Great Neck Rd E Wareham  
 Place of Death " " " " " "  
 Date of Birth 1 (Year) 1 (Month) 1 (Day)  
 Date of Death 1942 (Year) March (Month) 11 (Day) Age { 81 Years { Sex { } Color or Race {  
 Maiden Name { 2 Months { Single { }  
 Birth-place Nantucket Occupation Richard E Burgess Married { }  
 Name of Father Richard E Burgess His Birth-place Nantucket  
 Maiden Name of Mother Catherine Smith Her Birth-place { }  
 Cause of Death—Primary Arterio Sclerosis Secondary Arteriosclerosis  
 Certifying Physician { } Residence { }  
 Place of Burial Nantucket Cemetery P H  
 Funeral Service at { } Lot No. 603  
 Time of Service { } Grave No. { }  
 Date of Interment March 15, 1942 Section { }  
 Social Security No. Lillian Burgess 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 .....		Transportation Charges .....	
Embalming .....		Officiating Clergyman <u>Hannah</u>	
Washing and Dressing .....		Amount of Bill <u>50 00</u>	
Shaving .....		Goods Ordered by <u>G. E. Cornwall &amp; Sons</u>	
Services .....		Bill Charged to .....	
Use of Chairs .....			
Church Charges .....			
Cemetery Charges <u>Funeral</u>	<u>30 00</u>		
Music <u>Wood</u>	<u>15 00</u>		
Flowers <u>1 Car</u>	<u>5 00</u>		
	<b>\$ 50.00</b>		

DR.

CR.

<u>George E Cornwall &amp; Sons</u>	<u>Wareham</u>	<u>Apr 2</u>	<u>1942 Check</u>	<u>50 00</u>
	<u>Wareham</u>		<u>17d Harbut</u>	<u>5 00</u>
				<u>45 00</u>
			<b>PAID</b>	
			<u>By Geo. E. Cornwall &amp; Sons</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 11

FOR THE FUNERAL OF

Total to date 1548

Mary C. Souza

Residence 61 Union St.

Place of Death " " " Wife or Widow of Joseph Souza

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

Date of Death 19 42 (Year) Mich (Month) 13 (Day) Age 63 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 { \_\_\_\_\_ Months } { Single \_\_\_\_\_ }  
 { \_\_\_\_\_ Days } { Married \_\_\_\_\_ }

Maiden Name \_\_\_\_\_ Occupation Housewife

Birth-place St Michael Armos His Birth-place St. Michael

Name of Father Manuel Palher Her Birth-place " "

Maiden Name of Mother Mary Raposa

Cause of Death—Primary Carcinoma of Secondary liver & stomach

Certifying Physician Collins Residence \_\_\_\_\_

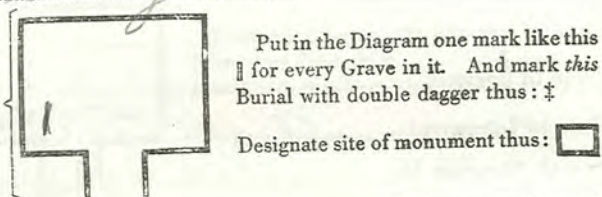
Place of Burial Nantucket Cemetery St Marys

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Mch 16 1942 Section \_\_\_\_\_

Social Security No. Mary Oliver



Casket or Coffin No. <u>B-17 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 <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>F. Carroll</u>	
Washing and Dressing _____		Amount of Bill	<u>240 00</u>
Shaving _____		Goods Ordered by <u>Mary Oliver</u>	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>10 00</u>		
Music <u>Candelabra, etc</u>	<u>5 00</u>		
Flowers _____			

DR. \$240.00 CR.

		<u>Apr 11, 1942</u>	<u>Cash</u>	<u>\$240 00</u>
<b>PAID</b>				
<u>By Mary Oliver</u>				

1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 12

FOR THE FUNERAL OF

Total to date 1549

Residence 6 Fair St. Mary S. Chadwick

Place of Death          Wife or Widow of Frederick S. Chadwick

Date of Birth 1865 Jan 1 (Year) (Month) (Day) Age 77 Years { Sex          Color or Race         

Date of Death 1942 Mar 14 (Year) (Month) (Day) Age 2 Months { Single         

Maiden Name          Age 14 Days { Married         

Birth-place Nantucket Occupation None

Name of Father Timothy B. Folger His Birth-place Nant.

Maiden Name of Mother Charlotte M. B. B. B. Her Birth-place Nantucket

Cause of Death—Primary Cerebral Hem. Secondary Arteriosclerosis

Certifying Physician Gil Residence         

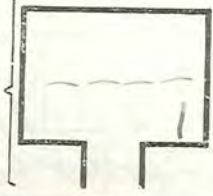
Place of Burial Nant Cemetery P.H.

Funeral Service at          Lot No. 385

Time of Service          Grave No.         

Date of Interment Mar 17 Section         

Social Security No. Lizzie C. Folger



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>175-2</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>of 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>Bennett</u>	
Cemetery Charges	<u>10 00</u>	Amount of Bill	<u>185 00</u>
Music		Goods Ordered by <u>Lizzie Folger</u>	
Flowers		Bill Charged to	

DR. \$183.00

CR.

				<u>Mar 31</u>	<u>C. O. A. A.</u>	<u>100 00</u>
				<u>May 5</u>	<u>Bal.</u>	<u>85 00</u>
<b>PAID</b>						
<u>By Lizzie C. Folger</u>						

# RECORD AND BILL OF ITEMS

Yearly No. 13

FOR THE FUNERAL OF

Total to date 1550

Ada B. Sanford

Residence 273 Millburn Ave. Millburn N.J.

Place of Death Overlook Hosp N.J. Wife or Widow of David R Sanford

Date of Birth 1872 Sept 8 8 { 69 Years { Sex { Color or Race

Date of Death 1942 March 21 21 { 6 Months { Single {

Maiden Name { 15 Days { Married {

Birth-place Toronto, Canada Occupation None

Name of Father John Michie His Birth-place Canada

Maiden Name of Mother Mary Woodside Her Birth-place Canada

Cause of Death—Primary Sepsicemia Secondary Parotitis Pyro Nephritis.

Certifying Physician Residence Abscess of Brain

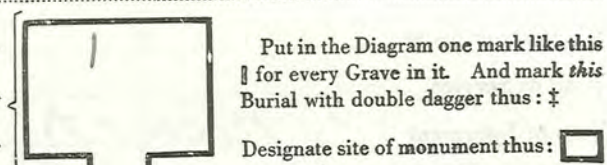
Place of Burial Nantuxet Cemetery P.H.

Funeral Service at Lot No. 127

Time of Service Grave No.

Date of Interment March 25, 1942 Section

Social Security No. Mrs Theodore Generetti 273 Millburn Ave, Millburn, N.J.



Casket or Coffin No.		Candles	
Size. Made by		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to <u>Cemetery from Boat</u>	<u>25 00</u>
Plate		Removal	
Outside Box or Vault		<b>Automobiles</b>	
Burial Suit		<u>Cemetery Chgs</u>	<u>15 00</u>
Slippers		Newspaper Notices	
Embalming			
Washing and Dressing			
Shaving			
Services			
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	<u>240 00</u>
Music		Goods Ordered by <u>Wm J Smith</u>	
Flowers		Bill Charged to	

DR. CR.

<u>Wm J Smith</u>	<u>Apr 4</u>	<u>1942 Check</u>	<u>\$40 00</u>
<u>Main St</u>			
<u>East Orange</u>			
<u>N.J.</u>			
		<b>PAID</b>	
		<u>By Wm J Smith</u>	
		<u>East Orange</u>	
		<u>Funeral Director N.J.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 14 FOR THE FUNERAL OF Total to date 1551

*Frederick A Taylor*

Residence *40 No Liberty St.*

Place of Death " " " " Wife or Widow of

Date of Birth *1862 June 10* Age *79* Years *9* Months *14* Days  
 Date of Death *1942 March 24* Sex *Male* Color or Race  
 Maiden Name Married

Bir'h-place *So Boston* Occupation *Carpenter, retired 15 yrs*

Name of Father *Benjamin F Taylor* His Birth-place *Nantucket*

Maiden Name of Mother *Mary E. Beetle* Her Birth-place *Nantucket*

Cause of Death—Primary *Arteriosclerosis (General)* Secondary *Chronic myocarditis*

Certifying Physician *F. J. Hall* Residence

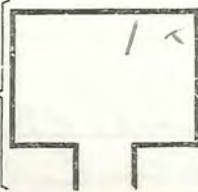
Place of Burial *Nantucket* Cemetery *P. H.*

Funeral Service at Lot No. *539*

Time of Service Grave No. *2*

Date of Interment *March 27, 1942* Section

Social Security No. *Arthur M. Taylor.*



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>1752</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</i>	<i>15 00</i>	Automobiles	
Burial Suit	<i>15 00</i>	Newspaper Notices	
Slippers			
Embalming <i>Services</i>	<i>35 00</i>		
Washing and Dressing			
Shaving		Transportation Charges	
Services <i>Transfer</i>	<i>5 00</i>	Officiating Clergyman <i>Bond</i>	
Use of Chairs		Amount of Bill	<i>205 00</i>
Church Charges <i>Funeral</i>	<i>25 00</i>	Goods Ordered by <i>Arthur M. Taylor</i>	
Cemetery Charges	<i>10 00</i>	Bill Charged to	
Music			
Flowers			

DR.

*9298.00*

CR.

			<i>Apr 18 1942 Cash</i>	<i>205 00</i>
			<b>PAID</b>	
			<i>Elmore Taylor</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 15

FOR THE FUNERAL OF

Total to date 1562

Frank R. Barnard

Residence 14 Adams St. Port Washington N.Y.  
 Place of Death Post Graduate Hosp.      Wife or Widow of \_\_\_\_\_  
 Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_  
 Date of Death 19 42 (Year) March (Month) 24 (Day) \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Birth-place New York      Occupation Assistant Treasurer of American Bible Soc.  
 Name of Father William F. Barnard      His Birth-place Nantucket  
 Maiden Name of Mother Marianna Sprague      Her Birth-place Nantucket  
 Cause of Death—Primary \_\_\_\_\_      Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_      Residence \_\_\_\_\_  
 Place of Burial Nantucket      Cemetery P.H.  
 Funeral Service at \_\_\_\_\_      Lot No. 640  
 Time of Service \_\_\_\_\_      Grave No. \_\_\_\_\_  
 Date of Interment March 28, 1942      Section \_\_\_\_\_  
 Social Security No. Grace E. Hutaff

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. _____	Candles _____	Gloves _____	
Size _____ Made by _____	Bearers or Porters _____	Hearse to <u>Cemetery from Boat</u>	25 00
Lining and Pillow Set No. _____	Removal _____	<b>Automobiles</b>	
Handles _____		<u>Cemetery Chgs</u>	15 00
Plate _____		Newspaper Notices _____	
Outside Box or Vault _____		Transportation Charges _____	
Burial Suit _____		Officiating Clergyman <u>Dr. Gardner</u>	5 00
Slippers _____		Amount of Bill _____	45 00
Embalming _____		Goods Ordered by _____	
Washing and Dressing _____		Bill Charged to _____	
Shaving _____			
Services _____			
Use of Chairs _____			
Church Charges _____			
Cemetery Charges _____			
Music _____			
Flowers _____			

DR.

CR.

				Apr 20	1943	Check	45 00		
				PAID					
				By The Port Washington National Bank & Trust Co Port Washington N.Y.					



1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 16

FOR THE FUNERAL OF

Total to date 1553.

*Mary Ella Appleton*

Residence 6 Lynn St

Place of Death Out Island Home 3 mos.  Wife or Widow of William D Appleton

Date of Birth 1849 Dec 15 (Year) (Month) (Day) Age { 92 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1942 Apr 16 (Year) (Month) (Day) { 4 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 1 Days { Married \_\_\_\_\_ {

Birth-place New Bedford Occupation None

Name of Father Charles F. Mendell His Birth-place New Bedford

Maiden Name of Mother Caroline Mosslander Her Birth-place Nantucket

Cause of Death—Primary General Arteriosclerosis Secondary \_\_\_\_\_

Certifying Physician Folger Residence \_\_\_\_\_

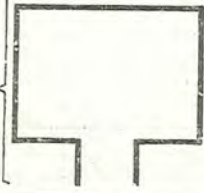
Place of Burial Nantucket Cemetery P.H.M.V.

Funeral Service at \_\_\_\_\_ Lot No. 54

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Apr. 18. Section \_\_\_\_\_

Social Security No. Mary Wetters



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 _____	<b>Automobiles</b> _____
Burial Suit _____	<b>Newspaper Notices</b> _____
Slippers _____	Transportation Charges _____
Embalming _____	Officiating Clergyman <u>Bennett.</u>
Washing and Dressing _____	Amount of Bill <u>100 00</u>
Shaving _____	Goods Ordered by <u>Welfare Dept</u>
Services <u>Casket &amp; Box</u> <u>\$100 00</u>	Bill Charged to <u>" "</u>
Use of Chairs _____	
Church Charges _____	
Cemetery Charges _____	
Music _____	
Flowers _____	

DR.

CR.

				<u>May 9</u>	<u>1942 Check</u>	<u>\$100 00</u>
					<b>PAID</b>	
					<u>Welfare Dept</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 17

FOR THE FUNERAL OF

Total to date 1534

Charles F. Hammond

Residence 39 Orange St

Place of Death " " " Wife or Widow of Mary F. Coffin

1941 81 / 60 Date of Birth 1860 June 28 (Year) (Month) (Day) Age { 81 Years { Sex { Color or Race  
 Date of Death 1942 April 27 (Year) (Month) (Day) { 7 Months { Single  
 { 27 Days { Married

Maiden Name \_\_\_\_\_ Occupation Retired

Birth-place Nantucket Name of Father Geo. F. Hammond His Birth-place Nantucket

Maiden Name of Mother Mary Ann Coffin Her Birth-place Nantucket

Cause of Death—Primary Cardiac decompensation Secondary Hypostatic Pneum.

Certifying Physician Collins Residence \_\_\_\_\_

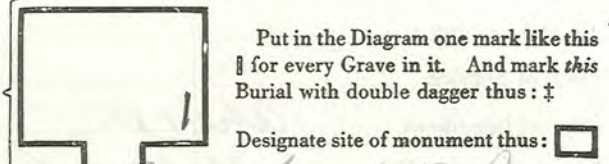
Place of Burial Nantucket Cemetery North

Funeral Service at \_\_\_\_\_ Lot No. 136

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Apr 26 1942 Section \_\_\_\_\_

Social Security No. Esther B. Turner 54 Agawam Rd. Pampford Rd.



Casket or Coffin No. <u>175</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>Clark</u>	<u>125 00</u>	<b>Automobiles</b> _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>of Services</u>	<u>35 00</u>	Officiating Clergyman <u>Ed. [unclear]</u>	
Washing and Dressing _____		Amount of Bill <u>360 00</u>	
Shaving _____		Goods Ordered by <u>Esther B. Turner</u>	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges _____	<u>15 00</u>		
Music _____			
Flowers _____			

DR. \$ 300.00 CR.

		July 22 1942 Check	300 00	
		PAID		
		By <u>Esther B. Turner</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 18

FOR THE FUNERAL OF

Total to date 1535

Elizabeth D. Coffin

Residence New St. Via Convent

Place of Death " Wife or Widow of Roland H. Coffin

Date of Birth 1868 July 12 (Year) (Month) (Day) Age 73 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 1942 Apr 30 (Year) (Month) (Day) { 9 Months } { Single \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ { 18 Days } { Married \_\_\_\_\_ }

Birth-place Kings Co. Ireland Occupation Housework

Name of Father Michael Crosby His Birth-place Kings Co. Ireland

Maiden Name of Mother Elizabeth A. --- Her Birth-place "

Cause of Death—Primary Cerebral Hem. Secondary Hypertension

Certifying Physician Menges Residence \_\_\_\_\_

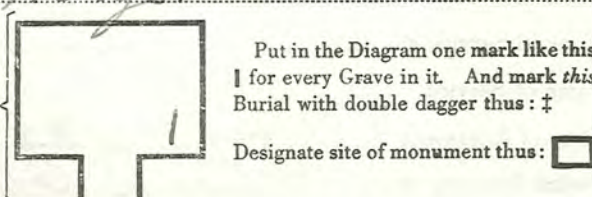
Place of Burial Nantucket Cemetery St. Mary's

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment May 2, 1942 Section \_\_\_\_\_

Social Security No. Marguerite Johnson



Casket or Coffin No. <u>117 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 <u>Pine</u>	<u>15 00</u>	Automobiles	
Burial Suit <u>Gray Dress</u>	<u>12 00</u>	Newspaper Notices	
Slippers			
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services			
Use of Chairs		Transportation Charges <u>Fr. Carroll</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman	
Cemetery Charges	<u>10 00</u>	Amount of Bill	<u>255 00</u>
Music <u>Candelabra etc.</u>	<u>5 00</u>	Goods Ordered by <u>Margarete Johnson</u>	
Flowers <u>Don Spray</u>	<u>3 00</u>	Bill Charged to	

DR. 255.00 CR.

		<u>May 21</u>	<u>Cash</u>	<u>230 00</u>
			<u>Due</u>	<u>25 00</u>
				<u>255 00</u>
			<b>PAID</b>	
			<u>By Margarete Johnson</u>	

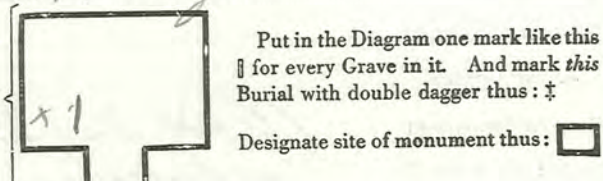
# RECORD AND BILL OF ITEMS

Yearly No. 19

FOR THE FUNERAL OF

Total to date 1556

Residence Joseph S Souza  
61 Union St  
 Place of Death " Wife or Widow of Mary C. Pacheco  
 Date of Birth 1 Year 71 Months 7 Days 1 Sex F Color or Race   
 Date of Death 1942 (Year) Apr (Month) 30 (Day) Age 71 Months 7 Days 1 Single X Married   
 Maiden Name   
 Birth-place St Michael Occupation Barber  
 Name of Father Francis Souza His Birth-place St Michael  
 Maiden Name of Mother Agnes Corke Her Birth-place St. Michael  
 Cause of Death—Primary  Secondary   
 Certifying Physician Collins Residence   
 Place of Burial Nantucket Cemetery St. Mary's  
 Funeral Service at  Lot No.   
 Time of Service  Grave No. 2  
 Date of Interment May 4, 1942 Section   
 Social Security No. Mary S Oliver



Casket or Coffin No. <u>177B</u>	<u>150</u> 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>	<u>15</u> 00	Automobiles.....	
Burial Suit.....		Newspaper Notices.....	
Slippers.....		Transportation Charges.....	
Embalming <u>Services</u>	<u>35</u> 00	Officiating Clergyman <u>Fr Griffin</u>	
Washing and Dressing.....		Amount of Bill.....	<u>240</u> 00
Shaving.....		Goods Ordered by <u>Mary S Oliver</u>	
Services.....		Bill Charged to.....	
Use of Chairs.....			
Church Charges <u>Funeral</u>	<u>25</u> 00		
Cemetery Charges.....	<u>10</u> 00		
Music <u>Candelabra etc</u>	<u>5</u> 00		
Flowers.....			

DR.

\$240.00

CR.

		<u>July 20</u>	<u>1944 Cash</u>	<u>190</u> 00
		<u>Aug 19</u>	<u>" "</u>	<u>140</u> 00
				<u>240</u> 00
			<b>PAID</b>	
			<u>By Mary S Oliver</u>	

# RECORD AND BILL OF ITEMS

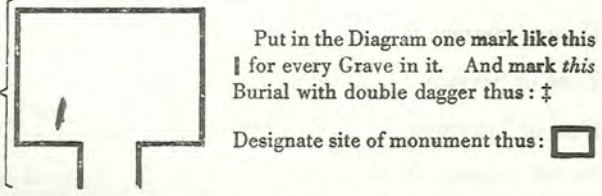
Yearly No. 20

FOR THE FUNERAL OF

Total to date 1557

George A. Grant

Residence 75 Orange St  
 Place of Death 17 Fair St 5 days Wife or Widow of Madeleine A. Briggs  
 Date of Birth 1856 Oct 28 Age { 85 Years { Sex ..... Color or Race .....  
 Date of Death 1942 May 4 { 6 Months { Single .....  
 Maiden Name ..... { 6 Days { Married .....  
 Birth-place Samoa, Navigator Isls Occupation Custodian of Whaling Museum  
 Name of Father Charles Grant His Birth-place Nantucket  
 Maiden Name of Mother Mary Jay Wau Her Birth-place Nantucket  
 Cause of Death—Primary Arteriosclerosis Secondary Senility  
 Certifying Physician Bill Residence .....  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at ..... Lot No. 340  
 Time of Service ..... Grave No. ....  
 Date of Interment May 7, 1942 Section .....  
 Social Security No. Nancy S. Adams



Casket or Coffin No. <u>175</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	<u>+</u>	Newspaper Notices	
Slippers			
Embalming <u>services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services			
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman <u>Old Fellows</u>	
Cemetery Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>185 00</u>
Music <u>10 00</u>		Goods Ordered by <u>Nancy S. Adams</u>	
Flowers		Bill Charged to	

DR. 185 00 CR.

				<u>May 12, 1942</u>	<u>U.S.O.F</u>	<u>75 00</u>
				<u>June 16</u>	<u>Check</u>	<u>110 00</u>
						<u>185 00</u>
					<b>PAID</b>	
					<u>By Nancy S. Adams</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

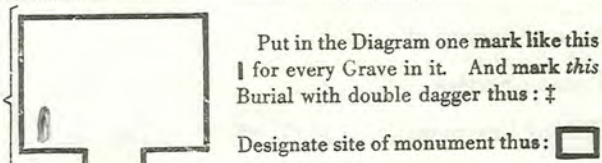
Total to date 1559

Preston Swain

Residence 38 Fair St.

Place of Death N. C. Hosp. 12 days Wife or Widow of Gladys Chadwick

Date of Birth 1891 Oct. 29 Age 50 Years { Sex ..... } Color or Race .....  
 Date of Death 1942 May 7 Age 6 Months { Single ..... } Age 50  
 Maiden Name ..... Age 8 Days { Married  }  
 Birth-place Nantucket Occupation Carpenter  
 Name of Father Andrew J. Swain His Birth-place Nantucket  
 Maiden Name of Mother Phoebe A. Pitman Her Birth-place Nantucket  
 Cause of Death—Primary Coronary Occlusion Secondary Coronary thrombosis  
 Certifying Physician Fotger Residence .....  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at ..... Lot No. 965  
 Time of Service ..... Grave No. ....  
 Date of Interment May 10, 1942 Section .....  
 Social Security No. 021-53-2271 Gladys C. Swain



Casket or Coffin No. <u>J-39</u>	<u>75 00</u>	Candles	
Size..... Made by.....		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles <u>ext.</u>		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>Bennett</u>	
Washing and Dressing		Amount of Bill	<u>165 00</u>
Shaving		Goods Ordered by <u>Gladys Swain</u>	
Services <u>Transfer</u>	<u>5 00</u>	Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges <u>Funer</u>	<u>10 00</u>		
Music			
Flowers			
	<u>165 00</u>		

DR.

CR.

			<u>May 19</u>	<u>1942 Cash</u>	<u>165 00</u>
				<b>PAID</b>	
				<u>By Gladys Swain</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date 1560

Sarah B. Francis

Residence 3 Sunset Hill

Place of Death " "

Date of Birth 1 1867 Feb 28 (Year) (Month) (Day)

Date of Death 19 42 May 10 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_

Birth-place Nantucket Occupation None

Name of Father Andrew C. Lowell His Birth-place Augusta, Maine

Maiden Name of Mother Judith P. Snow Her Birth-place Nantucket

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Certifying Physician Folger Med. Ex. Residence \_\_\_\_\_

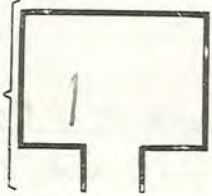
Place of Burial Nantucket Cemetery North

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment May 12, 1942 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Gertrude Ellis



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>110 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 <u>Wood</u>	
Burial Suit <u>Gray Dress</u>	<u>15 00</u>	Newspaper Notices _____	
Slippers _____			
Embalming <u>of services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____		Transportation Charges _____	
Services _____		Officiating Clergyman <u>Bond</u>	
Use of Chairs _____		Amount of Bill <u>325 00</u>	
Church Charges _____		Goods Ordered by <u>Gertrude Ellis</u>	
Cemetery Charges <u>Funeral</u>	<u>25 00</u>	Bill Charged to <u>E. E. Mackerman</u>	
Music _____	<u>15 00</u>		
Flowers _____			

DR. \$325.00

CR.

<u>Ethel E. Mackerman</u>	<u>Sept 12</u>	<u>1942 Check</u>	<u>325 00</u>
<u>appt. June 11.</u>			

**PAID**  
By Ethel E. Mackerman  
Adm.



# RECORD AND BILL OF ITEMS

Yearly No. 24

FOR THE FUNERAL OF

Total to date 1561.

Mary B. Jarvis.

Residence 10 Martins Lane

Place of Death " " " Wife or Widow of Charles M. Jarvis

Date of Birth 1 (Year) 19 (Month) 18 (Day)

Date of Death 1942 (Year) May (Month) 18 (Day)

Maiden Name \_\_\_\_\_ Age 86 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
Months { Single \_\_\_\_\_  
Days { Married \_\_\_\_\_

Birth-place Birington N.Y. Occupation None

Name of Father Chauncey Bees His Birth-place Solon N.Y.

Maiden Name of Mother Fane Morgan Her Birth-place Brimfield Mass.

Cause of Death—Primary Coronary thrombosis Secondary \_\_\_\_\_

Certifying Physician Foley Med. Ex. Residence \_\_\_\_\_

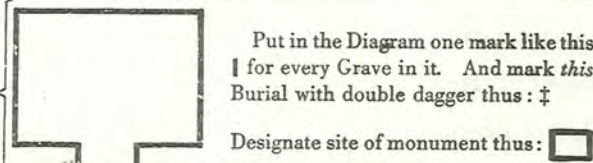
Place of Burial Baldwin Conn. Cemetery Berlin

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment May 21, 1942 Section \_\_\_\_\_

Social Security No. Mrs. Edward F. Sanderson



Casket or Coffin No. <u>575 12</u>	<u>250 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 Painted</u>	<u>25 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>service</u>	<u>40 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>2 transfers</u>	<u>10 00</u>		
Use of Chairs _____		Transportation Charges <u>tickets</u>	<u>18 93</u>
Church Charges _____		Officiating Clergyman	<u>325 00</u>
Cemetery Charges _____		Amount of Bill	<u>343 93</u>
Music _____		Goods Ordered by <u>Grace J. Sanderson</u>	
Flowers _____		Bill Charged to _____	

DR.

325.00

CR.

<u>Shipped to</u>	<u>July 28 1942</u>	<u>check</u>	<u>343 93</u>
<u>B. C. Porter</u>			
<u>New Britain</u>			
<u>Conn</u>			
		<b>PAID</b>	
		<u>By Grace J. Sanderson</u>	
		<u>Admpt.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 25

FOR THE FUNERAL OF

Total to date 1562

Mabel A. Barrett.

Residence 1170-5th Ave. New York

Place of Death Lenox Hill Hosp. Wife or Widow of John W. Barrett

Date of Birth 1866 Aug 3 (Year) (Month) (Day) Age { 75 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1942 May 23 (Year) (Month) (Day) Age { 8 Months { Single \_\_\_\_\_ { \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age { 20 Days { Married \_\_\_\_\_ { \_\_\_\_\_

Birth-place Chatham, Columbia Co. N.Y. Occupation None

Name of Father Major Allen Downing His Birth-place New York

Maiden Name of Mother Mary H. Brooks Her Birth-place New York

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

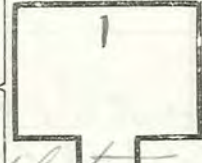
Place of Burial May 24 1942 Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 196

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment \_\_\_\_\_ Section \_\_\_\_\_

Social Security No. Helen D. Senthon, Middletown N.J. Daughter



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 <u>Personal Services</u>		<u>8 00</u>
Lining and Pillow Set No. _____		Bearers or Porters _____		
Handles _____		Hearse to <u>Cemetery from Boat</u>		<u>25 00</u>
Plate _____		Removal <u>Cemetery Chg</u>		<u>15 00</u>
Outside Box or Vault _____		Automobiles <u>Tony 2</u>		<u>10 00</u>
Burial Suit _____		Newspaper Notices _____		
Slippers _____		Transportation Charges _____		
Embalming _____		Officiating Clergyman <u>Dr. Gardner</u>		<u>5 00</u>
Washing and Dressing _____		Amount of Bill _____		<u>60 00</u>
Shaving _____		Goods Ordered by _____		
Services _____		Bill Charged to _____		
Use of Chairs _____				
Church Charges _____				
Cemetery Charges _____				
Music _____				
Flowers _____				

DR.

CR.

<u>Mr David W Swan</u>	<u>July 2</u>	<u>1942 Check</u>	<u>60 00</u>
<u>31 Nassua St</u>			
<u>N.Y. City</u>			
		<b>PAID</b>	
		<u>By</u>	
		<u>City Bank Farmers Trust Co</u>	
		<u>42nd at Madison Ave</u>	
		<u>N.Y. City</u>	

1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to date 1563

*Madeleine L. Norcross*

Residence 76 Orange St.

Place of Death " " Wife or Widow of Edward W. Norcross

Date of Birth 1885 Sept. 26 Age { 56 Years { Sex { Color or Race

Date of Death 1942 June 4 { 8 Months { Single { Ag. 64

Maiden Name \_\_\_\_\_ { 9 Days { Married

Birth-place \_\_\_\_\_ Occupation \_\_\_\_\_

Name of Father George Grant His Birth-place Samoa, Navigator Isl.

Maiden Name of Mother Madeleine G. Biggs Her Birth-place Fair Haven, Mass.

Cause of Death—Primary General Paralysis Secondary Due to lungs

Certifying Physician Bill Residence \_\_\_\_\_

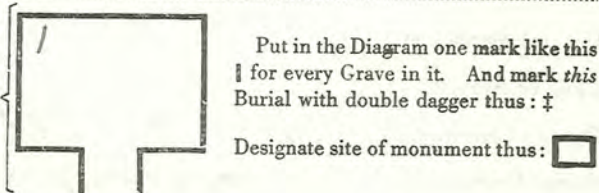
Place of Burial \_\_\_\_\_ Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 340

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment June 6 1942 Section \_\_\_\_\_

Social Security No. Nancy Adams



Casket or Coffin No. <u>175<sup>12</sup></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 <u>Gray Dress</u>	<u>15 00</u>	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 _____	
Cemetery Charges _____	<u>10 00</u>	Amount of Bill _____	<u>200 00</u>
Music _____		Goods Ordered by <u>Nancy Adams</u>	
Flowers _____		Bill Charged to <u>Jessamine A. Roman</u>	

DR.

\$200.00

CR.

				<u>June 10 1942</u>	<u>Check</u>	<u>200 00</u>
					<b>PAID</b>	
					By <u>Jessamine A. Roman</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 27

FOR THE FUNERAL OF

Total to date 1564

Ambrose Mendes

Residence Polpis Road

Place of Death N. E. Hospital 27 days Wife or Widow of \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age about 52 Years Sex \_\_\_\_\_ Color or Race Bravo

Date of Death 1942 June 6 (Year) (Month) (Day) Months \_\_\_\_\_ Single  Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Days \_\_\_\_\_

Birth-place Bravo, Cape Verde Isl. Occupation Cranberry Bog Worker

Name of Father Romal Mendes His Birth-place Bravo

Maiden Name of Mother Mary Her Birth-place \_\_\_\_\_

Cause of Death—Primary Atelectasis left lung Secondary Metastasis Carcinoma

Certifying Physician \_\_\_\_\_ Residence Simplex of stomach

Place of Burial St. Marys Hant. Cemetery St. Marys

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment June 9, 1942 Section \_\_\_\_\_

Social Security No. Joanna Varella 2 Williams St Providence R.I.



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 <u>Wood 2</u>	<u>10 00</u>
Burial Suit _____	<u>Jerry Gliddens</u>	<u>5 00</u>
Slippers _____	Newspaper Notices <u>Jerry 1</u>	<u>3 00</u>
Embalming _____		
Washing and Dressing _____		<u>130 00</u>
Shaving _____		
Services <u>Casket &amp; Box</u>		<u>130 00</u>
Use of Chairs _____	Transportation Charges _____	
Church Charges _____	Officiating Clergyman _____	
Cemetery Charges _____	Amount of Bill _____	<u>153 00</u>
Music _____	Goods Ordered by <u>Joanna Varella</u>	
Flowers _____	Bill Charged to _____	

DR. 130.00 CR.

<u>June 8</u>	<u>Rec Cash Mrs Varella</u>	<u>=</u>	<u>June 8</u>	<u>1942 G. Cash</u>	<u>100 00</u>
	<u>Rec from Bank</u>		<u>" 18</u>	<u>" Rec Bal</u>	<u>53 00</u>
<u>Pd.</u>	<u>Jerry Cash</u>	<u>8 00</u>			
<u>"</u>	<u>Herbert Cash</u>	<u>10 00</u>			
	<u>Gliddens</u>	<u>5 00</u>			

**PAID**

## RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF

Total to date 1565

Jones H. Roy.

Residence 21 Vestal St. Nantucket

Place of Death " " " " Wife or Widow of Edward Roy

Date of Birth 1892 Dec 12 Age 49 Years Sex Male Color or Race White  
(Year) (Month) (Day)

Date of Death 1942 June 6 Age 6 Months Sex Single Color or Race White  
(Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Age 25 Days Sex Married Color or Race \_\_\_\_\_

Birth-place Nantucket, R.I. Occupation Housewife

Name of Father Unknown His Birth-place \_\_\_\_\_

Maiden Name of Mother Eva May Rowley Her Birth-place Canada, N.B.

Cause of Death—Primary Cardiac Decomposition Secondary Coronary infarct

Certifying Physician Menges Residence \_\_\_\_\_

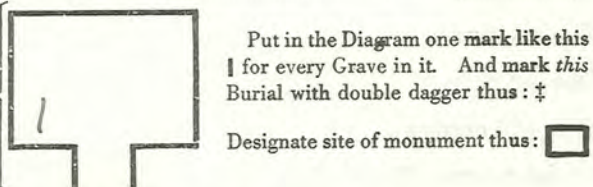
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 1206

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment June 9 1942 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_



Casket or Coffin No. <u>A-1707</u>	185 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		Transportation Charges	
Embalming <u>of Services</u>	30 00	Officiating Clergyman	
Washing and Dressing		Amount of Bill	270 00
Shaving		Goods Ordered by <u>Edwin Roy</u>	
Services		Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	10 00		
Music			
Flowers			

DR.

270.00

CR.

			<u>June 25</u>	<u>1942</u>	<u>Cash</u>
					<u>270 00</u>
PAID					
By <u>Edwin Roy</u>					

# RECORD AND BILL OF ITEMS

Yearly No. 29

FOR THE FUNERAL OF

Total to date 1566

Sulu F. Hall

Residence 17 Union St.

Place of Death " " "

Date of Birth 1 Apr 23      Wife or Widow of William Hall Jr.

(Year)      (Month)      (Day)

Date of Death 1942 June 8      Age { 69 Years { Sex { Male      Color or Race { Age 70

(Year)      (Month)      (Day)

Maiden Name \_\_\_\_\_      { 1 Months { Single \_\_\_\_\_

\_\_\_\_\_      { 16 Days { Married

Birth-place Foxboro Mass      Occupation House wife

Name of Father Eugene A. Rider      His Birth-place Barnor Me.

Maiden Name of Mother Caroline S. Hinkley      Her Birth-place Can not be learned

Cause of Death—Primary Cerebral Hem.      Secondary Hypertension, Atherosclerosis

Certifying Physician Cassaday      Residence "

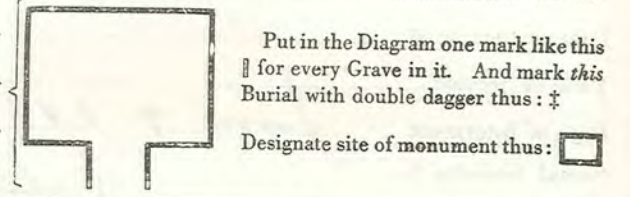
Place of Burial New Bedford      Cemetery Oak Grove

Funeral Service at \_\_\_\_\_      Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_      Grave No. \_\_\_\_\_

Date of Interment \_\_\_\_\_      Section \_\_\_\_\_

Social Security No. \_\_\_\_\_



Casket or Coffin No. <u>285<sup>12</sup></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 Painted</u>	20	00	Automobiles		
Burial Suit _____			Newspaper Notices		
Slippers _____					
Embalming <u>Services</u>	40	00			
Washing and Dressing _____					
Shaving _____					
Services <u>Transfers</u>	15	00	<u>E. J. Wilson</u>	240	00
Use of Chairs _____			Transportation Charges <u>Tickets</u>	46	00
Church Charges _____			<u>Methodist</u>	7	25
Cemetery Charges _____			Officiating Clergyman <u>Bennett?</u>		
Music _____			<u>1st service</u>	293	25
Flowers _____			Amount of Bill		
			Goods Ordered by _____		
			Bill Charged to _____		

DR. \$240.00

CR.

			July 17.	Rec Check	293	25			
			" 18	Pd E J Wilson	46	00			
					247	25			
				PAID					
				By <u>Wm Hall Jr.</u>					

# RECORD AND BILL OF ITEMS

Yearly No. 30

FOR THE FUNERAL OF

Total to date 1567

*Mary J. Mc Cleave*

Residence *82 Centre St.*

Place of Death *" " " "* Wife or Widow of *Herbert Mc Cleave*

Date of Birth *1882 June 22* Age *59* Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death *1942 June 20* Age *11* Months Sex \_\_\_\_\_ Single \_\_\_\_\_  
 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Age *29* Days Sex \_\_\_\_\_ Married \_\_\_\_\_

Birth-place *St. Johns New Foundland* Occupation *Manager of Employment Bureau*

Name of Father *Michael Feeley* His Birth-place *St. Johns N.F.*

Maiden Name of Mother *Margaret Roche* Her Birth-place *" " "*

Cause of Death—Primary *Carcinomatosis* Secondary \_\_\_\_\_

Certifying Physician *Murray* Residence \_\_\_\_\_

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

Funeral Service at \_\_\_\_\_ Lot No. *697*

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment *June 22 1942* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_

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:

*Mrs. Nona E. Oliver 198 Everett St.*

Casket or Coffin No. <i>B-247 Walnut</i>	<i>195 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>4 services</i>	<i>35 00</i>	Officiating Clergyman <i>J. J. Griffin</i>	
Washing and Dressing _____		Amount of Bill _____	
Shaving _____		Goods Ordered by _____	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges _____	<i>10 00</i>		
Music _____			
Flowers <i>Candelabra etc</i>	<i>5 00</i>		
DR.	<b>\$ 275 00</b>	CR.	

<i>Mrs. Nona E. Oliver</i>		<i>Sept 12 1942 Check</i>	<i>255 00</i>
<i>198 Everett St</i>			
<i>Wolliston</i>			
<i>Mass.</i>			
		PAID	
		<i>P. by</i>	
		<i>Nona E. Oliver Johny</i>	

## RECORD AND BILL OF ITEMS

Yearly No. 31

FOR THE FUNERAL OF

Total to date 1865

*Phyllis Blackstone Cisco*

Residence *Greenwich Conn*

Place of Death *Good Samaritan Hosp, 4th Palm Beach Fla* Wife or Widow of *John J. Cisco*

Date of Birth *1 1892* (Year) *Feb* (Month) *22* (Day) Sex *Female* Color or Race \_\_\_\_\_

Date of Death *19 1942* (Year) *mch* (Month) *13* (Day) Age *50* Years *0* Months *21* Days Single \_\_\_\_\_ Married

Maiden Name \_\_\_\_\_ Occupation *House Wife*

Birth-place *Norwich Conn* His Birth-place *Norwich Conn*

Name of Father *Louis Blackstone* Her Birth-place *Worcester*

Maiden Name of Mother *Grace Webb*

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

Place of Burial \_\_\_\_\_ Cemetery \_\_\_\_\_

Funeral Service at \_\_\_\_\_ Lot No. *1149*

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment *June 25, 1942* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_

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 <i>Clark</i> .....	<i>125 00</i>	Automobiles .....	
Burial Suit .....		Newspaper Notices .....	
Slippers .....			
Embalming .....			
Washing and Dressing .....		Transportation Charges .....	
Shaving <i>Transfer from Boat</i> .....	<i>5 00</i>	Officiating Clergyman <i>Dr. Crocker</i> .....	
Services <i>Fa</i> .....	<i>10 00</i>	Amount of Bill .....	
Use of Chairs .....		Goods Ordered by <i>J. J. Cisco</i> .....	
Church Charges <i>Funeral</i> .....	<i>25 00</i>	Bill Charged to .....	
Cemetery Charges .....	<i>15 00</i>		
Music .....			
Flowers .....			

DR. 180.00 CR.

		Sept 21, 1942 Check	180 00

RECEIVED  
PAYMENT

*Sept 21, 1942  
New York Trust Co.*



RECORD AND BILL OF ITEMS

Yearly No. 32

FOR THE FUNERAL OF

Total to date 15 69

*Ella Young Spencer*

Residence *4 Summer St*

Place of Death " " " Wife or Widow of *Walter J. Spencer*

Date of Birth *1 858 May 31* Age { *84* Years { Sex { Color or Race  
 (Year) (Month) (Day) { { {  
 Date of Death *1942 July 2* { 1 Months { Single  
 (Year) (Month) (Day) { 2 Days { Married

Maiden Name \_\_\_\_\_

Birth-place *Talcahuano, Chile* Occupation \_\_\_\_\_

Name of Father *Horace Young* His Birth-place *Kennebunk, Me*

Maiden Name of Mother *Caroline R. Swain* Her Birth-place *cannot be learned*

Cause of Death—Primary *Highly malignant* Secondary *tumors, unclassified in carcinoma*

Certifying Physician *Collins* Residence \_\_\_\_\_

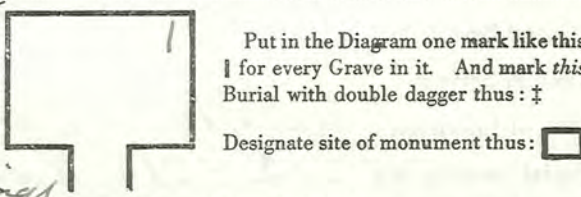
Place of Burial *Nantucket* Cemetery *P.H.*

Funeral Service at \_\_\_\_\_ Lot No. *265*

Time of Service *July 4* Grave No. \_\_\_\_\_

Date of Interment \_\_\_\_\_ Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ *Lawrence B. Cummings*



Casket or Coffin No. <i>J 30</i>	<i>50 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 _____			
Embalmg. <i>of 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>Dr. Gardner</i>	
Cemetery Charges <i>Funeral</i>	<i>10 00</i>	Amount of Bill <i>145 00</i>	
Music _____		Goods Ordered by <i>Lawrence B. Cummings</i>	
Flowers _____		Bill Charged to _____	
<i>DR. 145.00</i>		<i>CR.</i>	

		<i>Sept 24</i>	<i>1942 Check</i>	<i>145 00</i>
<b>PAID</b>				
<i>By Lawrence B. Cummings</i>				
<i>Adjmt.</i>				

# RECORD AND BILL OF ITEMS

Yearly No. 33

FOR THE FUNERAL OF

Total to date 1570

Hannah C. Magowan

Residence 147 Park Ave. Arlington, Mass

Place of Death u u u Wife or Widow of \_\_\_\_\_

Date of Birth 1

Date of Death 1942 Jan 30 Age 61 Years 10 Months 24 Days Sex Female Single ✓ Married \_\_\_\_\_ Color or Race \_\_\_\_\_

Maiden Name \_\_\_\_\_

Birth-place Newburyport, Mass Occupation Secretary Advertising business

Name of Father David Magowan His Birth-place Ireland

Maiden Name of Mother Elija Danlop Her Birth-place Ireland

Cause of Death—Primary Chronic Myo Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

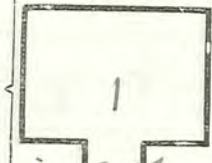
Place of Burial Mont. Cemetery PH

Funeral Service at \_\_\_\_\_ Lot No. 923

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment July 10, 1942 Section \_\_\_\_\_

Social Security No. 012-01-7614



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:

Carolina Magowan Sister

Casket or Coffin No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Lining and Pillow Set No. _____	Bearers or Porters _____
Handles _____	Hearse to <u>Cemetery from Boat</u> <u>25 00</u>
Plate _____	Removal <u>Cemetery Chap</u> <u>15 00</u>
Outside Box or Vault _____	Automobiles <u>J. H. Wood</u> <u>3 00</u>
Burial Suit _____	Newspaper Notices _____
Slippers _____	Transportation Charges _____
Embalming _____	Officiating Clergyman _____
Washing and Dressing _____	Amount of Bill <u>\$43 00</u>
Shaving _____	Goods Ordered by _____
Services _____	Bill Charged to _____
Use of Chairs _____	
Church Charges _____	
Cemetery Charges _____	
Music _____	
Flowers _____	

DR.

CR.

<u>Mrs Alice B. Elston</u>	<u>July 14, 1942</u>	<u>Money order</u>	<u>\$43 00</u>
<u>147 Park Ave.</u>			
<u>Arlington</u>			
<b>PAID</b>			
<u>By Alice B. Elston</u>			

# RECORD AND BILL OF ITEMS

Yearly No. 34 FOR THE FUNERAL OF Total to date 1571

Mabelle A. Nickels

Residence Lower Main St.

Place of Death " " " Wife or Widow of Henry G. Nickels

Date of Birth 1876 Dec 6 (Year) (Month) (Day) Age 65 Years { Sex Female } Color or Race  
1942 July 12 (Year) (Month) (Day) { 7 Months } { Single }  
6 Days { Married }

Maiden Name "

Birth-place Machanic Falls Me. Occupation Housework at Home

Name of Father Freeman Thurston His Birth-place Maine

Maiden Name of Mother Florence Maybury Her Birth-place Maine

Cause of Death—Primary Cerebral Hem. Secondary "

Certifying Physician Menas Residence "

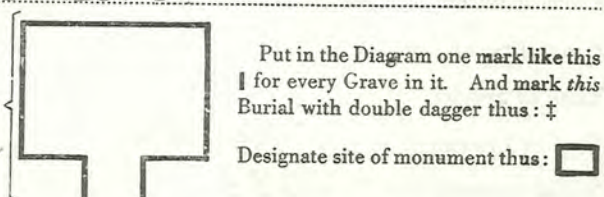
Place of Burial Lowell, Mass Cemetery Edson

Funeral Service at " Lot No. "

Time of Service " Grave No. "

Date of Interment July 16 1942 Section "

Social Security No. Florence A. Boudich



Casket or Coffin No. <u>J. 307</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>			
Embalming <u>full services</u>	<u>35 00</u>		
Washing and Dressing <u>"</u>			
Shaving <u>"</u>			<u>1 95 00</u>
Services <u>Transfers</u>	<u>10 00</u>	<u>Certificate</u>	<u>50</u>
Use of Chairs <u>"</u>		Transportation Charges <u>tickets</u>	<u>13 80</u>
Church Charges <u>"</u>		Officiating Clergyman <u>Bennett, M.</u>	
Cemetery Charges <u>"</u>		Amount of Bill	<u>199 30</u>
Music <u>"</u>		Goods Ordered by <u>Florence A. Boudich</u>	
Flowers <u>"</u>		Bill Charged to <u>"</u>	

DR. 185.00 CR.

			<u>July 25</u>	<u>1942</u>	<u>Cash</u>			<u>195 00</u>	
					<u>Love</u>			<u>4 30</u>	
								<u>199 30</u>	
<p><b>PAID</b></p> <p>By <u>Florence Boudich</u></p>									

RECORD AND BILL OF ITEMS

Yearly No. 35

FOR THE FUNERAL OF

Total to date 1572

John C. J. Rebinbas (Carlos)

Residence 54 Pleasant.

Place of Death N.C. Hosp.

Wife or Widow of

Date of Birth 1 (Year) Date of Death 1942 July 20 (Month) (Day)

Age 47 Years Sex Single Color or Race

Maiden Name

Birth-place Portugal

Occupation Day laborer, Plumber's helper

Name of Father John C. J. Rebinbas

His Birth-place Portugal

Maiden Name of Mother Anna C.

Her Birth-place Portugal

Cause of Death - Primary

Secondary

Certifying Physician Folger Med Ex

Residence

Place of Burial Nantucket

Cemetery St Marys

Funeral Service at

Lot No.

Time of Service

Grave No.

Date of Interment July 22

Section

Social Security No. 083-05-8898

Francisco J. Rebinbas



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: □

Table with columns for items (Casket, Candles, etc.), prices, and total amounts. Includes handwritten entries for 'Transfer' (5.00) and 'Candelabra etc' (5.00).

DR.

\$155.00

CR.

Table for recording payments, including dates, descriptions (Med Ex, Transfer, etc.), and amounts.

PAID By Frank Rebinbas

1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 37

FOR THE FUNERAL OF

Total to date 1573

Margaret Burgess

Residence 47 Mt Vernon St West Roxbury

Place of Death 3 River St Wife or Widow of William W. Burgess

Date of Birth 1 (Year) (Month) (Day) Age 80 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1942 July 29 (Year) (Month) (Day) Age 6 Months { Single \_\_\_\_\_

Maiden Name Catherine Collins (Year) (Month) (Day) Age 3 Days { Married \_\_\_\_\_

Birth-place Nova Scotia Occupation House work

Name of Father Thomas Scalon His Birth-place Ireland

Maiden Name of Mother Catherine Collins Her Birth-place Ireland

Cause of Death—Primary Cerebral Hem. Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

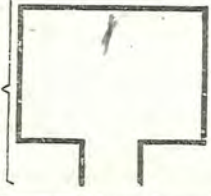
Place of Burial Nantucket Cemetery PA

Funeral Service at \_\_\_\_\_ Lot No. 751

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Aug 1, 1942 Section \_\_\_\_\_

Social Security No. William Burgess



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		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services <u>Removal from Boat</u>	<u>5.00</u>		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25.00</u>	Officiating Clergyman <u>Fr Carroll</u>	
Cemetery Charges	<u>10.00</u>	Amount of Bill	<u>40.00</u>
Music		Goods Ordered by <u>Wm Burgess</u>	
Flowers		Bill Charged to	

DR.

40.00

CR.

<u>Wm Burgess</u>					
<u>44 Birch Street</u>					
<u>Providence Mass</u>					



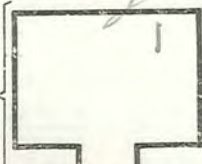
# RECORD AND BILL OF ITEMS

Yearly No. 38

FOR THE FUNERAL OF

Total to date 1575

Residence Jane Ayers  
45 Greater Rd West Roxbury  
 Place of Death 12 Church St Dedham Wife or Widow of \_\_\_\_\_  
 Date of Birth 1 June 17 (Year) (Month) (Day) Age { 75 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 19 July 31 (Year) (Month) (Day) Age { 1 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Age { 14 Days { Married \_\_\_\_\_  
 Birth-place Nantucket Occupation At Home  
 Name of Father Patrick Ayers His Birth-place Ireland  
 Maiden Name of Mother Ellen Cannon Her Birth-place Ireland  
 Cause of Death—Primary Acute dilatation Secondary of heart  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Aug 4 1943 Section \_\_\_\_\_  
 Social Security No. Ellen Hagarty \_\_\_\_\_



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	<u>July 1 5 00</u>
Burial Suit			<u>Car for Priest 3 00</u>
Slippers		Newspaper Notices	<u>Interment 25 00</u>
Embalming			<u>Cemetery Chg 10 00</u>
Washing and Dressing			
Shaving			
Services		Transportation Charges	
Use of Chairs		Officiating Clergyman	<u>Fr Carroll</u>
Church Charges		Amount of Bill	<u>43 00</u>
Cemetery Charges		Goods Ordered by	
Music		Bill Charged to	
Flowers			

DR.

CR.

				<u>Nov 20</u>	<u>1943 Check</u>	<u>43 00</u>

PAID

By William F. A. Graham Esq.  
73 Tremont St.  
Boston, 9, Mass.

# RECORD AND BILL OF ITEMS

Yearly No. 39

FOR THE FUNERAL OF

Total to date 1576

Osa C. Huskins

Residence 55 Union St

Place of Death M.C. Hospital      Wife or Widow of Annie Shaw

Date of Birth 1876 Aug 25      Age 65 Years      Sex Female      Color or Race White

Date of Death 1942 Aug 2      11 Months      Single       Married

Maiden Name \_\_\_\_\_

Birth-place Cape Sable Nova Scotia      Occupation Fisherman

Name of Father Joseph Huskins      His Birth-place Nova Scotia

Maiden Name of Mother Silpha Curran      Her Birth-place " "

Cause of Death—Primary Coronary thrombosis      Secondary Sudden death

Certifying Physician Folger, Med. Ex.      Residence \_\_\_\_\_

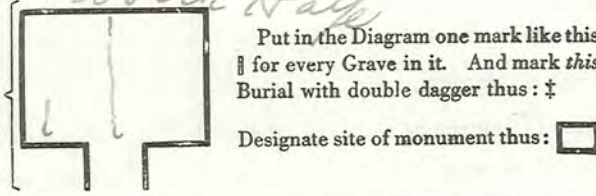
Place of Burial Nantucket      Cemetery P.H. South Hall

Funeral Service at \_\_\_\_\_      Lot No. 1009

Time of Service \_\_\_\_\_      Grave No. 1

Date of Interment Aug 5, 1942      Section \_\_\_\_\_

Social Security No. Annie S. Huskins



Casket or Coffin No. <u>Services</u> \$ <u>125.00</u>	Candles _____
Size _____ Made by _____	Gloves _____
Lining and Pillow Set No. _____	Bearers or Porters _____
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault _____	<b>Automobiles</b> _____
Burial Suit _____	Newspaper Notices _____
Slippers _____	Washing and Dressing <u>1/2 hr. No. 1009.</u> <u>30.00</u>
Embalming _____	Shaving <u>Aug 4. Rec Cash</u> <u>30.00</u>
Washing and Dressing _____	Services _____
Shaving _____	Use of Chairs _____
Services _____	Church Charges _____
Use of Chairs _____	Cemetery Charges _____
Church Charges _____	Music _____
Cemetery Charges _____	Flowers _____
Music _____	
Flowers _____	
	Amount of Bill <u>\$125.00</u>
	Goods Ordered by _____
	Bill Charged to _____

DR. \$125.00      Mrs Trotter      CR.

Mrs Annie Huskins	125.00			Aug 6.	Rec Cash	65.00
103 So. Second St	65.00			" 29	" Money Order	10.00
New Bedford Man	60.00			Nov. 3	42 " "	10.00
	10.00			Mar 10	43 Bal	40.00
	50.00					
	10.00					
	40.00					
				By Mrs Trotter PAID By Mrs Huskins		



# RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to date 1577

Richard Irving Ray

Residence Berwyn Md.

Place of Death Beltville Md. Wife or Widow of Divorced Ruth Taylor

Date of Birth 1906 Sept 21 Age 35 Years Sex      Color or Race     

Date of Death 1942 Aug 5 Age 10 Months Single     

Maiden Name      Age 16 Days Married      Color or Race 41 55 06

Bir'h-place Nantucket Occupation Foreman, Industrial Plant

Name of Father Bertest H. Ray His Birth-place Nantucket

Maiden Name of Mother Louise W. Plover Her Birth-place Poughkeepsie. N. Y.

Cause of Death—Primary Carcinoma testis Secondary Cerebra

Certifying Physician      Residence     

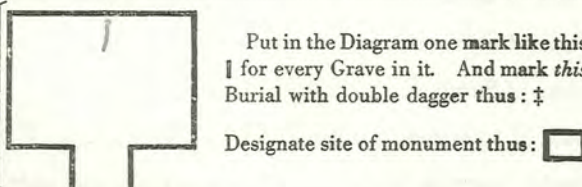
Place of Burial Nantucket Cemetery PH

Funeral Service at      Lot No. 586

Time of Service      Grave No.     

Date of Interment Aug 9, 1942 Section     

Social Security No. Catherine M. Egan



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		<b>Automobiles</b>	
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services <u>Transfer 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>40 00</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

40 00

CR.

				Oct.	1.	1942	Cash
							\$40 00

RECORD AND BILL OF ITEMS

Yearly No. 41

FOR THE FUNERAL OF

Total to date 1578

Etta J Blanchard

Residence 55 Pleasant St

Place of Death Our Island Home

Wife or Widow of Divorced Husband Unknown

Date of Birth 1 890 July 2

62 Years Sex

Color or Race

Date of Death 19 42 Aug 11

1 Months Single

Maiden Name

9 Days Married

Birth-place Nantucket Occupation House keeper

Name of Father Alvin Hull His Birth-place Nantucket

Maiden Name of Mother Martha C. Holme Her Birth-place Nantucket

Cause of Death-Primary General Arteriosclerosis Secondary

Certifying Physician Foley Residence

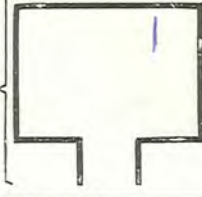
Place of Burial Nantucket Cemetery P.H.

Funeral Service at Lot No. 699

Time of Service Grave No.

Date of Interment Aug 13 1942 Section

Social Security No. Charlotte C. Alvord



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. of Louis	100	00	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					
Slippers					
Embalming					
Washing and Dressing					
Shaving					
Services			Transportation Charges		
Use of Chairs			Officiating Clergyman	Fr Carroll	
Church Charges			Amount of Bill		100 00
Cemetery Charges			Goods Ordered by	Public Welfare	
Music			Bill Charged to	u	
Flowers					

DR. CR.

Sept 12	1942 check	100	00
	PAID		
	By Town Treasurer		

# RECORD AND BILL OF ITEMS

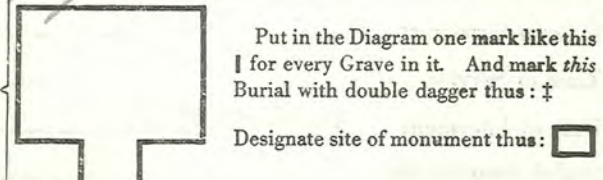
Yearly No. 42

FOR THE FUNERAL OF

Total to date 1579

Mary Elizabeth Todd

Residence Summerside Lane Irvington N.Y.  
 Place of Death St. Leonset Wife or Widow of \_\_\_\_\_  
 Date of Birth 1 Aug 24 Age { 17 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 11 Months { Single   
 Date of Death 1942 Aug 21 { 28 Days { Married \_\_\_\_\_  
 (Year) (Month) (Day)  
 Maiden Name \_\_\_\_\_  
 Birth-place New York City Occupation at College  
 Name of Father Ralph J.B. Todd His Birth-place Jarrytown N.Y.  
 Maiden Name of Mother Margaret W. Greene Her Birth-place Elizabeth N.Y.  
 Cause of Death—Primary Sudden death Secondary Heart disease presumably  
 Certifying Physician Folger Med. Ex. Residence Coronary embolism  
 Place of Burial Jarrytown N.Y. Cemetery Sleepy Hollow  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Sept. Aug 22 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



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>Stained</u>	<u>20 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>of services</u>	<u>35 00</u>	Officiating Clergyman	
Washing and Dressing _____		Amount of Bill	
Shaving _____		Goods Ordered by <u>Dr. Todd</u>	
Services <u>Transfers</u>	<u>15 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges _____			
Music _____			
Flowers _____			

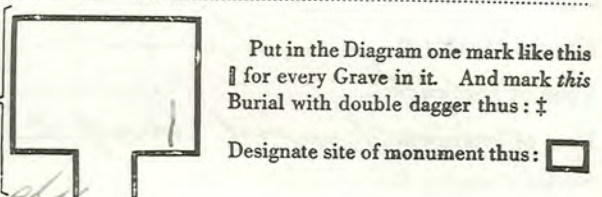
DR. \$255.00 CR.

Shipped to	Sept 12, 1942	Check	\$255.00
Edwin L. Bennett			
Jarrytown N.Y.			
<b>PAID</b>			
Ralph J.B. Todd			

# RECORD AND BILL OF ITEMS

Yearly No. 43 FOR THE FUNERAL OF Harry B Cady Total to date 1580

Residence Surprise  
 Place of Death M. C. Hospital 6 hrs Wife or Widow of Elsie G. Maury  
 Date of Birth 1883 Nov 27 (Day) Age 59 Years { Sex { Color or Race  
 Date of Death 1942 Aug 28 (Day) 9 Months { Single { Age 54 54  
 Maiden Name 1 Days { Married {  
 Birth-place Somerville Mass. Occupation Taxi driver  
 Name of Father George H Cady His Birth-place  
 Maiden Name of Mother Grace Magrath Her Birth-place  
 Cause of Death—Primary Cerebral Hem. Secondary taken ill after getting out of auto  
 Certifying Physician Foley Med Ex. Residence  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at Lot No.  
 Time of Service Grave No. 482  
 Date of Interment Aug 30 Section  
 Social Security No. Elsie G Cady



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>A1707 Greydome</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	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>of services</u>	<u>35 00</u>	Officiating Clergyman <u>Bond</u>	
Washing and Dressing		Amount of Bill	<u>280 00</u>
Shaving		Goods Ordered by <u>Elsie G Cady</u>	
Services <u>Transfer</u>	<u>10 00</u>	Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>10 00</u>		
Music			
Flowers			

DR. \$280.00 CR.

				<u>Oct. 8</u>	<u>1942 Check</u>	<u>280 00</u>
					<b>PAID</b>	
					<u>By Elsie G Cady</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to date 1581

Linda B. Backus

Residence Wauwinett

Place of Death '74 Wife or Widow of James A. Backus

Date of Birth 1868 Feb 24 74 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1942 Sept 12 6 Months Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ 19 Days Married \_\_\_\_\_

Birth-place Nantucket Occupation At Home

Name of Father Asa W. N. Small His Birth-place Chatham Mass

Maiden Name of Mother Sydia Ann Kenney Her Birth-place Chatham

Cause of Death—Primary Myelome of Bone Secondary Exhaustion

Certifying Physician Bill Residence \_\_\_\_\_

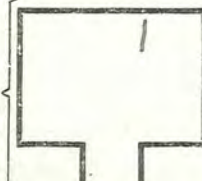
Place of Burial \_\_\_\_\_ Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 612

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Sept 14, 1942 Section \_\_\_\_\_

Social Security No. James Allan Backus



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>Clark</u>	<u>125 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfers</u>	<u>15 00</u>		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Dr. Gardner</u>	
Cemetery Charges	<u>10 00</u>	Amount of Bill	<u>310 00</u>
Music		Goods Ordered by <u>J. A. Backus Jr.</u>	
Flowers		Bill Charged to	

DR.

310.00

CR.

				<u>Sept. 20, 1943 Check</u>	<u>310 00</u>
				<b>PAID</b>	
				<u>By James A. Backus Jr.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 45

FOR THE FUNERAL OF

Total to date 1582

Cushing Davis

Residence 105 Common St. Belmont.

Place of Death Hulbert Ave      Wife or Widow of \_\_\_\_\_

Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)      Age { \_\_\_\_\_ Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1942 Sept 15 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day)      { \_\_\_\_\_ Months { Single  \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { \_\_\_\_\_ Days { Married \_\_\_\_\_

Birth-place Boston Mass      Occupation At College

Name of Father Francis W. Davis      His Birth-place Germantown Pa

Maiden Name of Mother Margaret Underwood      Her Birth-place Belmont. Mass

Cause of Death—Primary Carbon monoxide      Secondary poisoning found dead in

Certifying Physician Foley Med. Ex.      Residence kitchen all burners of gas stove open

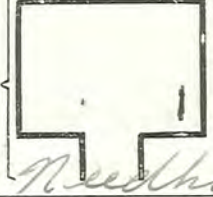
Place of Burial Wentucket      Cemetery P.H. Suicide

Funeral Service at \_\_\_\_\_      Lot No. 1113

Time of Service \_\_\_\_\_      Grave No. \_\_\_\_\_

Date of Interment Sept. 17 1942      Section \_\_\_\_\_

Social Security No. Alie C. Gardner, Aunt, St. Needham Mass



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>1297 oak</u>	300	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>	125	00	Automobiles _____
Burial Suit _____			Newspaper Notices _____
Slippers _____			
Embalming <u>of service</u>	35	00	
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	10	00	Transportation Charges _____
Use of Chairs _____			Officiating Clergyman <u>Bennett Episcopal</u>
Church Charges <u>Funeral</u>	25	00	Amount of Bill <u>510 00</u>
Cemetery Charges _____	15	00	Goods Ordered by _____
Music _____			Bill Charged to <u>Francis W. Davis</u>
Flowers _____			

DR. 510.00 CR.

	<u>Francis W. Davis</u>		<u>Nov. 13</u>	<u>1942 Check</u>	<u>510 00</u>
	<u>124 Lexington St</u>				
	<u>Waltham</u>				
	<u>Mass</u>				
<u>Nov 13</u>	<u>Gave Marcus Check</u>	<u>120 00</u>		<u>By Francis W. Davis</u>	
	<u>for lots 1111 &amp; 1112</u>				

# RECORD AND BILL OF ITEMS

Yearly No. 46

FOR THE FUNERAL OF

Total to date 1583

James Locke

Residence 140 Main

Place of Death U.S. Marine Hosp. Fishburg Wife or Widow of \_\_\_\_\_

Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) Age { 57 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1942 Sept 19 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) { 9 Months { Single   
 Maiden Name \_\_\_\_\_ { 9 Days { Married \_\_\_\_\_

Birth-place Rhode Island Occupation U.S. Coast Guard (Retired)

Name of Father James Locke His Birth-place R.I.

Maiden Name of Mother Marianna Burgess Her Birth-place Nantucket

Cause of Death—Primary Cerebral Hem. today Secondary Arterio Sclerosis

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

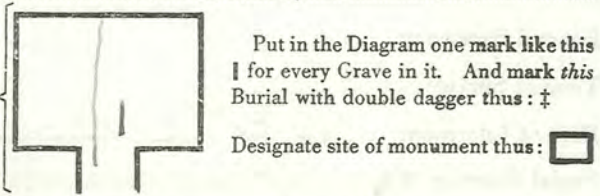
Place of Burial Nantucket Cemetery P.H. NORTH. HALF

Funeral Service at \_\_\_\_\_ Lot No. 1009

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Sept 23 Section \_\_\_\_\_

Social Security No. U.S.M. Hosp. Records



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 _____	<b>Automobiles</b> _____
Burial Suit _____	Newspaper Notices _____
Slippers _____	<u>1/2 lot No 1009</u> <u>30 00</u>
Embalming _____	Transportation Charges _____
Washing and Dressing _____	Officiating Clergyman <u>Seguin</u>
Shaving _____	Amount of Bill <u>71 00</u>
Services <u>Transfer</u> <u>5 00</u>	Goods Ordered by _____
Use of Chairs _____	Bill Charged to <u>E. S. Sanborn</u>
Church Charges <u>Funeral</u> <u>25 00</u>	
Cemetery Charges <u>10 00</u>	
Music _____	
Flowers <u>necktie Black</u> <u>1 00</u>	

DR.

41.00

CR.

<u>Edgar F. Sanborn</u>	<u>Dec 19</u>	<u>check</u>	<u>71 00</u>
<u>401 Commonwealth Ave.</u>			
<u>Alexandria, Va.</u>			
		<b>PAID</b>	
		<u>By</u>	
		<u>Edgar F. Sanborn</u>	


# RECORD AND BILL OF ITEMS

Yearly No. 47

FOR THE FUNERAL OF

Total to date 1584

*Elsie M. Chadwick*

Residence 62 Union St.  
 Place of Death N.C. Hospital Wife or Widow of Albert S. Chadwick  
 Date of Birth 1878 Nov 25 (Year) (Month) (Day) Age { 63 Years { Sex ..... { Color or Race  
 Date of Death 1942 Sept 30 (Year) (Month) (Day) Age { 10 Months { Single ..... {  
 Maiden Name ..... Age { 5 Days { Married ..... {  
 Birth-place Meranda City California Occupation At Home  
 Name of Father Benj P. Larlee His Birth-place California  
 Maiden Name of Mother Mary Her Birth-place .....  
 Cause of Death—Primary Cerebral Hem Secondary found in chair at home  
 Certifying Physician Folger Med Ex Residence unconscious  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at ..... Lot No. 737  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. ....  
 Date of Interment Oct. 2 1942 Section ..... Designate site of monument thus: [ ]  
 Social Security No. Welfare Dept. Records

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		<b>Automobiles</b>	
Burial Suit		Newspaper Notices	
Slippers		<u>Funeral Complete 100 00</u>	
Embalming		Transportation Charges	
Washing and Dressing		Officiating Clergyman <u>Bennett, M.</u>	
Shaving		Amount of Bill <u>100 00</u>	
Services		Goods Ordered by <u>Public Welfare</u>	
Use of Chairs		Bill Charged to <u>..</u>	
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

CR.

					<u>Oct 25 1942 Check</u>	<u>100</u>	<u>00</u>

**PAID**  
*By: Welfare Dept*  
*Town Treasurer*



# RECORD AND BILL OF ITEMS

Yearly No. 48

FOR THE FUNERAL OF

Total to date 1585

Leo Davis

Residence 90 No Second St. New Bedford

Place of Death St. Luke's Hosp. New Bedford Wife or Widow of \_\_\_\_\_

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

Date of Death 1942 Sept. 30 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age 39 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Maiden Name \_\_\_\_\_ Months { Single \_\_\_\_\_ } \_\_\_\_\_ Days { Married \_\_\_\_\_ } \_\_\_\_\_

Birth-place St. John's Newfoundland Occupation Fisherman

Name of Father George Davis His Birth-place St. John's N.S.

Maiden Name of Mother Blidget Cary Her Birth-place " " "

Cause of Death—Primary Acute Encephalitis Secondary \_\_\_\_\_

Certifying Physician Dr. Rosen, Med. Ex. Residence New Bedford

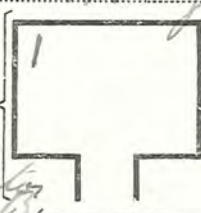
Place of Burial Nantucket Cemetery St. Marys

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Oct 3 1942 Section \_\_\_\_\_

Social Security No. Edwin Partridge, Funeral Director



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 _____		Newspaper Notices _____	
Slippers _____			
Embalming _____			
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u> <u>5.00</u>		Transportation Charges _____	
Use of Chairs _____		Officiating Clergyman <u>Fr. Carroll</u>	
Church Charges <u>Funeral</u> <u>25.00</u>		Amount of Bill _____	
Cemetery Charges <u>10.00</u>		Goods Ordered by _____	
Music _____		Bill Charged to <u>ms John J Mac Donald</u>	
Flowers <u>Candellabae etc</u> <u>5.00</u>			
	<u>45.00</u>		<u>2 West Street</u>

DR. 45.00 CR.

		<u>Dec 31</u>	<u>Cash</u>	<u>45.00</u>

**PAID**  
*By ms Mac Donald*

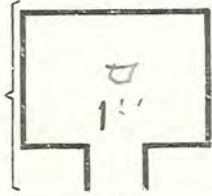


1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 50 FOR THE FUNERAL OF Lizzie Page Mowry Total to date 50

Residence 14 Liberty St.  
 Place of Death " " " Wife or Widow of Harry C. Mowry  
 Date of Birth 1 861 Jan. 8 Age { 81 Years { Sex Female { Color or Race Age 77  
 (Year) (Month) (Day)  
 Date of Death 19 42 Nov 10 { 9 Months { Single Single  
 (Year) (Month) (Day)  
 Maiden Name " " " { 2 Days { Married Married  
 Birth-place Nantucket Mass Occupation Housewife  
 Name of Father Frederick Murphey His Birth-place Nantucket  
 Maiden Name of Mother Lisa C. Chase Her Birth-place Nantucket  
 Cause of Death—Primary Intestinal Hem. Secondary of Malignancy  
 Certifying Physician Collins Residence " " "  
 Place of Burial " " " Cemetery P.H.  
 Funeral Service at " " " Lot No. 482  
 Time of Service " " " Grave No. " " "  
 Date of Interment Nov. 13, 1942 Section " " "  
 Social Security No. Harry C. Mowry



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</u>	<u>15 00</u>	Automobiles <u>Wood- 2</u>	<u>10 00</u>
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>4 Services</u>	<u>35 00</u>		<u>195 00</u>
Washing and Dressing			
Shaving			
Services <u>Transp.</u>	<u>10 00</u>	Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Bond.</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>205 00</u>
Cemetery Charges	<u>10 00</u>	Goods Ordered by <u>Harry C. Mowry</u>	
Music		Bill Charged to <u>" " "</u>	
Flowers			

DR.

195.00

CR.

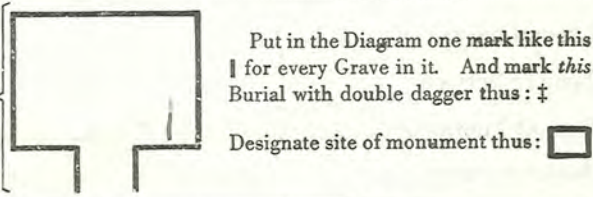
				<u>Dec 5. 1942 Check</u>	<u>205 00</u>
	<u>Harry C. Mowry</u>				
	<u>40 Seaverns Ave.</u>				
	<u>Jamaica Plain</u>				
	<u>Mass</u>				
				<b>PAID</b>	
				<u>By Harry C. Mowry</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 51 FOR THE FUNERAL OF Ethel V. Harris Total to date 1589

Residence 5 North Water St.  
 Place of Death " Wife or Widow of Elliott B. Harris  
 Date of Birth 1887 Aug 9 Age { 66 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)  
 Date of Death 1942 Nov 27 { 3 Months { Single \_\_\_\_\_ {  
 (Year) (Month) (Day) { 18 Days { Married \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket Occupation House work  
 Name of Father Charles S Vincent His Birth-place Nantucket  
 Maiden Name of Mother Mary A Winslow Her Birth-place Nantucket  
 Cause of Death—Primary Cardiac decomposition Secondary Hypertension, cerebral Hem & Myo.  
 Certifying Physician Collins Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 46  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Nov 30, 1942 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ George M Lake



Casket or Coffin No. <u>B. 117<sup>12</sup></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 <u>Clark</u>	<u>125 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>of services</u>	<u>35 00</u>	Officiating Clergyman <u>Bennett, Epi</u>	
Washing and Dressing _____		Amount of Bill _____	
Shaving _____		Goods Ordered by <u>Geo. M Lake</u>	
Services _____		Bill Charged to <u>Louise Lake</u>	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges _____	<u>10 00</u>		
Music _____			
Flowers _____			

DR. 345.00 CR.

				<u>Dec 14 1942</u>	<u>Cash</u>	<u>320 00</u>
					<u>Use</u>	<u>25 00</u>
						<u>345 00</u>
					<b>PAID</b>	
					<u>By Louise Lake</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 53

FOR THE FUNERAL OF

Total to date 1590

Edward C. Morey

Residence 8 Union St

Place of Death 36 Union

Date of Birth 1850 Sept. 22

Date of Death 1942 Dec. 3rd

Maiden Name \_\_\_\_\_

Birth-place Nantucket

Name of Father Syranus Morey

Maiden Name of Mother Loris Folger

Cause of Death—Primary General Atterwood's

Certifying Physician Folger

Place of Burial Nantucket

Funeral Service at \_\_\_\_\_

Time of Service \_\_\_\_\_

Date of Interment Dec 5, 1942

Social Security No. Herbert P. Smith

Wife or Widow of Elizabeth Carnish

Age { 92 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 { 2 Months { Single \_\_\_\_\_  
 { 11 Days { Married \_\_\_\_\_

Occupation Farmer Retired 30 yrs

His Birth-place Nantucket

Her Birth-place Nantucket

Residence \_\_\_\_\_

Cemetery P.H.M.V.

Lot No. 8

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>2853</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>Shirt</u>	<u>1 50</u>	Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>f. Services</u>	<u>35 00</u>	Officiating Clergyman <u>Bond</u>	
Washing and Dressing _____		Amount of Bill	<u>256 50</u>
Shaving _____		Goods Ordered by <u>H.P. Smith</u>	
Services <u>Transfer</u>	<u>5 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>10 00</u>		
Music _____			
Flowers _____			

DR. 256.50

CR.

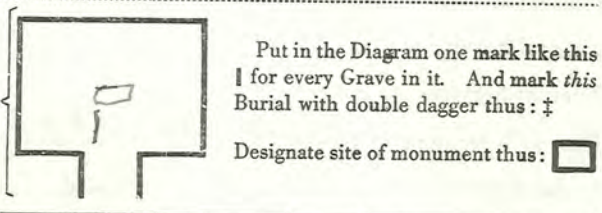
			<u>Jan 15, 1943</u>	<u>Check</u>	<u>255 50</u>

**PAID**  
Jan 15 1943  
By H.P. Smith

# RECORD AND BILL OF ITEMS

Yearly No. 54 FOR THE FUNERAL OF Harry Marshall Gardiner Total to date 1591

Residence Gardiner Court Daytona Beach Fla  
 Place of Death 65 Centre St. Nant. Wife or Widow of Bertha Chase  
 Date of Birth 1 Sept 18 Age 58 Years { Sex Male Color or Race Age 47  
 Date of Death 19 Dec 4 { 2 Months { 16 Days { Single ✓ Married ✓  
 Maiden Name Williams H Gardiner  
 Birth-place Toronto Canada Occupation Photographer Dept. of Ship  
 Name of Father Williams H Gardiner His Birth-place Toronto Ca  
 Maiden Name of Mother Louise East Her Birth-place Toronto Ca  
 Cause of Death—Primary Pulmonary Embolism Secondary Coronary infarct  
 Certifying Physician Wences Residence P.H.  
 Place of Burial Warricket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 281  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Dec 6, 1942 Section \_\_\_\_\_  
 Social Security No. Bertha C. Gardiner



Casket or Coffin No. <u>1752</u>	<u>100</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		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>of Services</u>	<u>35</u> <u>00</u>	Officiating Clergyman <u>Bennett Episc</u>	
Washing and Dressing		Amount of Bill	<u>195</u> <u>00</u>
Shaving		Goods Ordered by <u>Bertha C Gardiner</u>	
Services <u>Transfer</u>	<u>10</u> <u>00</u>	Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25</u> <u>00</u>		
Cemetery Charges	<u>10</u> <u>00</u>		
Music			
Flowers			

DR. 195.00

CR.

		<u>Feb 16 1943 check</u>	<u>195 00</u>
		<b>PAID</b>	
		<u>By Bertha C Gardiner</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 55.

FOR THE FUNERAL OF

Total to date 1592

Mary Ann (Cotter) Terry

Residence 10 Darling St.

Place of Death " " " Wife or Widow of Joseph Terry

Date of Birth 1872 May 21 70 Years Sex Female Color or Race White

Date of Death 1942 Dec 16 71 Months Single Single

Maiden Name " " Age 25 Days Married Married

Birth-place County Cork, Ireland Occupation House work

Name of Father Unknown His Birth-place Ireland

Maiden Name of Mother Unknown Her Birth-place Ireland

Cause of Death—Primary Cardiac decompensation Secondary Myocarditis & Arteriosclerosis

Certifying Physician Collins Residence " "

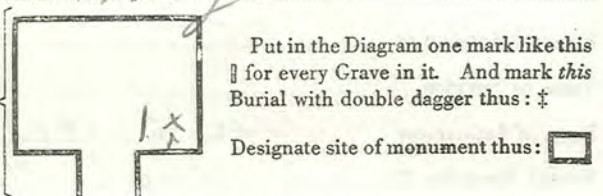
Place of Burial Nantucket Cemetery St. Mary's

Funeral Service at " " Lot No. " "

Time of Service " " Grave No. 2

Date of Interment Dec 18, 1942 Section " "

Social Security No. Miss Alice Terry



Casket or Coffin No. <u>1167<sup>12</sup></u>	<u>150</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			Newspaper Notices		
Slippers					
Embalming <u>&amp; Services</u>	<u>35</u>	<u>00</u>	Transportation Charges		
Washing and Dressing			Officiating Clergyman <u>Fr. Griffin</u>		
Shaving			Amount of Bill	<u>240</u>	<u>00</u>
Services			Goods Ordered by		
Use of Chairs			Bill Charged to		
Church Charges <u>Funeral</u>	<u>25</u>	<u>00</u>			
Cemetery Charges	<u>10</u>	<u>00</u>			
Music <u>Candles etc</u>	<u>5</u>	<u>00</u>			
Flowers					
<b>DR.</b>			<b>CR.</b>		
<u>\$ 240.00</u>					

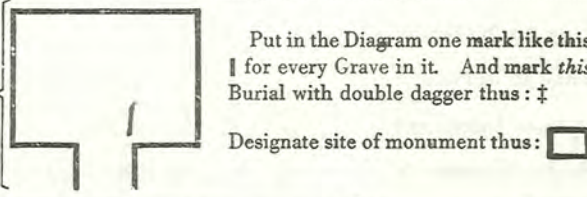
			<u>March 5</u>	<u>1943 Cash</u>	<u>100</u>
			<u>" 29</u>	<u>" "</u>	<u>50</u>
			<u>Apr 26</u>	<u>" "</u>	<u>40</u>
			<u>June 15</u>	<u>" "</u>	<u>50</u>
					<u>240</u>
					<u>00</u>
<b>PAID</b>					
<u>By Miss Alice Terry</u>					



RECORD AND BILL OF ITEMS

Yearly No. 576 FOR THE FUNERAL OF Rhabe Ann H. Small Total to date 1593.

Residence 84 Main St.  
 Place of Death N.C. Hospital - Wife or Widow of Reuben C. Small  
 Date of Birth 1872 Feb 14 Age 69 Years { Sex { Color or Race  
 Date of Death 1942 Dec 18 { 10 Months { Single  
 Maiden Name Rhabe A. Coffin { 4 Days { Married  
 Birth-place Nantucket Occupation House work  
 Name of Father George A. Coffin His Birth-place Nantucket  
 Maiden Name of Mother Mary E. Pitman Her Birth-place Nantucket  
 Cause of Death—Primary Cardiac decompensation Secondary Myocarditis  
 Certifying Physician W. Ingers Residence  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at Lot No. 562  
 Time of Service Grave No.  
 Date of Interment Dec 20, 1942 Section  
 Social Security No. Dorothy S. Vasnett



Casket or Coffin No. <u>28592</u>	<u>165</u> 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>	<u>125</u> 00	Automobiles	
Burial Suit		Newspaper Notices	<u>1</u> 00
Slippers		<u>Telegram</u>	<u>89</u>
Embalming <u>&amp; services</u>	<u>35</u> 00		
Washing and Dressing		Transportation Charges	
Shaving <u>2 Transfers</u>	<u>10</u> 00	Officiating Clergyman <u>Bond</u>	
Services <u>&amp; services</u>	<u>35</u> 00	Amount of Bill	<u>375</u> 89
Use of Chairs		Goods Ordered by <u>Dorothy Vasnett</u>	<u>371</u> 89
Church Charges <u>Funeral</u>	<u>25</u> 00	Bill Charged to	
Cemetery Charges	<u>10</u> 00		
Music			
Flowers			

DR. 375.00 CR.

				Feb 18 1944 Check	<u>375</u> 89
				<b>PAID</b>	
				By Pacific N. Bank	

# RECORD AND BILL OF ITEMS

Yearly No. 57

FOR THE FUNERAL OF

Total to date 1544

Ira J. Tracy

Residence Hotel Statler Buffalo N.Y.

Place of Death Buffalo General Hosp      Wife or Widow of William H. Tracy

Date of Birth 1881 Aug 20      Age 61 Years      Sex Male      Color or Race White

(Year)      (Month)      (Day)

Date of Death 1942 Dec 18      Age 3 Months      Single Yes

(Year)      (Month)      (Day)

Maiden Name Ira Fernigan      Married No      Days 28

Birth-place Nantucket      Occupation House Wife

Name of Father Ernest H. Fernigan      His Birth-place Nantucket

Maiden Name of Mother Clara S. Cottle      Her Birth-place Nantucket

Cause of Death—Primary Broncho-Pneu      Secondary

Certifying Physician \_\_\_\_\_      Residence \_\_\_\_\_


Place of Burial Nantucket      Cemetery P.H.

Funeral Service at \_\_\_\_\_      Lot No. 588

Time of Service \_\_\_\_\_      Grave No. \_\_\_\_\_

Date of Interment Dec 20, 1942      Section front

Social Security No. William H. Tracy



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>Personal Service</u>	<u>5 00</u>	
Plate		Removal <u>From Boat</u>	<u>5 00</u>	
Outside Box or Vault		Automobiles <u>Funeral</u>	<u>25 00</u>	
Burial Suit		<u>Cemetery Chgs</u>	<u>15 00</u>	
Slippers		Newspaper Notices		
Embalming		<u>Door Spraying</u>	<u>3 50</u>	
Washing and Dressing				
Shaving		Transportation Charges		
Services		Officiating Clergyman <u>Dr. Gardner</u>		
Use of Chairs		Amount of Bill	<u>\$50 50</u>	
Church Charges		Goods Ordered by		
Cemetery Charges		Bill Charged to		
Music				
Flowers				

DR.

CR.

		<u>Feb 22</u>	<u>Rec Check</u>	<u>50 00</u>		
<u>William H. Tracy</u>						
<u>2136 Main St. Apt 12-A, Buffalo, N.Y.</u>			<b>PAID</b>			
			<u>By</u>			
			<u>William H. Tracy</u>			

# RECORD AND BILL OF ITEMS

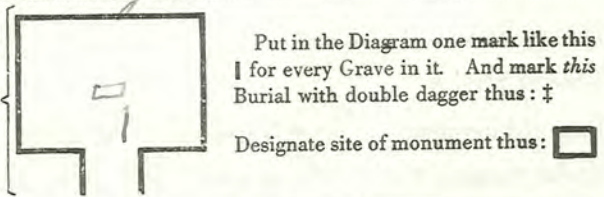
Yearly No. 58

FOR THE FUNERAL OF

Total to date 15.95

William Holland

Residence 5 Gay Street  
 Place of Death N. Ct Hospital Wife or Widow of Annie B. Galligan  
 Date of Birth 1866 Sept. 23 Age 76 Years { Sex ..... } Color or Race .....  
 Date of Death 1942 Dec 25 { 3 Months } Single .....  
 Maiden Name ..... { 2 Days } Married .....  
 Birth-place Nantucket Occupation Merchant Retired  
 Name of Father Owen Holland His Birth-place Ireland  
 Maiden Name of Mother Bridget Cunningham Her Birth-place Ireland  
 Cause of Death—Primary Cardiac decomposition Secondary obstructive prostrate  
 Certifying Physician Menges Residence .....  
 Place of Burial Nantucket Cemetery St Marys  
 Funeral Service at ..... Lot No. ....  
 Time of Service ..... Grave No. ....  
 Date of Interment Dec 28, 1942 Section .....  
 Social Security No. Wm. Byron Snow



Casket or Coffin No. <u>B247</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>Marmor</u>	<u>100 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>4 Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>10 00</u>		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Griffin</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>375 00</u>
Music		Goods Ordered by <u>Wm. Byron Snow</u>	<u>100 00</u>
Flowers <u>Candelabra etc</u>	<u>5 00</u>	Bill Charged to	<u>275 00</u>

DR. 375.00 CR.

				<u>Dec 26</u>	<u>Cr. By Cash</u>	<u>100 00</u>
				<u>May 29</u>	<u>1943 Rec Bal</u>	<u>275 00</u>
						<u>375 00</u>
					<b>PAID</b>	
					<u>By</u>	
					<u>Wm Byron Snow</u>	
					<u>Adm.</u>	

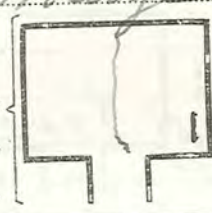
RECORD AND BILL OF ITEMS

Yearly No. 59

FOR THE FUNERAL OF

Total to date 1596

Residence *5 East York*  
 Place of Death *N. C. Hospital* Wife or Widow of *Mary M. Foster*  
 Date of Birth *1901* *Feb 18* { Years Sex { Color or Race  
 (Year) (Month) (Day) { { {  
 Date of Death *1942* *Dec 27* { Age { Months Single { *Age 41*  
 (Year) (Month) (Day) { { Days Married {  
 Maiden Name \_\_\_\_\_  
 Birth-place *Terceira Azores* Occupation *Barber*  
 Name of Father *John Marcelino* His Birth-place *Terceira Azores*  
 Maiden Name of Mother *Mary Carvalho* Her Birth-place *Terceira Azores*  
 Cause of Death—Primary *Symphonia in* Secondary *mediastinum*  
 Certifying Physician *Cassaday* Residence \_\_\_\_\_  
 Place of Burial *Nantucket* Cemetery *St Marys*  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment *Dec. 29 1942* Section \_\_\_\_\_  
 Social Security No. *Mary M Marcelino*



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

Casket or Coffin No. <i>B. 247</i>	<i>185 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 _____			
Embalming <i>services</i>	<i>35 00</i>		
Washing and Dressing _____			
Shaving <i>Transfer</i>	<i>10 00</i>		
Services _____			
Use of Chairs _____		Transportation Charges	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>J. Griffith</i>	
Cemetery Charges	<i>10 00</i>	<i>P. Carroll</i>	<i>285 00</i>
Music _____		Amount of Bill	
Flowers <i>Candles etc</i>	<i>5 00</i>	Goods Ordered by <i>Mrs Marcelino</i>	
		Bill Charged to _____	

DR.

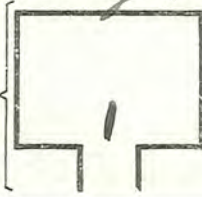
*\$ 285.00*

CR.

		<i>Jan 25 1943 Cash</i>	<i>285 00</i>
		<b>PAID</b>	
		By <i>Mary M. Marcelino</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 60 FOR THE FUNERAL OF Helen M. Sybaro Total to date 1597

Residence 21 Union St.  
 Place of Death M. C. Hospital Wife or Widow of Charles R. Sybaro  
 Date of Birth 1858 Feb 2 Age { 84 Years { Sex ..... Color or Race .....  
 Date of Death 1942 Dec 30 { 10 Months { Single .....  
 Maiden Name ..... { 28 Days { Married .....  
 Birth-place Holten, Maine Occupation House work own home  
 Name of Father Manuel B. Cassaday His Birth-place Maine  
 Maiden Name of Mother Nancy Dinnen Her Birth-place Maine  
 Cause of Death—Primary Cerebral Hem. Secondary Hypertension & Arteriosclerosis  
 Certifying Physician Cassaday Residence .....  
 Place of Burial Nantucket Cemetery St. Mary's  
 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 Jan. 2, 1943 Section .....  
 Social Security No. Alban K. Sybaro

Casket or Coffin No. <u>2855</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 <u>H. Wood 2</u>	<u>10 00</u>
Burial Suit <u>Gray Dress</u>	<u>15 00</u>	<u>J. Terry &amp; Son 1-5 1/2</u>	<u>8 00</u>
Slippers		Newspaper Notices	
Embalming <u>&amp; Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>2 Transfers</u>	<u>10 00</u>		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Fr. Carroll</u>	<u>277 00</u>
Cemetery Charges	<u>10 00</u>	Amount of Bill	<u>295 00</u>
Music		Goods Ordered by <u>Alban K. Sybaro</u>	
Flowers <u>Door Spray</u>	<u>2 00</u>	Bill Charged to <u>" "</u>	

DR. 277 00

CR.

				Jan. 6, 1943 Rec Cash	\$295 00
				Jan. 6, Paid Herbert Wood	10 00
				" " " " Carl Wynn	8 00
					<u>\$297 00</u>
				PAID	
				By	
				Alban K. Sybaro	

# RECORD AND BILL OF ITEMS

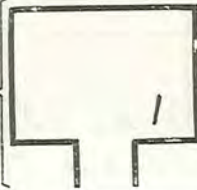
Yearly No. 1

FOR THE FUNERAL OF

Total to date 1598.

William O'Donnell

Residence 7 West York  
 Place of Death 7 West York Wife or Widow of Jeanette Thomas  
 Date of Birth 1 871 Aug 14 { 71 Years { Sex ..... { Color or Race .....  
 Date of Death 1943 Jan { 4 Months { Single ..... { Age 75  
 Maiden Name ..... { 22 Days { Married + {  
 Birth-place Portland Maine Occupation Engineer Retired 6 yrs  
 Name of Father Patrick O'Donnell His Birth-place Ireland  
 Maiden Name of Mother Hanora Fitzgerald Her Birth-place Ottawa Canada  
 Cause of Death—Primary Cardiac decompensation Secondary Myocarditis, Hypertension &  
 Certifying Physician Collins Residence Chronic Nephritis  
 Place of Burial Wantricket Cemetery P.H.  
 Funeral Service at ..... Lot No. 823  
 Time of Service ..... Grave No. ....  
 Date of Interment Jan 1943 Section .....  
 Social Security No. Ruth O'Donnell



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>B715</u>	<u>250</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>Clark</u>	<u>125</u>	<u>00</u>	<b>Automobiles</b> .....	
Burial Suit .....			Newspaper Notices .....	
Slippers .....				
Embalming <u>of Services</u>	<u>35</u>	<u>00</u>	Transportation Charges .....	
Washing and Dressing .....			Officiating Clergyman <u>Bond</u>	
Shaving .....			Amount of Bill .....	<u>\$ 460 00</u>
Services <u>2 Transfers</u>	<u>10</u>	<u>00</u>	Goods Ordered by <u>Ruth O'Donnell</u>	
Use of Chairs .....			Bill Charged to .....	
Church Charges <u>Funeral</u>	<u>25</u>	<u>00</u>		
Cemetery Charges .....	<u>15</u>	<u>00</u>		
Music .....				
Flowers .....				

DR.

450.00

CR.

			<u>Sept 12</u>	<u>1943 Check</u>
				<u>460 00</u>
				<b>PAID</b>
				<u>By Ruth O'Donnell</u>

# RECORD AND BILL OF ITEMS

Yearly No. 2

FOR THE FUNERAL OF

Total to date 1599

*Charlotte Creasy Lemieux*

Residence 1642 Federal St.

Place of Death \_\_\_\_\_ Wife or Widow of Joseph B. Lemieux

Date of Birth 1883 June 24 Age 59 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1943 Jan 6 Age 6 Months Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age 13 Days Married \_\_\_\_\_

Birth-place Nantucket Occupation House work

Name of Father Nelson A. Creasy His Birth-place Nantucket

Maiden Name of Mother Elizabeth D. Coleman Her Birth-place Nantucket

Cause of Death—Primary Chronic Myo Secondary Cardiac Decompensation

Certifying Physician J. Lee Residence \_\_\_\_\_

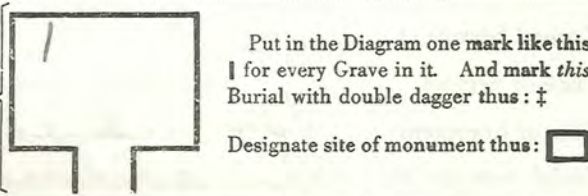
Place of Burial Nantucket Cemetery Newtown

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Jan 9 1943 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Charles C. Barr



Casket or Coffin No. <u>175<sup>12</sup></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>Bond</u>	
Washing and Dressing _____		Amount of Bill	<u>190 00</u>
Shaving _____		Goods Ordered by <u>Charles C. Barr</u>	
Services <u>2 Transfers</u>	<u>25 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>10 00</u>		
Music _____			
Flowers <u>Candelabra &amp; Candles no chg.</u>			

DR. 190.00 CR.

			<u>Jan 30</u>	<u>1943 Cash</u>	<u>190 00</u>

PAID  
By Charles Barr

RECORD AND BILL OF ITEMS

Yearly No. 3

FOR THE FUNERAL OF

Total to date 160.00

Infant Baby Sargent

Residence.....

Place of Death N. C. Hospital. Wife or Widow of.....

Date of Birth 1943 Jan 10 (Year) (Month) (Day) Age { 0 Years { Sex ..... { Color or Race

Date of Death 1943 Jan 10 (Year) (Month) (Day) { 00 Months { Single ..... {

Maiden Name Stillborn { ..... Days { Married ..... {

Birth-place Nantucket Occupation None

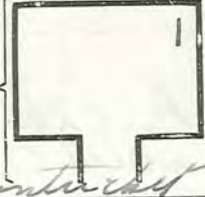
Name of Father Richard S. Sargent His Birth-place Vermont

Maiden Name of Mother Alice T. Young Her Birth-place Dairy N. H.

Cause of Death—Primary Stillborn Secondary Asphyxia Cord Construction

Certifying Physician Gill Residence.....

Place of Burial Nant. Cemetery P. H. Single Grave

Funeral Service at..... Lot No. 782  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.....

Date of Interment Jan. 12 1943 Section..... Designate site of monument thus:

Social Security No. Mrs Adelaide T. Young Nantucket Mass

Casket or Coffin No.....	15 00	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.....		Transportation Charges.....	
Embalming.....		Officiating Clergyman.....	
Washing and Dressing.....		Amount of Bill.....	
Shaving.....		Goods Ordered by.....	
Services.....	5 00	Bill Charged to.....	
Use of Chairs.....			
Church Charges.....			
Cemetery Charges <u>Single Grave</u>	10 00		
Music.....			
Flowers.....			

DR.

\$ 30.00

CR.

		Jan. 30	C. Cash	15 00
		Feb 26	" "	15 00
			PAID	
			By Mrs Sargent	



# RECORD AND BILL OF ITEMS

Yearly No. 4

FOR THE FUNERAL OF

Total to date 1601

Mary E. Lewis

Residence Old Peoples Home 9115 Main St.

Place of Death " " " " Wife or Widow of Israel M. Lewis

Date of Birth 1858 Sept. 29 { 84 Years { Sex      { Color or Race       
(Year) (Month) (Day)

Date of Death 1943 Jan. 24 { Age { 3 Months { Single      {  
(Year) (Month) (Day)

Maiden Name      { 26 Days { Married      {

Birth-place Nantucket Mass. Occupation None

Name of Father Elijah F. Wright His Birth-place Marston Mills

Maiden Name of Mother Emily G. Gibbs Her Birth-place Nantucket

Cause of Death—Primary Genetal arteriosclerosis Secondary Chronic Myo. Possibly Malignancy

Certifying Physician Folger Residence     

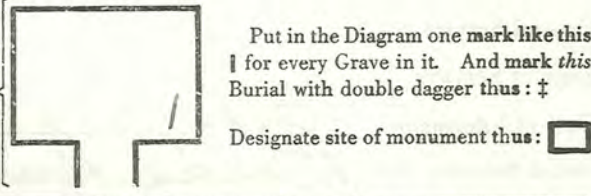
Place of Burial Nantucket Cemetery P. H.

Funeral Service at      Lot No. 566

Time of Service      Grave No.     

Date of Interment Jan. 26, 1943 Section     

Social Security No. Edw. B. Lewis



Casket or Coffin No. <u>175<sup>12</sup></u>	<u>100</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>Marron</u>	<u>100</u>	<u>00</u>	Automobiles	
Burial Suit			Newspaper Notices	
Slippers				
Embalming <u>Services</u>	<u>35</u>	<u>00</u>		
Washing and Dressing				
Shaving				
Services <u>Transfer</u>	<u>5</u>	<u>00</u>	Transportation Charges	
Use of Chairs			Officiating Clergyman <u>Bond</u>	
Church Charges <u>Funeral</u>	<u>25</u>	<u>00</u>	Amount of Bill	<u>275</u>
Cemetery Charges	<u>10</u>	<u>00</u>	Goods Ordered by	<u>00</u>
Music			Bill Charged to <u>No Charge to Home</u>	
Flowers				

DR.

275.00

CR.

PAID			
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# RECORD AND BILL OF ITEMS

Yearly No. 5

FOR THE FUNERAL OF

Total to date 1602

Freda Adams

Residence Our Island Home

Place of Death 62 2 1

Date of Birth 1875 Sept 19

Date of Death 1943 Jan 30

Wife or Widow of William S. Adams

Age { 67 Years } Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_ }  
 { 4 Months } Single \_\_\_\_\_  
 { 11 Days } Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation House Keeper

Birth-place Philadelphia Pa. His Birth-place Germany

Name of Father August Keller Her Birth-place Germany

Maiden Name of Mother Helena Scholes

Cause of Death—Primary Chronic Myo Secondary Cardiac Decompensation

Certifying Physician Folger Residence \_\_\_\_\_

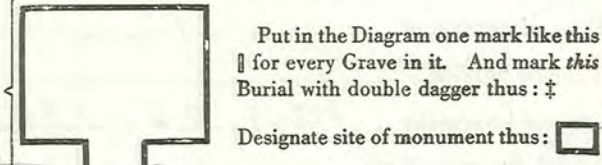
Place of Burial Nantucket Cemetery Newtown

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Feb. 7, 1943 Section \_\_\_\_\_

Social Security No. Bertha Bristow sister Hamantown Pa.



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		<b>Automobiles</b>	
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving		<u>Funeral Complete</u>	<u>100 00</u>
Services			
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	<u>100 00</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	<u>Public Welfare</u>

DR.				CR.
		Feb 19.	1943 Check	100 00

**PAID**  
By Town Treasurer



# RECORD AND BILL OF ITEMS

Yearly No. 7

FOR THE FUNERAL OF

Total to date 16.04

*Isom H. Pitman*

Residence 22 Atlantic Ave 2ys

Place of Death M.C. Hospital 6 days Wife or Widow of Sarah Stille

Date of Birth 1 1 3 { 6.6 Years { Sex ..... { Color or Race .....  
(Year) (Month) (Day) { 11 Months { Single ..... {  
 Date of Death 1943 Feb 22 { 19 Days { Married ..... {  
(Year) (Month) (Day) { Maiden Name .....

Birth-place Texas Occupation Minister

Name of Father Unknown His Birth-place .....

Maiden Name of Mother Unknown Her Birth-place .....

Cause of Death—Primary Cerebral Hem. Secondary Hypertension

Certifying Physician Foley Residence .....


Place of Burial Kansas City Mo Cemetery .....

Funeral Service at ..... Lot No. ....

Time of Service Shipped 26 1943 Grave No. ....

Date of Interment ..... Section .....

Social Security No. Mrs Beatrice Davis, 116 Gray Ave Kansas City Mo.

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>130</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>Pine Painted</u>	<u>20 00</u>	<b>Automobiles</b>	
Burial Suit .....		Newspaper Notices	
Slippers .....			
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing .....			
Shaving .....			
Services <u>2 transfers</u>	<u>10 00</u>	<u>2 Certified Certificates</u>	<u>1 00</u>
Use of Chairs .....		Transportation Charges <u>ticket</u>	<u>58 44</u>
Church Charges .....		Officiating Clergyman	
Cemetery Charges .....		Amount of Bill	<u>174 44</u>
Music .....		Goods Ordered by	
Flowers .....		Bill Charged to <u>Beatrice Davis</u>	

DR. 115 00 CR.

			<u>Feb 26 1943</u>	<u>Check</u>	<u>174 00</u>
				<b>PAID</b>	
				<u>By Beatrice Davis</u>	
				<u>through Western Union</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 8

FOR THE FUNERAL OF

Total to date 1605

Sydia Hussey

Residence Old Peoples Home 115 Main St

Place of Death " " " " " " Wife or Widow of William Hussey

Date of Birth 1 25 1851 (Year) Oct (Month) 15 (Day) Age 92 Years { Sex Female Color or Race White

Date of Death 19 43 (Year) Feb (Month) 24 (Day) Age 4 Months { Single Single

Maiden Name " " " " " " Days { Married Married

Bir'h-place Nantucket Occupation None

Name of Father Jenny Coleman His Birth-place Nantucket

Maiden Name of Mother Phoebe Swain Her Birth-place Nantucket

Cause of Death—Primary Chronic Myo Secondary Myocardial degeneration

Certifying Physician Folger M.D. Eq Residence " " " "

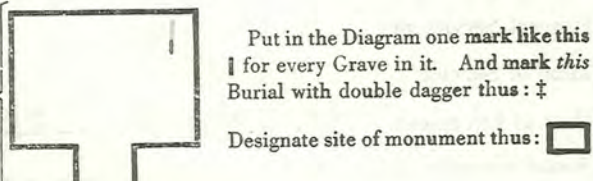
Place of Burial Nantucket Cemetery P.H.

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

Time of Service " " " " Grave No. 559

Date of Interment Feb 27 1943 Section " " " "

Social Security No. Old Peoples Home Records



Casket or Coffin No. <u>175<sup>12</sup></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		Hearse to	
Plate		Removal	
Outside Box or Vault <u>None</u>	<u>15 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>for 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	
Cemetery Charges	<u>10 00</u>	Amount of Bill	<u>185 00</u>
Music		Goods Ordered by <u>Gratuity to Home</u>	<u>10 00</u>
Flowers		Bill Charged to	<u>175 00</u>

DR. \$ 185.00 CR.

				<u>Feb 22 1943 Check</u>					<u>175 00</u>
PAID									
By O. P. H. Frank Remondell Treas.									

# RECORD AND BILL OF ITEMS

Yearly No. 9

FOR THE FUNERAL OF

Total to date 1606

*Phibe W. Tracy*

Residence *Old Peoples Home 115 Main St. 1340*

Place of Death " " " Wife or Widow of \_\_\_\_\_

Date of Birth 1 851 Oct 15 Age 92 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
Date of Death 1943 Feb 24 4 Months Single  
9 Days Married

Maiden Name \_\_\_\_\_ Occupation *None*

Birth-place *Nantucket* His Birth-place *Nantucket*

Name of Father *Jemus Coleman* Her Birth-place *Nantucket*

Maiden Name of Mother *Phoebe Swann* Secondary *Myocardial degeneration*

Cause of Death—Primary *Chronie Myo and* Residence *General Arteriosclerosis*

Certifying Physician *Folger* Cemetery *Friends*

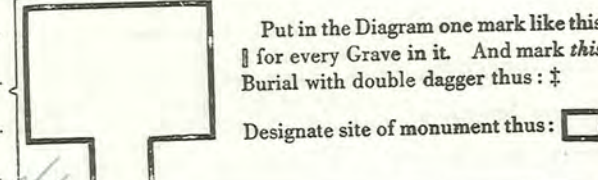
Place of Burial *Nantucket* Lot No. \_\_\_\_\_

Funeral Service at \_\_\_\_\_ Grave No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Section \_\_\_\_\_

Date of Interment *Mch 24 1943* Social Security No. \_\_\_\_\_

*O.P.H. Records*



Casket or Coffin No. <i>175<sup>12</sup></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	<b>Automobiles</b>	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <i>of Services</i>	35 00	Officiating Clergyman <i>Bond</i>	
Washing and Dressing		Amount of Bill	185 00
Shaving		Goods Ordered by <i>Gratuity</i>	10 00
Services		Bill Charged to <i>O.P.H.</i>	175 00
Use of Chairs			
Church Charges <i>Funeral</i>	25 00		
Cemetery Charges	10 00		
Music			
Flowers			

DR.

*180.00*

CR.

May 20. 1943 check	175 00
Gratuity to home	10 00
	185 00
<b>PAID</b>	
By <i>Frank W. Ramsdell</i>	
<i>Treas.</i>	

RECORD AND BILL OF ITEMS

Yearly No. 10.

FOR THE FUNERAL OF

Total to date 1607

Sarah Bailey Chase

Residence 101 Adelaide Rd Providence R.I.

Place of Death Wife or Widow of Roland W Chase

Date of Birth 1 (Year) (Month) (Day) Age 93 Years Sex Color or Race

Date of Death 1943 Mar 25 (Year) (Month) (Day) 7 Months Single

Maiden Name 23 Days Married

Birth-place Nantucket Occupation

Name of Father Williams H Phinney His Birth-place Nantucket

Maiden Name of Mother Mary S Chadwick Her Birth-place Nantucket

Cause of Death-Primary Chronic Myo. Secondary

Certifying Physician Residence

Place of Burial Nantucket Cemetery P.H.

Funeral Service at Lot No. 315

Time of Service Grave No.

Date of Interment Mar 29 1943. Section

Social Security No. James H Chase 101 Adelaide Rd Providence R.I.



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: □

Table with columns for items (Casket, Candles, Gloves, etc.) and costs. Includes handwritten entries like 'Hearse to Cemetery from Boat 25.00' and 'Automobiles J.H. Wood 1 6.00'. Total amount of bill is 40.00.

DR.

CR.

Table for recording payments. Includes handwritten entry: 'Paid Hubert 5.00 Mar 29 1943 check 40.00'. Large 'PAID' stamp and signature 'By James H Chase' are present.

RECORD AND BILL OF ITEMS

Yearly No. 11

FOR THE FUNERAL OF

Total to date 1608

George Sykes

Residence 35 Pine St. Mattuckset 15 yrs

Place of Death " " " Wife or Widow of Rosemond Taylor

Date of Birth 1 1887 Sept. 29 Sex 55 Years Color or Race Age 46

Date of Death 19 43 April 4 Age 6 Months Single 6 Days Married ✓

Maiden Name \_\_\_\_\_ Occupation Mason

Birth-place Moreley, England His Birth-place England


Name of Father John Sykes Her Birth-place England

Maiden Name of Mother Mabel Wardell

Cause of Death—Primary Diffuse Carcinoma Secondary arising from breast

Certifying Physician Folger Residence \_\_\_\_\_

Place of Burial New Bedford Cemetery Oak Grove

Funeral Service at \_\_\_\_\_ Lot No. 

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_ Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Date of Interment April 7, 1943 Section \_\_\_\_\_ Designate site of monument thus: □

Social Security No. 027-12-6474 Rosemond Sykes

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 &amp; holly</u>	<u>20 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>of Services</u>	<u>35 00</u>		
Washing and Dressing _____			<u>250 00</u>
Shaving _____			
Services <u>Transfer</u>	<u>10 00</u>	<u>toll calls</u>	<u>90</u>
Use of Chairs _____		Transportation Charges <u>tickets</u>	<u>13 33</u>
Church Charges _____		Officiating Clergyman <u>Bond</u>	
Cemetery Charges _____		Amount of Bill	<u>264 25</u>
Music _____		Goods Ordered by <u>Rosemond Sykes</u>	
Flowers _____		Bill Charged to _____	

DR.

\$ 260.00

CR.

		<u>Apr 22 1943 Check</u>	<u>264 23</u>
		<b>PAID</b>	
		By <u>Mrs Sykes</u>	



# RECORD AND BILL OF ITEMS

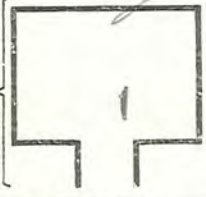
Yearly No. 12

FOR THE FUNERAL OF

Total to date 1609

Joseph M. Larkin

Residence: 10 North Water St  
 Place of Death: N.C. Hospital 12 days  
 Date of Birth: 1 877 Sept 10 (Year) (Month) (Day)  
 Date of Death: 19 43 Apr 6 (Year) (Month) (Day)  
 Maiden Name: \_\_\_\_\_  
 Birth-place: Manville, R.I. Occupation: Painter  
 Name of Father: Michael Larkin His Birth-place: Ireland  
 Maiden Name of Mother: Unknown Her Birth-place: "  
 Cause of Death—Primary: Cirrhosis of liver Secondary: Hypertensive  
 Certifying Physician: Folger Residence: \_\_\_\_\_  
 Place of Burial: Nantucket Cemetery: St Mary's  
 Funeral Service at: \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service: \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment: April 9 1943 Section: \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ John Larkin



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. B 247	185 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 & Services	35 00	Officiating Clergyman Fr. Griffin	
Washing and Dressing		Amount of Bill	285 00
Shaving		Goods Ordered by John Larkin	
Services Transfers	10 00	Bill Charged to Mrs Larkin	
Use of Chairs			
Church Charges Funeral	25 00		
Cemetery Charges	10 00		
Music Condolence & Candles	5 00		
Flowers			

\$ 285 - 00

DR.

CR.

		Apr 25	1943 Check	285 00
<b>PAID</b>				
Mrs Larkin				

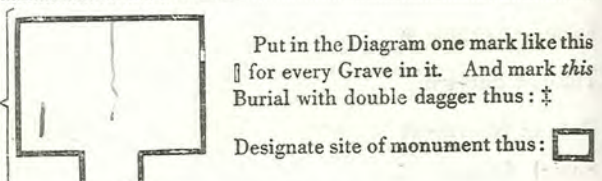
# RECORD AND BILL OF ITEMS

Yearly No. 13

FOR THE FUNERAL OF

Total to date 1610

Residence 14 Silver St Winifred C. Munroe  
Place of Death cc Wife or Widow of Adelbert R. Munroe  
Date of Birth 1878 Feb 26 { 65 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
Date of Death 1943 Apr 10 { \_\_\_\_\_ Months { Single \_\_\_\_\_ Age 70  
Maiden Name \_\_\_\_\_ { 15 Days { Married \_\_\_\_\_  
Birth-place Nantucket Occupation Housewife  
Name of Father William Owen His Birth-place Sandwich Islands  
Maiden Name of Mother Julia Leonard Her Birth-place Dublin Ireland  
Cause of Death—Primary Carcinoma of breast Secondary \_\_\_\_\_  
Certifying Physician Foley Residence \_\_\_\_\_  
Place of Burial Nantucket Cemetery P.H.M.V.  
Funeral Service at \_\_\_\_\_ Lot No. 37  
Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
Date of Interment April 13, 1943 Section \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Adelbert R. Munroe



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

DR.		CR.	
		<u>Apr 30</u>	<u>1943 Check 100 00</u>
<b>PAID</b>			
<u>By Town Treasurer</u>			

# RECORD AND BILL OF ITEMS

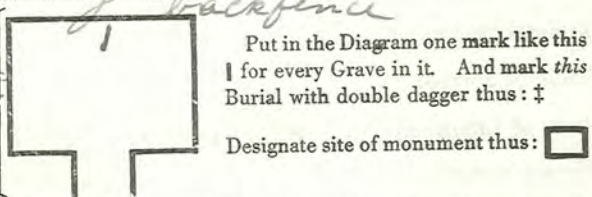
Yearly No. 1611

FOR THE FUNERAL OF

Total to date 14

Remicko & Gomes

Residence Washington St.  
 Place of Death " Wife or Widow of "  
 Date of Birth 1888 Oct 16 Age 54 Years Sex " Color or Race "  
 Date of Death 1943 Apr 15 Age 6 Months Single ✓  
 Maiden Name " Days " Married "  
 Birth-place Fogo Cape De Verde Isl. Occupation Laborer  
 Name of Father Eanes Gomes His Birth-place Fogo Cape De Verde Isl.  
 Maiden Name of Mother Josephine Corea Her Birth-place "  
 Cause of Death—Primary Chronic Myo. Secondary Asthma & Cardiac  
 Certifying Physician Folger Residence "  
 Place of Burial Nantucket Cemetery St. Marys Backfence  
 Funeral Service at " Lot No. 1  
 Time of Service " Grave No. gate  
 Date of Interment April 20, 1943 Section "  
 Social Security No. Julia Pina



Casket or Coffin No. <u>297</u>	<u>125 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>Terry car for Priest</u>	<u>3 00</u>
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	<u>220 00</u>
Embalming <u>of Services</u>	<u>35 00</u>	Officiating Clergyman <u>Fr. Griffin</u>	<u>228 00</u>
Washing and Dressing		Amount of Bill	
Shaving		Goods Ordered by	
Services <u>Transfer</u>	<u>5 00</u>	Bill Charged to <u>Mrs Pauline Pereira</u>	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>10 00</u>		
Music			
Flowers <u>Candles etc</u>	<u>5 00</u>		

DR. 220.00 CR.

DR.	CR.
<u>Mrs Pauline Pereira Pd.</u>	<u>June 21 Cr Cash 50 00</u>
<u>"</u>	<u>Aug 7 " " 31 50 1/2 pd.</u>
<u>"</u>	<u>Oct 13 " " 30 00 111.50</u>
<u>Isabel Mendes Pd</u>	<u>Oct 19 " " 20 00 91.50</u>
<u>Mrs P. Pereira for Mrs "</u>	<u>Apr. 10 " " 10 00 101.50</u>
<u>"</u>	<u>May 13 " " 20 00 61.50</u>
<u>"</u>	<u>June 26 " " 70 20 00 41.50</u>
<u>1/2 bill cry to</u>	<u>July 25 " " 90 20 00 21.50</u>
<u>Elizabeth Mendes</u>	<u>Sept. 11 4944 - Bal 21 50 via</u>
	<b>PAID</b>
<u>111 50</u>	
<u>90 00</u>	
<u>21 50</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 15

FOR THE FUNERAL OF

Total to date 1612

Frank P. Marks

Residence 8 Eagle Lane

Place of Death N. C. Hosp 17 yrs Wife or Widow of Marie Oliveira

Date of Birth 1882 Dec 6 Age 60 Years { Sex Male Color or Race Age 73

Date of Death 1943 Apr 21 { 4 Months { Single Single

(Year) (Month) (Day) { 15 Days { Married Married

Maiden Name \_\_\_\_\_

Birth-place Silbova, Portugal Occupation Painter

Name of Father Philip Marks His Birth-place Silbova, Portugal

Maiden Name of Mother Phanna Her Birth-place "

Cause of Death—Primary Coronary infarct Secondary \_\_\_\_\_

Certifying Physician Metzger Residence \_\_\_\_\_

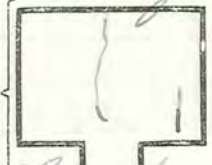
Place of Burial Nantucket Cemetery St. Marys

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Apr 27 1943 Section \_\_\_\_\_

Social Security No. 024-01-3258 Marie Marks



Casket or Coffin No. <u>1175<sup>12</sup></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>4 Services</u>	35	00	
Washing and Dressing _____			
Shaving _____			
Services <u>2 Transfers</u>	10	00	Transportation Charges _____
Use of Chairs _____			Officiating Clergyman <u>Fr Griffin</u>
Church Charges <u>Funeral</u>	25	00	Amount of Bill <u>250 00</u>
Cemetery Charges _____	10	00	Goods Ordered by <u>Mrs Marks</u>
Music <u>Organ Rail</u>			Bill Charged to _____
Flowers <u>Condelabra etc</u>	5	00	
<u>825 00</u>			

DR.

CR.

	<u>Paid Sister</u>		<u>May</u>		<u>Cr. Cash</u>	100 00
			<u>Aug</u>	<u>23</u>	<u>1943 " "</u>	50 00
			<u>July</u>	<u>17</u>	<u>1944</u>	100 00
<b>PAID</b>						
<u>By Mrs Marks</u>						

# RECORD AND BILL OF ITEMS

Yearly No. 16

FOR THE FUNERAL OF

Total to date 1613

*Samuel P. Sathrop*

Residence 21 Pearl St 10 nos

Place of Death 21 Pearl Wife or Widow of Mabel Blossom

Date of Birth 1869 Oct 20 Age { 73 Years { Sex { Color or Race

Date of Death 1943 Apr 22 { 6 Months { Single

Maiden Name \_\_\_\_\_ { 2 Days { Married

Birth-place Black Hawk Colorado Occupation Secretary of Charles Francis Press Co

Name of Father Samuel P. Sathrop His Birth-place Bridgewater, Mass Retired 6 yr

Maiden Name of Mother Elizabeth Springer Her Birth-place Attleboro

Cause of Death—Primary Brain tumor, Secondary malignant

Certifying Physician Folger Residence \_\_\_\_\_

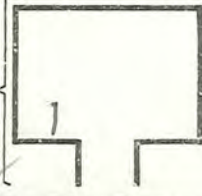
Place of Burial Nantucket Cemetery North

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment April 24 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Mabel P. Sathrop



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>J-30</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>3 Telegrams</u>	<u>2 68</u>
Burial Suit		<u>9 hours @ 1.00 in</u>	
Slippers		Newspaper Notices <u>N. Y. Times</u>	<u>9 90</u>
Embalming <u>of services</u>	<u>35 00</u>	<u>N. Y. Herald Tribune @ 1.00</u>	<u>8 00</u>
Washing and Dressing		<u>NY evash Evening News</u>	<u>3 00</u>
Shaving		<u>Montclair Times</u>	<u>1 32</u>
Services <u>Transfer</u>	<u>5 00</u>	<u>2 Certified Copies</u>	<u>1 00</u>
Use of Chairs		Transportation Charges	<u>25 90</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman	<u>165 00</u>
Cemetery Charges	<u>10 00</u>	Amount of Bill	<u>190 90</u>
Music		Goods Ordered by <u>Mrs Sathrop</u>	
Flowers		Bill Charged to _____	

DR. 165 00

CR.

				<u>June 14/43 Rec cash</u>	<u>190 00</u>

**PAID**  
By *Mrs Sathrop*



1941-1945

RECORD AND BILL OF ITEMS

Yearly No. 18

FOR THE FUNERAL OF

Total to date 1610

Louise Blackburn

Residence 30 Irving St. Yonkers N.Y.

Place of Death Amherst County Sanitarium 21 days Wife or Widow of Thornton Blackburn

Date of Birth 1 (Year) (Month) (Day) Age 72 Years Sex Single Color or Race
Date of Death 1943 April 20 (Year) (Month) (Day) 4 Months Single
Maiden Name 08 Days Married

Birth-place Amherst County Va Occupation House work

Name of Father Isaac Rucker His Birth-place Amherst County Va

Maiden Name of Mother Francis Warwick Her Birth-place

Cause of Death-Primary Chronic Myelogenous Secondary Leukemia

Certifying Physician Residence

Place of Burial Mantucket Cemetery Brushed Hill

Funeral Service at Lot No. 802

Time of Service April 26 1943 Grave No.

Date of Interment April 26 1943 Section

Social Security No. Jennie L. Anderson 111-16-173-11 Jamaica Long Island N.Y.



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	Cemetery From Boat 25.00
Handles	Removal	Cemetery Charges 15.00
Plate	Automobiles	
Outside Box or Vault	Newspaper Notices	
Burial Suit		
Slippers	Transportation Charges	
Embalming	Officiating Clergyman	F. am.
Washing and Dressing	Amount of Bill	40.00
Shaving	Goods Ordered by	
Services	Bill Charged to	
Use of Chairs		
Church Charges		
Cemetery Charges		
Music		
Flowers		

DR.

CR.

	April 26 1943 Cash	40.00
<b>PAID</b>		
Jennie L. Anderson		

# RECORD AND BILL OF ITEMS

Yearly No. 19

FOR THE FUNERAL OF

Total to date 1616

*Manuel Sylvia*

Residence *207 Middle St. New Bedford*

Place of Death *U.S. Marine Hosp. Boston* Wife or Widow of *Mary E. Viera*

Date of Birth *1* (Year) *Apr* (Month) *22* (Day) Age *72* Years Sex *Female* Color or Race

Date of Death *1943* (Year) *Apr* (Month) *22* (Day) Age *7* Months Single

Maiden Name *Rose* Married

Birth-place *Agnes* Occupation *Seaman, Merchant Marine*

Name of Father *Jesse Sylvia* His Birth-place *Agnes*

Maiden Name of Mother *Rose* Her Birth-place *Agnes*

Cause of Death—Primary *Dysenteric* Secondary *Heart disease*

Certifying Physician Residence

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

Funeral Service at Lot No.

Time of Service Grave No.

Date of Interment *Apr 26 1943* Section

Social Security No. *022-12-1038*

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: □

*U.S. Marine Hospital records*

Casket or Coffin No.	75.00	Candles	
Size Made by		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		<b>Automobiles</b>	
Burial Suit		Newspaper Notices	
Slippers		<i>E J Wilson</i>	51.48
Embalming			113.52
Washing and Dressing			
Shaving			
Services <i>Phone Calls</i>	3.52	Transportation Charges	
Use of Chairs		Officiating Clergyman <i>F. Griffin</i>	
Church Charges <i>Funeral</i>	25.00	Amount of Bill	165.00
Cemetery Charges <i>T</i>	10.00	Goods Ordered by	
Music		Bill Charged to <i>No 4.</i>	
Flowers			

DR.

113.52

CR.

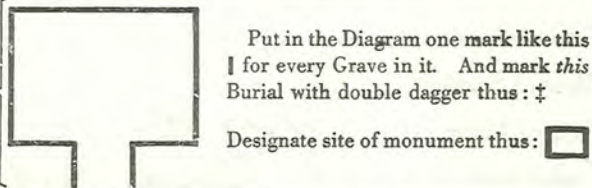
				Jan 25 1944	Check	165.00
					PAID	
					By <i>No 4. S.</i>	
					<i>Wilson H Cash</i>	Treas.



## RECORD AND BILL OF ITEMS

Yearly No. 20 FOR THE FUNERAL OF Amie C Brock Total to date 1617

Residence 36 Liberty St.  
 Place of Death " " " Wife or Widow of Albert G Brock  
 Date of Birth 1860 Nov 5 Age 82 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1943 May 6 Age 6 Months Single \_\_\_\_\_  
 Maiden Name Amie Cartwright Days 1 Married \_\_\_\_\_  
 Birth-place Lat. 4 long 38 4 degrees north of Equator. Occupation None  
 Name of Father Wm J Cartwright His Birth-place Nant  
 Maiden Name of Mother Antonia Russell Her Birth-place Nant  
 Cause of Death—Primary Carcinoma of Secondary intestines  
 Certifying Physician Folger Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery North  
 Funeral Service at \_\_\_\_\_ Lot No. 137  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 9 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Williams C Brock



Casket or Coffin No. <u>515<sup>12</sup></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>Majr</u>	100 00	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____			
Embalming <u>of services</u>	50 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>Wm C Brock</u>	
Flowers _____		Bill Charged to _____	

DR. 4.35.00 CR.

	Oct. 14	1943 Check	435 00
		PAID.	
		By <u>Wm. C. Brock</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to date 1619

*Charles A. Chadwick*

Residence *58 Oak St. Newton Upper Falls*

Place of Death *36 yrs. Wife or Widow of Ida M. Bishop*

Date of Birth *1875 July 17* (Year) (Month) (Day) Age *69* Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 { *9* Months { Single \_\_\_\_\_ }  
 { *20* Days { Married  } \_\_\_\_\_

Date of Death *1943 May 3* (Year) (Month) (Day)

Maiden Name \_\_\_\_\_

Birth-place *Nantucket* Occupation *Nantucket*

Name of Father *John Chadwick* His Birth-place *Nantucket*

Maiden Name of Mother *Harriet Cottle* Her Birth-place \_\_\_\_\_

Cause of Death—Primary *Coronary Infarction* Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

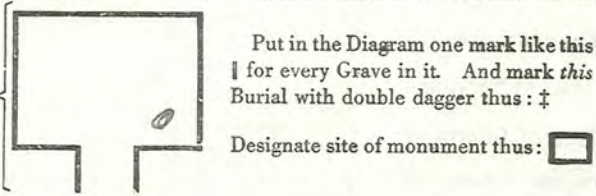
Place of Burial *Nantucket* Cemetery *Newtown*

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment *May 25 1943* Section \_\_\_\_\_

Social Security No. *Leonard P Morris*



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		<i>Interment of Ashes</i>	<i>5.00</i>
Services			
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	<i>5.00</i>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

CR.

<i>Alger E Eaton &amp; Sons</i>	<i>June 9</i>	<i>1943 Check</i>	<i>5.00</i>
<i>1351 Highland Ave</i>			
<i>Newtown Mass</i>			
<b>PAID</b>			
<i>By Alger E Eaton &amp; Sons.</i>			

# RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date 1620

James H. Wood

Residence 6 East York

Place of Death " " Wife or Widow of Lizzie May Stevens

Date of Birth 1846 May 28 (Year) (Month) (Day) Age 96 Years { Sex        Color or Race       

Date of Death 1943 May 26 (Year) (Month) (Day) Age 11 Months { Single       

Maiden Name        Age 28 Days { Married       

Birth-place Nantucket Occupation Livery man Retired

Name of Father Manuel Wood His Birth-place Brazil

Maiden Name of Mother Susan Bowen Her Birth-place Nantucket

Cause of Death—Primary Senility Age Secondary Prostratic Hypertrophy

Certifying Physician Gillpatrick Residence       

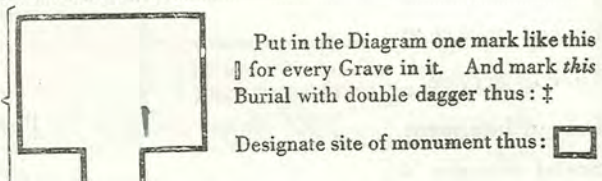
Place of Burial Nant Cemetery P.H.

Funeral Service at        Lot No. 569

Time of Service        Grave No.       

Date of Interment May 29 Section       

Social Security No. James H. Wood Jr



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			
Embalming <u>Services</u>	35 00		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	5 00		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman <u>Bond</u>	
Cemetery Charges	10 00	Amount of Bill	255 00
Music		Goods Ordered by <u>J. H. Wood Jr</u>	
Flowers		Bill Charged to <u>      </u>	

DR. \$285.00 CR.

	Sept 20	1943		Check	255 00
PAID					
By <u>James H. Wood Jr</u>					

# RECORD AND BILL OF ITEMS

Yearly No. 24

FOR THE FUNERAL OF

Total to date. 1621.

Baby June Arnold

Residence Baker Memorial Hosp Boston Res. 20 Parkway Rd  
 Place of Death Wife or Widow of  
 Date of Birth 1943 May 7 { 0 Years { Sex Female { Color or Race  
 (Year) (Month) (Day) { 00 Months { Single {  
 Date of Death 1943 5 7 Age { 0 Days { Married {  
 (Year) (Month) (Day) {  
 Maiden Name \_\_\_\_\_  
 Birth-place Boston Mass Occupation None  
 Name of Father Dan Hinckley Arnold His Birth-place New York  
 Maiden Name of Mother Jean Wood Her Birth-place Boston Mass  
 Cause of Death—Primary Premature 6 mos Secondary Stillborn  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery North  
 Funeral Service at \_\_\_\_\_ Lot No. 110A 1 Put in the Diagram one mark like this  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_ for every Grave in it. And mark this  
 Date of Interment May 29, 1943 Section \_\_\_\_\_ Burial with double dagger thus: †  
 Social Security No. Dan Hinckley Arnold Designate site of monument thus: □  
20 Parkway Rd Brookline

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>J. H. Wood of Son 1</u>	5 00
Burial Suit		Newspaper Notices	
Slippers		<u>Lot No 110A North Cem</u>	30 00
Embalming			
Washing and Dressing			
Shaving			
Services			25 00
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	15 00	Officiating Clergyman <u>Dr Gardner</u>	
Cemetery Charges	10 00	Amount of Bill	60 00
Music		Goods Ordered by <u>Jean R Wood</u>	
Flowers		Bill Charged to	

DR.

Philip

25.00

CR.

	Mrs Jean R. Wood			May 31	Rec Check	60 00
June 12	Pd. Wm C Buck					
	for lot	30 00				
June 13	Pd. Herbert	5 00				
					<b>PAID</b>	
					By Mrs Jean R. Wood	

# RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date 1620

James H. Wood

Residence 6 East York  
 Place of Death " " Wife or Widow of Lizzie May Stevens  
 Date of Birth 1846 May 28 Age { 96 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 1943 May 26 { 11 Months { Single \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ { 28 Days { Married \_\_\_\_\_ }  
 Birth-place Nantucket Occupation Livery man Retired  
 Name of Father Manuel Wood His Birth-place Brazil  
 Maiden Name of Mother Susan Bowen Her Birth-place Nantucket  
 Cause of Death—Primary Senility Age Secondary Prostatic Hypertrophy  
 Certifying Physician Gillpatrick Residence \_\_\_\_\_  
 Place of Burial Nant Cemetery PH  
 Funeral Service at \_\_\_\_\_ Lot No. 569  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 29 Section \_\_\_\_\_  
 Social Security No. James H. Wood Jr

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:

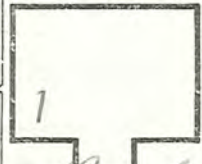
Casket or Coffin No. <u>2855</u>	165 00	Candles	
Size..... Made by.....		Gloves	
Lining and Pillow Set No.....		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	15 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>services</u>	35 00	Officiating Clergyman <u>Bond</u>	
Washing and Dressing		Amount of Bill	255 00
Shaving		Goods Ordered by <u>J. H. Wood Jr</u>	
Services <u>Transfer</u>	5 00	Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	10 00		
Music			
Flowers			

DR. \$255.00 CR.

			<u>Sept 20</u>		<u>1943 Check</u>		<u>255 00</u>
					<b>PAID</b>		
					By <u>James H Wood Jr</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 24 FOR THE FUNERAL OF Total to date 1621.

Baby June Arnold  
 Residence Baker Memorial Hosp Boston Res. 20 Parkway Rd  
 Place of Death \_\_\_\_\_ Wife or Widow of \_\_\_\_\_  
 Date of Birth 1 1943 May 7 Age { 0 Years { Sex Female { Color or Race \_\_\_\_\_  
                   (Year)            (Month)        (Day)        { 00 Months { Single \_\_\_\_\_  
 Date of Death 19 43      "      7                    { 0 Days { Married \_\_\_\_\_  
                   (Year)            (Month)        (Day)  
 Maiden Name \_\_\_\_\_  
 Birth-place Boston Mass Occupation None  
 Name of Father Dan Hinckley Arnold His Birth-place New York  
 Maiden Name of Mother Jean Wood Her Birth-place Boston Mass  
 Cause of Death—Primary Premature 6 mos Secondary Stillborn  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery North  
 Funeral Service at \_\_\_\_\_ Lot No. 110A  Put in the Diagram one mark like this  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_ ] for every Grave in it. And mark this  
 Date of Interment May 29 1943 Section \_\_\_\_\_ Burial with double dagger thus : †  
 Social Security No. Dan Hinckley Arnold Designate site of monument thus : □  
20 Parkway Rd Brookline

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>J H Wood &amp; Son 1</u>	<u>5 00</u>
Burial Suit		Newspaper Notices	
Slippers		<u>Lot No 110A North Cem</u>	<u>30 00</u>
Embalming			
Washing and Dressing			
Shaving			
Services			<u>25 00</u>
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>15 00</u>	Officiating Clergyman <u>Dr Gardner</u>	
Cemetery Charges	<u>10 00</u>	Amount of Bill	<u>60 00</u>
Music		Goods Ordered by <u>Jean R Wood</u>	
Flowers		Bill Charged to	

DR. Philip 25.00 CR.

<u>June 12</u>	<u>pd. Wm C Buck</u>			<u>May 31</u>	<u>Rec Check</u>	<u>60 00</u>
<u>June 12</u>	<u>for lot</u>	<u>30 00</u>				
<u>June 15</u>	<u>pd. Herbert</u>	<u>5 00</u>				

**PAID**  
By Mrs Jean R. Wood

# RECORD AND BILL OF ITEMS

Yearly No. 25

FOR THE FUNERAL OF

Total to date 1622

May Wagner

Residence 52 Wyman St. Medford

Place of Death 52 Wyman St. Wife or Widow of Wilhelmina Dexter

Date of Birth 1894 April 11 (Year) (Month) (Day)

Date of Death 1943 June 8 (Year) (Month) (Day) Age { 49 Years { Sex { Female { Color or Race { Age 41

Maiden Name \_\_\_\_\_ { 2 Months { Single \_\_\_\_\_ {

Birth-place Nantucket Occupation Broker Insurance { 27 Days { Married \_\_\_\_\_ {

Name of Father May Wagner His Birth-place Virginia

Maiden Name of Mother Mary Ann Macy Her Birth-place Nantucket

Cause of Death—Primary Coronary Occlusion Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

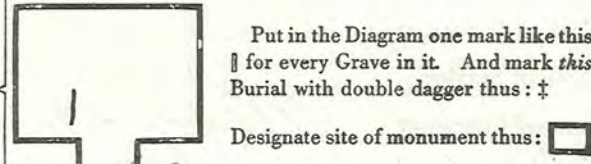
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 273

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment June 11 Section \_\_\_\_\_

Social Security No. 012-05-4067 Wilhelmina Wagner



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>J. H. Wood 1 5.00</u>
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services			<u>40.00</u>
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	<u>Masons.</u>
Cemetery Charges	<u>Funeral 25.00</u>	Amount of Bill	<u>45.00</u>
Music	<u>15.00</u>	Goods Ordered by	
Flowers		Bill Charged to	

DR.

40.00

CR.

			<u>Oct 21</u>	<u>Rec Check</u>	<u>45.00</u>
			<u>Nov 6</u>	<u>returned check 5.00 for car</u>	<u>5.00</u>
					<u>40.00</u>
				<b>PAID</b>	
				<u>By Mrs Wagner</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to date 1623

*John M. Clarkson*

Residence *25 Milk Street*

Place of Death *N. C. Hospital 1 day* Wife or Widow of *Fannie Dig.*

Date of Birth *1879* *May* *19* *64* Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death *1943* *June* *10* Age { *0* Months { Single \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_ { *22* Days { Married \_\_\_\_\_ } Color or Race \_\_\_\_\_

Birth-place *Beedale England* Occupation *Gardener*

Name of Father *John M. Clarkson* His Birth-place *Beedale England*

Maiden Name of Mother *Unknown* Her Birth-place \_\_\_\_\_

Cause of Death—Primary *Cerebral Hem.* Secondary *Essential Hypertension*

Certifying Physician *Menges* Residence \_\_\_\_\_

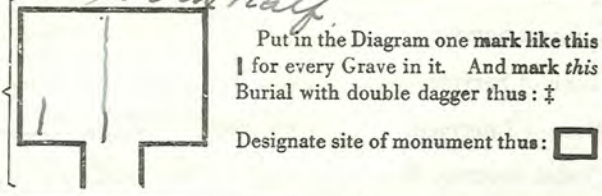
Place of Burial *Nantucket* Cemetery *P.H. south half*

Funeral Service at \_\_\_\_\_ Lot No. *1010*

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment *June 15, 1943* Section \_\_\_\_\_

Social Security No. *Fannie Clarkson*



Casket or Coffin No. ....	Candles .....
Size .....	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 .....	<i>Funeral Complete 100 00</i>
Shaving .....	.....
Services .....	.....
Use of Chairs .....	Transportation Charges .....
Church Charges .....	Officiating Clergyman .....
Cemetery Charges .....	Amount of Bill .....
Music .....	Goods Ordered by <i>Mrs Clarkson</i>
Flowers .....	Bill Charged to <i>Soldiers Relief</i>

DR.

CR.

		<i>July 1, 1943</i>	<i>check</i>	<i>100 00</i>
			<b>PAID</b>	
			<i>By Town Treasurer</i>	
			<i>Soldiers Relief Fund</i>	

RECORD AND BILL OF ITEMS

Yearly No. 27

FOR THE FUNERAL OF

Total to date 1624

*Eunice Barney Swain*

Residence *191 Soundview Ave White Plains N.Y.*

Place of Death *" " " "* Wife or Widow of *Sybil Swain*

Date of Birth *1851 Apr 20* Age *92* Years Sex *Female* Color or Race *White*

Date of Death *1943 June 15* Age *2* Months Single *Single*

Maiden Name *Malinda Swain* Age *25* Days Married *Married*

Birth-place *Nantucket* Occupation *None*

Name of Father *Joseph S Barney* His Birth-place *Nantucket*

Maiden Name of Mother *Malinda Swain* Her Birth-place *Nantucket*

Cause of Death—Primary *Obliterating* Secondary *Endarthritis of legs*

Certifying Physician *Nantucket* Residence *Nantucket*

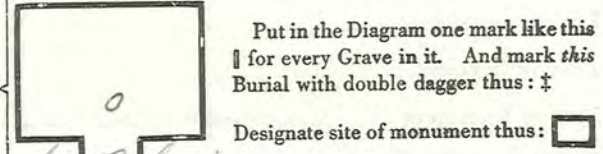
Place of Burial *Nantucket* Cemetery *P.H.*

Funeral Service at *Nantucket* Lot No. *69*

Time of Service *June 18* Grave No. *0*

Date of Interment *June 18* Section *0*

Social Security No. *David W Swain White Plains N.Y.*



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	<i>Interment of Ashes</i>	<i>\$10.00</i>
Embalming		
Washing and Dressing		
Shaving		
Services		
Use of Chairs	Transportation Charges	
Church Charges	Officiating Clergyman <i>McKinstry</i>	
Cemetery Charges	Amount of Bill	
Music	Goods Ordered by	
Flowers	Bill Charged to	

DR.				CR.
	<i>David W Swain</i>	<i>July 20</i>	<i>1943 Check</i>	<i>10.00</i>
	<i>191 Soundview Ave</i>			
	<i>White Plains</i>			
	<i>N.Y.</i>			
			<b>PAID</b>	
			<i>David W Swain</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF

Total to date 1625.

*Sarah Jane Dunham*

Residence 23 Prospect St.

Place of Death N. E. Hospital 1 day Wife or Widow of Albert M. Dunham

Date of Birth 1 Jan 7 Age 85 Years 5 Months 13 Days

Date of Death 1943 June 20 Sex Female Color or Race

Maiden Name  Single Married

Birth-place Pawtucket R.I. Occupation None

Name of Father Charles N. Cotton His Birth-place Pawtucket R.I.

Maiden Name of Mother Mary E. Baker Her Birth-place Cape Cod.

Cause of Death—Primary Carcinoma of right breast Secondary 8 yrs. Death presumably due to

Certifying Physician Foley, M.D. Residence Pawtucket, R.I.

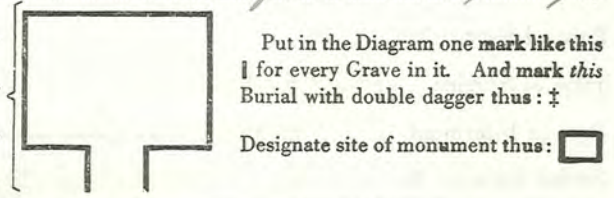
Place of Burial Pawtucket R.I. Cemetery Oak Grove fracture of hip

Funeral Service at  Lot No.

Time of Service  Grave No.

Date of Interment June 22 1943 Section

Social Security No. Nelson O. Dunham



Casket or Coffin No. <u>30</u>	<u>75 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			
Embalming <u>of services</u>	<u>25 00</u>		
Washing and Dressing			
Shaving			
Services <u>2 transfers</u>	<u>10 00</u>		
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	
Music		Goods Ordered by <u>Nelson O. Dunham</u>	<u>125 00</u>
Flowers		Bill Charged to	

DR.

125.00

CR.

		<u>July 10.</u>	<u>43 Check</u>	<u>110 00</u>
			<u>15 00</u>	
				<u>125 00</u>
<b>PAID</b>				
By: <u>Nelson O. Dunham</u>				

# RECORD AND BILL OF ITEMS

Yearly No. 29

FOR THE FUNERAL OF

Total to date 1626

*Dorothy M. Miller*

Residence 29 Union St.

Place of Death 29 Union St. Wife or Widow of \_\_\_\_\_

Date of Birth 1913 Sept 16 (Year) (Month) (Day) Age { 29 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1943 June 25 (Year) (Month) (Day) { 9 Months { Single  { \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 9 Days { Married \_\_\_\_\_ { \_\_\_\_\_

Birth-place Nantucket Occupation Clerk Bookkeeper

Name of Father Anthony F. Miller His Birth-place Edgartown

Maiden Name of Mother Mary Dames Barnhill Her Birth-place Natick, Mass.

Cause of Death—Primary Cerebral Hem. Secondary Essential Hypertension

Certifying Physician Mina es. Residence \_\_\_\_\_

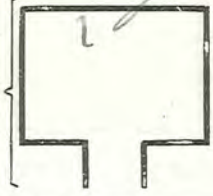
Place of Burial Nantucket Cemetery St. Mary's

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service June 28 1943 Grave No. \_\_\_\_\_

Date of Interment Mary A. Miller Section \_\_\_\_\_

Social Security No. 021-01-9296



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>	185 00	Candles _____	
Size _____ Made by _____		Gloves _____	
Lining and Pillow Set No. _____		Bearers or Porters _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	100 00	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>of Services</u>	35 00	Officiating Clergyman <u>Fr. Griffin</u>	
Washing and Dressing _____		Amount of Bill _____	360 00
Shaving _____		Goods Ordered by <u>Mary A. Miller</u>	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges _____	10 00		
Music <u>Candelabra of Candles</u>	5 00		
Flowers _____			

DR.

360.00

CR.

			July 20	1943	Cash	360	00
					PAID		
					By <i>Mary A. Miller</i>		

# RECORD AND BILL OF ITEMS

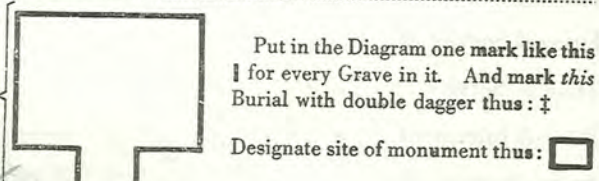
Yearly No. 30

FOR THE FUNERAL OF

Total to date 1627

Mary C. Edgar Riley

Residence Hulbert Ave.  
 Place of Death N. C. Hosp. 4 hrs Wife or Widow of Henry A. Riley  
 Date of Birth 1891 May 11 Age { 52 Years { Sex M { Color or Race  
 Date of Death 1943 July 2 { 4 Months { Single  
 Maiden Name \_\_\_\_\_ { 13 Days { Married  
 Birth-place New York City Occupation None  
 Name of Father William S. Edgar His Birth-place New York City  
 Maiden Name of Mother Catherine Constock Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Cerebral Hem. Secondary \_\_\_\_\_  
 Certifying Physician Folger Med. Ex. Residence \_\_\_\_\_  
 Place of Burial New York Cemetery Woodlawn  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment July 5 1943 Section \_\_\_\_\_  
 Social Security No. Henry A. Riley N. Y. City



Casket or Coffin No. <u>285 12</u>	<u>165 00</u>	Candles <u>4</u>	
Size..... Made by.....		Gloves	
Lining and Pillow Set No.....		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine painted</u>	<u>20 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>&amp; services</u>	<u>35 00</u>	Officiating Clergyman	
Washing and Dressing		Amount of Bill	<u>230 00</u>
Shaving		Goods Ordered by <u>Henry A. Riley</u>	
Services <u>2 transfers</u>	<u>10 00</u>	Bill Charged to <u>cc cc cc</u>	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

230.00

CR.

<u>Henry A. Riley</u>	<u>Aug 17</u>	<u>1943 Check</u>	<u>230 00</u>
<u>171 East 72nd St.</u>			
<u>New York City</u>			
<u>Shipped to</u>			
<u>Walter H. Williams</u>			
<u>N. J.</u>			
		<b>PAID</b>	
		<u>By Dr. Riley</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 31

FOR THE FUNERAL OF

Total to date 1628

Lawrence Richard Pickett

Residence 9 Atlantic Ave

Place of Death N. C. Hosp.      Wife or Widow of \_\_\_\_\_

Date of Birth 1943 July 19      Sex \_\_\_\_\_      Color or Race \_\_\_\_\_  
(Year)      (Month)      (Day)

Date of Death 1943 July 19      Age 14 hrs      Single \_\_\_\_\_      Married \_\_\_\_\_  
(Year)      (Month)      (Day)

Maiden Name \_\_\_\_\_

Birth-place Nantucket      Occupation \_\_\_\_\_

Name of Father Floyd Edgar Pickett      His Birth-place Glen Falls N. Y.

Maiden Name of Mother Dorothy Folger      Her Birth-place Nantucket

Cause of Death—Primary atalecthis      Secondary \_\_\_\_\_

Certifying Physician D. Hill      Residence \_\_\_\_\_

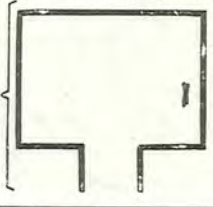
Place of Burial Nantucket      Cemetery P.H.

Funeral Service at \_\_\_\_\_      Lot No. 221

Time of Service \_\_\_\_\_      Grave No. \_\_\_\_\_

Date of Interment July 20      Section \_\_\_\_\_

Social Security No. \_\_\_\_\_      Floyd E. Pickett



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. _____	15 00	Candles _____	
Size _____ Made by _____		Gloves _____	
Lining and Pillow Set No. _____		Bearers or Porters _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____		<b>Automobiles</b> _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming _____		Officiating Clergyman <u>Fors.</u>	
Washing and Dressing _____		Amount of Bill _____	
Shaving _____		Goods Ordered by _____	
Services <u>of interment</u>	10 00	Bill Charged to _____	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges _____			
Music _____			
Flowers _____			

DR.

25 00

CR.

				Feb 23	1946 Cash	15 00			
					Dial	10 00			
					<b>PAID</b>				
					By <u>Lawrence Pickett</u>				

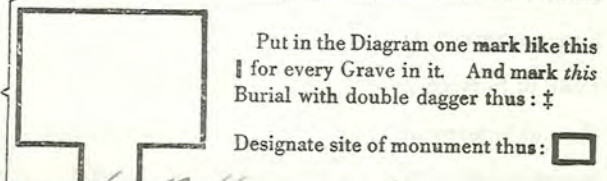
# RECORD AND BILL OF ITEMS

Yearly No. 32

FOR THE FUNERAL OF

Total to date 1629

Residence Benjamin F. W. Russell  
Old Town Road, Peterborough, N.H.  
 Place of Death Rossmore, N.H. Wife or Widow of Sarah Knapp  
 Date of Birth 1 1873 (Year) July (Month) 8 (Day) Age { 67 Years { Sex { Male  
 Date of Death 1943 (Year) Feb (Month) 16 (Day) { 7 Months { Single { White  
 Maiden Name \_\_\_\_\_ { 3 Days { Married { \_\_\_\_\_ { Age 60  
 Birth-place Concord, Mass Occupation Retired Architect  
 Name of Father Russell His Birth-place Mass  
 Maiden Name of Mother Phoebe Folger Her Birth-place Mass  
 Cause of Death—Primary Progressive muscular Secondary dystrophy, left iliac thrombosis  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial North Cemetery North  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment July 29 1943 Section \_\_\_\_\_  
 Social Security No. Sarah K. Russell \_\_\_\_\_  
Peterborough, N.H.



Casket or Coffin No.		Candles	
Size	Made by	Gloves	<u>Personal Services 25 00</u>
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	<u>Cemetery 25 00</u>
Plate		Removal	<u>From Boat 5 00</u>
Outside Box or Vault		Automobiles	<u>Cemetery Charges 15 00</u>
Burial Suit		Telegram	<u>to Santa Barbara 85</u>
Slippers		Newspaper Notices	<u>Express on Pall 40</u>
Embalming		Buquet	<u>for Parlor 3 00</u>
Washing and Dressing			
Shaving		Transportation Charges	
Services		Officiating Clergyman	<u>Dr. Gardner</u>
Use of Chairs		Amount of Bill	<u>74 25</u>
Church Charges		Goods Ordered by	<u>Mrs. Russell</u>
Cemetery Charges		Bill Charged to	
Music			
Flowers			

DR.

CR.

				<u>Oct 1, 1943 Check</u>	<u>74 25</u>
				<b>PAID</b>	
				<u>By</u>	
				<u>Miss Marion E. Grady atty</u>	
				<u>21 Bradley Rd.</u>	
				<u>Medford, Mass.</u>	

RECORD AND BILL OF ITEMS

Yearly No. 33

FOR THE FUNERAL OF

Total to date 1630

Eda Young Nichols

Residence 33 Central Ave Staten Island N.Y.

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

Date of Birth 1873 July 2 Age 70 Years Sex Single

Date of Death 1943 Aug 2 Color or Race

Maiden Name Birth-place Medford Mass Occupation Retired School teacher

Name of Father Wm H. Nichols His Birth-place Newton Mass

Maiden Name of Mother Mary Louise Miller Her Birth-place So. Boston

Cause of Death - Primary M. arterio embolism Secondary Hodgkins disease, Prepared embolism

Certifying Physician Gill Residence Oak Grove

Place of Burial Medford Cemetery Oak Grove

Funeral Service at Lot No.

Time of Service Grave No.

Date of Interment Section

Social Security No. 3624, Carroll St. Nichols, Winthrop Ave. Chicago Ill.

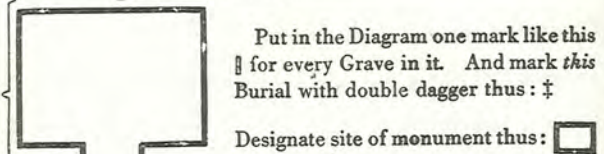


Table with columns for items (Casket, Candles, Gloves, etc.) and costs. Includes handwritten entries like 'Pine trimmed 18.00', 'Embalming 35.00', and 'Ticket to Boston 4.76'. Total amount of bill is 67.76.

DR. 67.76 CR.

Table for recording payments. Includes handwritten entry: 'Sept 22 1943 Check ticket 67.76' and a large 'PAID' stamp.



# RECORD AND BILL OF ITEMS

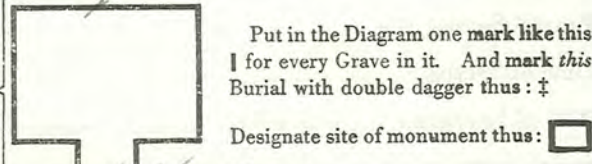
Yearly No. 34

FOR THE FUNERAL OF

Total to date 1631

Louise (Bordes) Due

Residence No permit  
 Place of Death Easy St. - 27 days Wife or Widow of Charles S. Due  
 Date of Birth 1 883 Apr 24 (Year) (Month) (Day) Age 60 Years { Sex In America } Color or Race  
19 43 Aug 4 (Year) (Month) (Day) Age 3 Months { Single 20 yrs }  
15 Days { Married }  
 Maiden Name \_\_\_\_\_  
 Birth-place Tulle, France Occupation Maid Private Family  
 Name of Father Jean Bordes His Birth-place France  
 Maiden Name of Mother Jeanne Amblard Her Birth-place France  
 Cause of Death—Primary Sudden death Secondary found dead in chair, presumably  
 Certifying Physician Folger Med Ex Residence Coronary thrombosis  
 Place of Burial Long Island N.Y. Cemetery Westbury  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. Mrs. Edmunds Putney, 125 E 60th St. N.Y.



Casket or Coffin No. <u>B 110</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>Pine &amp; handles</u>	<u>20.00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>full service</u>	<u>35.00</u>		
Washing and Dressing			
Shaving			
Services <u>2 transfers</u>	<u>10.00</u>	<u>telegram</u>	<u>93</u>
Use of Chairs		Transportation Charges <u>Express Chgs</u>	<u>27.92</u>
Church Charges		Officiating Clergyman	<u>115.00</u>
Cemetery Charges		Amount of Bill	<u>143.85</u>
Music		Goods Ordered by <u>Mrs. Putney</u>	
Flowers		Bill Charged to <u>Wilmet V. Hallock</u>	

DR.

105.00

Minola, N.Y. Public Administrator

CR.

Friend		July 3	1944 Check	148.85
Mrs. Martha Harmon				
118 Sterling St.				
L.I. N.Y.				
Shipped to				
John Williams				
157 Maplewood Ave				
L.I. N.Y.				

## PAID

By W. V. Hallock  
Public Administrator

RECORD AND BILL OF ITEMS

Yearly No. 35

FOR THE FUNERAL OF

Total to date 1632.

Mary V Cook

Residence 3 Charter St.  
 Place of Death 421 Geneva Ave Boston Wife or Widow of Ernest Cook  
 Date of Birth 1 (Year) (Month) (Day)  
 Date of Death 19 43 Aug 3 (Year) (Month) (Day) Age 57 Years Sex Single Color or Race  
 Maiden Name Birth-place Newport, R.I. Occupation At Home  
 Name of Father Dennis Leary His Birth-place Ireland  
 Maiden Name of Mother Mary Buthe Her Birth-place Ireland  
 Cause of Death—Primary Chronic Myo. Secondary  
 Certifying Physician Residence  
 Place of Burial Mount Cemetery P. H. M. V.  
 Funeral Service at Lot No. 37  
 Time of Service Grave No.  
 Date of Interment Aug 6 Section  
 Social Security No. Katherine Santos 421 Geneva Ave Dorchesters

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

DR.

CR.

			Aug 26	1943 Check	45 00
				PAID	
				By Helen J Cook	

# RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 16.33

*Lillian F. Stetson*

Residence 12 Mt Vernon

Place of Death 12 Mt Vernon Wife or Widow of Harrison G. Stetson

Date of Birth 1 865 Feb 17 Age 28 Years Sex Color or Race

Date of Death 19 43 Aug 9 5 Months Single

Maiden Name 23 Days Married

Birth-place Nantucket Occupation House work own home

Name of Father Benj. F. Taylor His Birth-place Nantucket

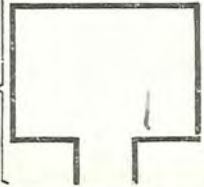
Maiden Name of Mother Mary E. Bette Her Birth-place Nantucket

Cause of Death—Primary Sudden death Secondary found dead in bed presumably

Certifying Physician Folger Med Ex. Residence Cerebral Hem.

Place of Burial Nantucket Cemetery P.H.

Funeral Service at Lot No. 283

Time of Service Grave No.  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Date of Interment Aug 13 Section Designate site of monument thus:

Social Security No. Lottie F. Aldrich

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		Funeral Complete	100 00
Embalming		Transportation Charges	
Washing and Dressing		Officiating Clergyman	
Shaving		Amount of Bill	100 00
Services		Goods Ordered by Lottie Aldrich	
Use of Chairs		Bill Charged to old age unit	
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

CR.

		Aug 14, 1943 check	100 00
		PAID	
		By Town Treasurer	

# RECORD AND BILL OF ITEMS

Yearly No. 37

FOR THE FUNERAL OF

Total to date 1634

Ewald H. Schmeiwind

Residence North St. Greenwich Conn

Place of Death 29 Washington 12 days Wife or Widow of Eva C. Marie Von Forchmann

Date of Birth 1 887 Feb (Year) (Month) (Day) Age 56 Years { Sex Male } Color or Race Age 45

Date of Death 19 43 Aug 9 (Year) (Month) (Day) Age { 6 Months } Single { } Married { } Days { } Married { }

Maiden Name \_\_\_\_\_

Birth-place Elverfeld Germany Occupation Metal Chemist

Name of Father Julius Schmeiwind His Birth-place Elverfeld Germany

Maiden Name of Mother Elisabeth Burchard Her Birth-place Hamburg Germany

Cause of Death—Primary Sudden death Secondary Dead on arrival of Physician

Certifying Physician Foley Med. Ex. Residence Heart disease presumably

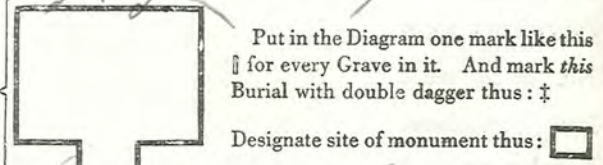
Place of Burial Cremated Ferncliff Crematory Cemetery Greenburg, Coronary thrombosis

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Aug 12 Section \_\_\_\_\_

Social Security No. Eva C. M. Schmeiwind North St. Greenwich Conn



Casket or Coffin No. <u>175 12 X</u>	185 00	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>of handles</u>	20 00	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>of services</u>	35 00		
Washing and Dressing _____			
Shaving <u>transfer</u>	10 00		
Services _____		<u>toll call</u>	71
Use of Chairs _____		Transportation Charges <u>ticket</u>	10 29
Church Charges _____		Officiating Clergyman	250 00
Cemetery Charges _____		Amount of Bill	261 00
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR: 250.00

CR.

	<u>Shipped to</u>					
<u>Aug 10</u>	<u>Fred. D. Knapp &amp; Sons,</u>		<u>Sept 22</u>	<u>1943 Check</u>	<u>261 00</u>	
	<u>Greenwich Conn.</u>			<u>expenses</u>	<u>11 00</u>	
					<u>250 00</u>	
				<b>PAID</b>		
	<u>Secretary: A. D. Luchs</u>			<u>By</u>		
	<u>52 Vanderbilt Ave</u>			<u>The Fiduciary Trust Co</u>		
	<u>New York N.Y.</u>			<u>N.Y. City</u>		

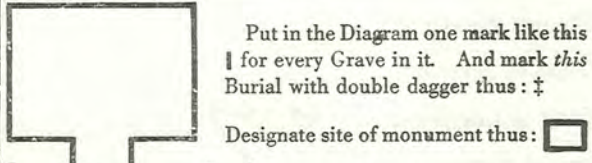
# RECORD AND BILL OF ITEMS

Yearly No. 38

FOR THE FUNERAL OF

Total to date 1635

Residence *Mary Shaw*  
*Dover Road So. Jones River, N.J.*  
 Place of Death *N. C. Hosp. 3 days* Wife or Widow of *Warren Shaw*  
 Date of Birth *1* (Year) *1943* (Month) *Aug* (Day) *10* Age *about 40* Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death *1943* (Year) *Aug* (Month) *10* (Day) { Single \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ { Married \_\_\_\_\_ }  
 Birth-place *Lloyd, Florida* Occupation *Cook Private family*  
 Name of Father *Can not be learned* His Birth-place \_\_\_\_\_  
 Maiden Name of Mother *Elizabeth Watson* Her Birth-place *Georgia*  
 Cause of Death—Primary *Coronary Infarct* Secondary \_\_\_\_\_  
 Certifying Physician *Menges* Residence \_\_\_\_\_  
 Place of Burial *Florida* Cemetery \_\_\_\_\_  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. *Ethel Davis (Friend)* \_\_\_\_\_  
*10 Centre St. So. Jones River, N.J.*



Casket or Coffin No. <i>1175<sup>12</sup></i>	<i>150 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>+ handles</i>	<i>20 00</i>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <i>+ services</i>	<i>35 00</i>		
Washing and Dressing			
Shaving <i>transfers</i>	<i>10 00</i>		
Services		<i>telegram</i>	<i>68</i>
Use of Chairs		Transportation Charges	<i>215 00</i>
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	<i>215 68</i>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

215.00

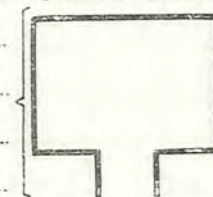
CR.

Bill to:

<i>Ethel Davis</i>					
<i>288-11th Ave North</i>					
<i>St. Petersburg Fla.</i>					
<i>Daughter</i>					
<i>Thelma Leonard</i>					
<i>2138-7th Ave South</i>					
<i>St. Petersburg Fla.</i>					

RECORD AND BILL OF ITEMS

Yearly No. 39 FOR THE FUNERAL OF Leonora May Moore Total to date 1636

Residence 25 Pine Street  
 Place of Death Barnstable Co Sanatorium 5 mo. 18 days Wife of John E. Moore  
 Date of Birth 1892 Dec 9 (Year) (Month) (Day) Age { 51 Years { Sex ..... { Color or Race  
 Date of Death 1943 Aug 11 (Year) (Month) (Day) { 8 Months { Single ..... { Age 53  
 Maiden Name ..... { 2 Days { Married .....  
 Birth-place Boston Occupation House wife  
 Name of Father James Shea His Birth-place Boston, Mass  
 Maiden Name of Mother Ella Giddens Her Birth-place Nantucket  
 Cause of Death—Primary Tuberculosis of Mamma Secondary Renal J.B. Pulmonary J.B.  
 Certifying Physician ..... Residence Bronchial Asthma  
 Place of Burial Nantucket Cemetery St. Marys  
 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 Aug 13 Section .....  
 Social Security No. John E. Moore

Casket or Coffin No. <u>1107, Grey Cover</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		Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing		<u>E. D. Nickerson</u>	<u>40 00</u>
Shaving			<u>240 00</u>
Services <u>Personal</u>	<u>5 00</u>	Transportation Charges	
Use of Chairs		Officiating Clergyman <u>F. J. Griffin</u>	
Church Charges	<u>25 00</u>	Amount of Bill	<u>280 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by	
Music <u>Transfus</u>	<u>10 00</u>	Bill Charged to	
Flowers <u>Candilabra &amp; Candles</u>	<u>5 00</u>		
	<u>240 00</u>		

DR. 240 00 CR.

			<u>Oct. 13</u>	<u>1943 Cash</u>	<u>280 00</u>
				<u>Pd Ed. Nickerson</u>	<u>40 00</u>
					<u>240 00</u>
				<b>PAID</b>	
				<u>By Grace Moore</u>	

# RECORD AND BILL OF ITEMS

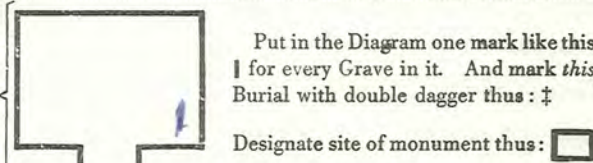
Yearly No. 40

FOR THE FUNERAL OF

Total to date 1637

Frederick S. Hallett

Residence 228 West 71 St N.Y. City  
 Place of Death St. Claire Hosp. Wife or Widow of \_\_\_\_\_  
 Date of Birth 1 1882 Oct 25 Age { 61 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 9 Months { Single   
 Date of Death 19 43 Aug 5 (Year) (Month) (Day) { 14 Days { Married \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Birth-place New York City Occupation None  
 Name of Father Frederick S. Hallett His Birth-place Nantucket  
 Maiden Name of Mother Hermilla Godfrey Her Birth-place Edgartown  
 Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 197A  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Aug 13 Section \_\_\_\_\_  
 Social Security No. Norman Hallett 108 East 38 St N.Y.



Casket or Coffin No.		Candles <u>Personal Services</u>	10 00
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters <u>Cemetery Chgs</u>	15 00
Handles		Hearse to <u>Cemetery</u>	25 00
Plate		Removal <u>From Boat</u>	5 00
Outside Box or Vault		Automobiles <u>H Wood 1 car</u>	3 00
Burial Suit		<u>Boy to Cemetery</u>	3 00
Slippers		Newspaper Notices	
Embalming			
Washing and Dressing			
Shaving			
Services <u>Personal</u>	10 00	<u>telegram</u>	1 22
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman <u>Bennett epis.</u>	
Cemetery Charges		Amount of Bill	62 22
Music		Goods Ordered by	
Flowers		Bill Charged to <u>Livingston Platt</u>	

DR.

CR.

<u>Livingston Platt</u>	<u>Sept 17</u>	<u>1943 check</u>	<u>62 22</u>
<u>120 Broadway N.Y.</u>		<u>Wood car</u>	<u>3 00</u>
			<u>59 22</u>
		<b>PAID</b>	
		<u>By</u>	
		<u>Bleakley, Platt &amp; Walker</u>	
		<u>120 Broadway N.Y.</u>	

## RECORD AND BILL OF ITEMS

Yearly No. 41

FOR THE FUNERAL OF

Total to date 163.81

Karl Landsteiner

Residence 25 East 86th St. N.Y.

Place of Death Rochepelly Hosp. N.Y.      Wife or Widow of Helene W. Landsteiner

Date of Birth 1868 June 14      Age { 75 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)      { 0 Months { Single \_\_\_\_\_  
 Date of Death 1943 June 26      { 12 Days { Married ✓

Maiden Name \_\_\_\_\_      Occupation Physician

Birth-place Vienna, Austria      His Birth-place Austria

Name of Father Leopold Landsteiner      Her Birth-place Austria

Maiden Name of Mother Fanny Haas

Cause of Death—Primary \_\_\_\_\_      Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_      Residence \_\_\_\_\_

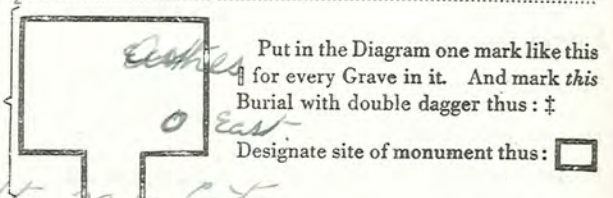
Place of Burial Want.      Cemetery P.H.

Funeral Service at \_\_\_\_\_      Lot No. 1207

Time of Service \_\_\_\_\_      Grave No. \_\_\_\_\_

Date of Interment Aug. 30, 1943      Section \_\_\_\_\_

Social Security No. \_\_\_\_\_      Helene Landsteiner  
25 East 86th St. N.Y. City



Casket or Coffin No. _____ Size _____ Made by _____ Lining and Pillow Set No. _____ Handles _____ Plate _____ Outside Box or Vault _____ Burial Suit _____ Slippers _____ Embalming _____ Washing and Dressing _____ Shaving _____ Services _____ Use of Chairs _____ Church Charges _____ Cemetery Charges _____ Music _____ Flowers _____	Candles _____ Gloves _____ Bearers or Porters _____ Hearse to _____ Removal _____ <b>Automobiles</b> _____ Newspaper Notices _____  <u>Interment of Ashes</u> \$ <u>5.00</u> Transportation Charges _____ Officiating Clergyman _____ Amount of Bill _____ <u>5.00</u> Goods Ordered by _____ Bill Charged to _____
---	--

DR.

CR.

<u>Dr. Ernest K. Landsteiner</u>	<u>Aug 30</u>	<u>1943 Cash</u>	<u>5 00</u>
<u>370 Longwood Ave.</u>			
<u>Boston</u>			
		<b>PAID</b>	
		By. <u>Mrs. Landsteiner</u>	



# RECORD AND BILL OF ITEMS

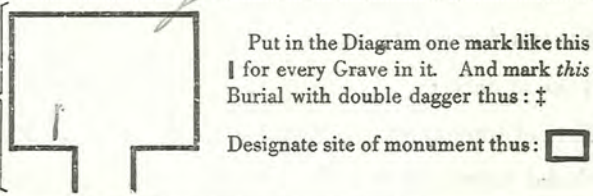
Yearly No. 42

FOR THE FUNERAL OF

Total to date 1639

*Mary S Reis*

Residence 86 Orange St.  
 Place of Death M.C. Hospital 6 days Wife or Widow of John B. Reis  
 Date of Birth 1878 Sept 28 Age 65 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1943 Sept 5 11 Months Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ 8 Days Married \_\_\_\_\_  
 Birth-place Piku Azores Occupation Merchant  
 Name of Father Frank Rubin His Birth-place Piku Azores  
 Maiden Name of Mother Anna (Label) Rose Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary acute hemorrhage Secondary pancreatitis with ruptured pancreas  
 Certifying Physician Gill Residence inferior of right lung  
 Place of Burial Marit Cemetery St. Mary's  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Sept 7, 1943 Section \_\_\_\_\_  
 Social Security No. John B. Reis



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</u>	<u>15 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>+ services</u>	<u>35 00</u>	Officiating Clergyman <u>J. Griffin</u>	
Washing and Dressing		Amount of Bill	<u>285 00</u>
Shaving		Goods Ordered by	
Services <u>2 transfers</u>	<u>10 00</u>	Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>14 00</u>		
Music			
Flowers <u>Prayer rent etc</u>	<u>5 00</u>		
<b>DR. 285 00</b>			

		CR.	
			<u>Dec 21, 1943 Check</u>
			<u>285 00</u>
			<b>PAID</b>
			By <u>Pacific National Bank</u>
			<u>Colony</u>

RECORD AND BILL OF ITEMS

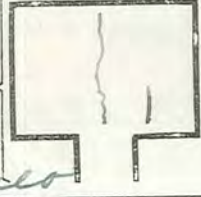
Yearly No. 43

FOR THE FUNERAL OF

Total to date 1646

Howard A. Pines

Residence 134 Main St.  
 Place of Death " " " Wife or Widow of Edith Dunham  
 Date of Birth 1882 May 12 (Year) (Month) (Day) Age { 61 Years { Sex { Age 48 Color or Race  
 Date of Death 1943 Sept 15 (Year) (Month) (Day) { 4 Months { Single {  
 Maiden Name { 6 Days { Married {  
 Birth-place Watertown Mass. Occupation Order Shipper  
 Name of Father Isaac A. Pines His Birth-place Nova Scotia  
 Maiden Name of Mother Margaret Wallace Her Birth-place Salmon River New Brunswick  
 Cause of Death—Primary Cardiac compensation Secondary Chronic Myo  
 Certifying Physician F. O. Jones Residence " "  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at " " Lot No. 773  
 Time of Service " " Grave No. " "  
 Date of Interment Sept. 21, 1943 Section " "  
 Social Security No. 028-03-7356 Edith Pines



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>34</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	Automobiles	
Burial Suit	Newspaper Notices	
Slippers	<u>Funeral Complete</u> <u>100 00</u>	
Embalming	Transportation Charges	
Washing and Dressing	Officiating Clergyman <u>Bennett Smith</u>	
Shaving	Amount of Bill <u>100 00</u>	
Services	Goods Ordered by <u>Edith Pines</u>	
Use of Chairs	Bill Charged to <u>Town of Nantucket</u>	
Church Charges		
Cemetery Charges		
Music		
Flowers		

DR.			CR.		
			<u>Oct 26</u>	<u>Rec Check</u>	<u>100 00</u>
				<b>PAID</b>	
				<u>By</u>	
				<u>Welfare Dept</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to date 1641

Thomas H. McGrath

Residence Hummuck Pond Road

Place of Death u Wife or Widow of Alice F. Gleason

Date of Birth 1893 May 23 (Year) (Month) (Day)

Date of Death 1943 Sept 19 (Year) (Month) (Day) Age 50 Years 3 Months 27 Days Sex Male Single Married X Color or Race Age 47

Maiden Name Newton, Mass Occupation Plumber

Birth-place Thomas McGrath His Birth-place Ireland

Name of Father Mary Murray Her Birth-place Ireland

Maiden Name of Mother Sudden Death Secondary own home 2-45 E. Broadway Boston

Cause of Death—Primary Folger Med. Co. Residence u

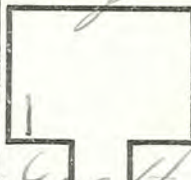
Certifying Physician Nantucket Cemetery St. Mary's

Place of Burial u Lot No. u

Funeral Service at u Grave No. u

Time of Service Sept 22 1943 Section u

Date of Interment u Social Security No. 04-1603070 Alice F. McGrath



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>9797</u>	<u>385 00</u>	Candles	
Size <u>u</u> Made by <u>u</u>		Gloves	
Lining and Pillow Set No. <u>u</u>		Bearers or Porters	
Handles <u>u</u>		Hearse to	
Plate <u>u</u>		Removal	
Outside Box or Vault <u>major</u>	<u>100 00</u>	Automobiles	
Burial Suit <u>u</u>		Newspaper Notices	
Slippers <u>u</u>			
Embalming <u>for services</u>	<u>35 00</u>		
Washing and Dressing <u>u</u>			
Shaving <u>u</u>			
Services <u>transfer</u>	<u>10 00</u>		
Use of Chairs <u>u</u>		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>J. Griffin</u>	
Cemetery Charges <u>u</u>	<u>15 00</u>	Amount of Bill <u>575 00</u>	
Music <u>u</u>		Goods Ordered by <u>Alice F. McGrath</u>	
Flowers <u>Prayer Book etc</u>	<u>5 00</u>	Bill Charged to <u>u</u>	

DR.

\$575.00

CR.

				<u>Oct 15, 1943 Cash</u>	<u>575 00</u>

PAID  
By  
Mrs McGrath



# RECORD AND BILL OF ITEMS

Yearly No. 46

FOR THE FUNERAL OF

Total to date 1643.

Elmer J. Pease

Residence 19 Hussey St

Place of Death " " " " Wife or Widow of Laura F. Ellis

Date of Birth 1 29 1896 Sept 27 Age { 47 Years { Sex " Color or Race

(Year) (Month) (Day)

Date of Death 19 43 Sept 27 Age { 0 Months { Single " Color or Race

(Year) (Month) (Day)

Maiden Name " Days { Married  Color or Race Age 47

Birth-place Nantucket Occupation Dispenser of Public Welfare

Name of Father Byron E Pease His Birth-place Edgartown

Maiden Name of Mother Lillian E Murphy Her Birth-place Nantucket

Cause of Death—Primary Died in chair Secondary 7-05 P.M., own residence Coronary throm.

Certifying Physician Folan Med. Ex. Residence "

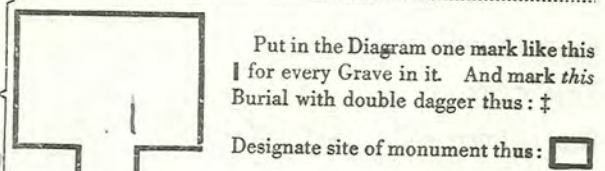
Place of Burial Nantucket Cemetery P. H.

Funeral Service at " Lot No. 879

Time of Service " Grave No. " Section "

Date of Interment Sept 28

Social Security No. 018-16-0088 Laura Pease



Casket or Coffin No. <u>1297 Oak</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>None</u>	<u>100 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>+ Service</u>	<u>40 00</u>	Officiating Clergyman	
Washing and Dressing		Amount of Bill	<u>490 00</u>
Shaving <u>2 transfers</u>	<u>10 00</u>	Goods Ordered by <u>Laura Pease</u>	
Services		Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>15 00</u>		
Music			
Flowers			

DR.

8490.00

CR.

Dec 4, 1943 Check 490 00

PAID  
By Laura Pease

# RECORD AND BILL OF ITEMS

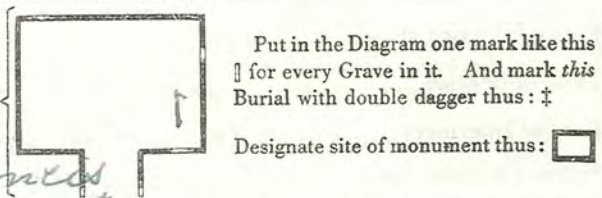
Yearly No. 47

FOR THE FUNERAL OF

Total to date 1644

Marcus W. Dunham

Residence 31 Pearl St  
 Place of Death N. C. Hosp Wife or Widow of Florence P. Fisher  
 Date of Birth 1858 Aug 4 Age 85 Years { Sex ..... } Color or Race .....  
 Date of Death 1943 Oct 3 { 1 Months { Single ..... }  
 Maiden Name ..... { 29 Days { Married ..... }  
 Birth-place Nantucket Occupation Fisherman  
 Name of Father Robert H. Dunham His Birth-place Nantucket  
 Maiden Name of Mother Sarah Smith Her Birth-place Edgartown  
 Cause of Death—Primary Chronic Myx Secondary Cardiac decompensation  
 Certifying Physician Folger Residence .....  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at ..... Lot No. 657  
 Time of Service ..... Grave No. ....  
 Date of Interment Oct. 7, 1943 Section .....  
 Social Security No. Florence D. Francis



Casket or Coffin No. <u>B 247</u>	185 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	<b>Automobiles</b> .....	
Burial Suit .....	18 00	Newspaper Notices .....	
Slippers .....		Transportation Charges .....	
Embalming <u>4 Services</u>	35 00	Officiating Clergyman .....	
Washing and Dressing .....		Amount of Bill .....	298 00
Shaving .....		Goods Ordered by <u>Florence Francis</u>	
Services <u>2 transfers</u>	10 00	Bill Charged to .....	
Use of Chairs .....			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges .....	10 00		
Music .....			
Flowers .....			

DR. 298.00 CR.

		Feb 2	1944 Check	290 00
			Due	8 00
			PAID	
			By	
			<u>Florence Francis</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 49

FOR THE FUNERAL OF

Total to date 1646

*Esther A. Cartwright*

Residence *6. Howard*

Place of Death *" " "* Wife or Widow of *Archibald Cartwright*

Date of Birth *1880 June 7* Age *63* Years { Sex *Female* Color or Race *Age 60*

Date of Death *1943 Oct 30* { *4* Months Single

Maiden Name *" " "* { *23* Days Married

Birth-place *Woban Mass* Occupation *House Wife*

Name of Father *James B. Bustard* His Birth-place *Ireland*

Maiden Name of Mother *Elizabeth Roy* Her Birth-place *Maine*

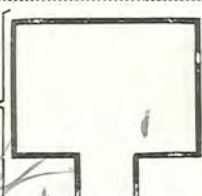
Cause of Death—Primary *Hepatic Cirrhosis* Secondary *Liver*

Certifying Physician *Gill* Residence *" " "*

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

Funeral Service at *" " "* Lot No. *1007*

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

Date of Interment *Nov 2, 1943* Section *" " "*  Put in the Diagram one mark like this ¶ for every Grave in it. And mark this Burial with double dagger thus: †

Social Security No. *Archibald Cartwright* Designate site of monument thus:

Casket or Coffin No. <i>B117-2</i>	150 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			
Embalming <i>48 services</i>	35 00		<i>60 00</i>
Washing and Dressing			<i>240 00</i>
Shaving			
Services <i>Transfers</i>	5 00		
Use of Chairs		Transportation Charges	
Church Charges	25 00	Officiating Clergyman <i>Dr. Gardner</i>	
Cemetery Charges	10 00	Amount of Bill	300 00
Music		Goods Ordered by <i>A. Cartwright</i>	
Flowers		Bill Charged to <i>" " "</i>	

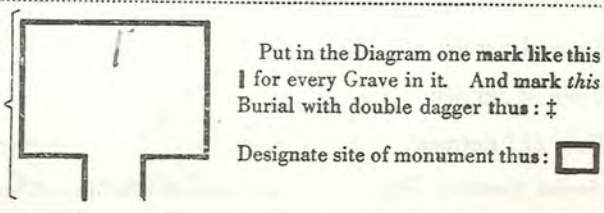
DR.		CR.	
		<i>Dec 11, 1943 Cash</i>	<i>275 00</i>
		<i>Disc</i>	<i>25 00</i>
			<i>300 00</i>
		<b>PAID</b>	
		By <i>Archibald Cartwright</i>	



# RECORD AND BILL OF ITEMS

Yearly No. 50 FOR THE FUNERAL OF Ann. E. Starbuck Total to date 1647

Residence Old Peoples Home, 5 mos  
 Place of Death 9 11 4 Wife or Widow of Charles F. Starbuck  
 Date of Birth 1 853 March 30 Age 90 Years { Sex ..... } Color or Race .....  
 Date of Death 1943 Nov 11 Age 7 Months { Single ..... }  
 Maiden Name ..... Age 11 Days { Married ..... }  
 Birth-place Nantucket Occupation .....  
 Name of Father Samuel Harris His Birth-place Nantucket  
 Maiden Name of Mother Elizabeth Coffin Her Birth-place Nantucket  
 Cause of Death—Primary Sudden death in bed, at home, 10 P.M. presumably  
 Certifying Physician Folan Med Eq. Residence Cerebral Hem.  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at ..... Lot No. 462  
 Time of Service ..... Grave No. ....  
 Date of Interment Nov. 15, 43 Section .....  
 Social Security No. Miss Lydia Freborn



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</u>	<u>15 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>&amp; 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	
Cemetery Charges	<u>10 00</u>	Amount of Bill	<u>195 00</u>
Music		Goods Ordered by <u>Dr P.H. Gratuity</u>	<u>10 00</u>
Flowers		Bill Charged to <u>D. P.H.</u>	<u>175 00</u>
<u>\$185.00</u>			

DR.		CR.		
		<u>Dec 20</u>	<u>1943 Check</u>	<u>175 00</u>
			<u>Gratuity</u>	<u>10 00</u>
				<u>185 00</u>
			<b>PAID</b>	
			<u>By</u>	
			<u>Old Peoples Home Assn</u>	

# RECORD AND BILL OF ITEMS

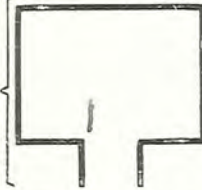
Yearly No. 51

FOR THE FUNERAL OF

Total to date 1648

Annice M. Norcross

Residence 1 Twin St  
 Place of Death 1 Twin St Wife or Widow of Arthur A. Norcross  
 Date of Birth 1872 Jan 4 (Year) (Month) (Day) Age 71 Years { Sex { Color or Race  
 Date of Death 1943 Nov 14 (Year) (Month) (Day) Age 10 Months { Single { Age 75-  
 Maiden Name Annice M. Backus Age 10 Days { Married   
 Birth-place Nantucket Occupation House Wife  
 Name of Father George A. Backus His Birth-place Nantucket  
 Maiden Name of Mother Mary J. Barrett Her Birth-place Nantucket  
 Cause of Death—Primary Carcinoma simple Secondary with metastasis to lymph nodes  
 Certifying Physician Foley Residence Soft Breast  
 Place of Burial Nant Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 537  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Nov. 17. Section \_\_\_\_\_  
 Social Security No. Arthur A. Norcross.



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<sup>12</sup></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 <u>Grey dress</u>	<u>15 00</u>	Newspaper Notices	
Slippers _____			
Embalming <u>+ Services</u>	<u>35 00</u>	Transportation Charges	
Washing and Dressing _____		Officiating Clergyman	
Shaving <u>Transfer</u>	<u>5 00</u>	Amount of Bill	<u>205 00</u>
Services _____		Goods Ordered by	
Use of Chairs _____		Bill Charged to <u>A. A. Norcross</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>10 00</u>		
Music _____			
Flowers _____			

DR.

\$205.00

CR.

				<u>Mar 3</u>	<u>1944 Check</u>	<u>200 00</u>
					<u>line</u>	<u>5 00</u>
					<b>PAID</b>	
					By <u>Mellie P. Morris adm</u>	

RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to date 1649

Ella M. Ingraham

Residence 33 Union St.

Place of Death " " " Wife or Widow of Anson Ingraham

Date of Birth 1853 Oct 18 Age 90 Years Sex Color or Race

Date of Death 1943 Nov 15 Age 8 Months Single

Maiden Name Birth-place Nantucket Occupation None

Name of Father Joseph W. Francis His Birth-place Quins

Maiden Name of Mother Lydia Wright Her Birth-place Cape Cod

Cause of Death-Primary Sudden death Secondary died in bed at residence

Certifying Physician Folger Med. Sch. Residence Chronic Myo. Cardiac Decompenations

Place of Burial Nant. Cemetery P.H.

Funeral Service at Lot No. South side

Time of Service Grave No.

Date of Interment Nov 18 Section

Social Security No. Ella L. Francis

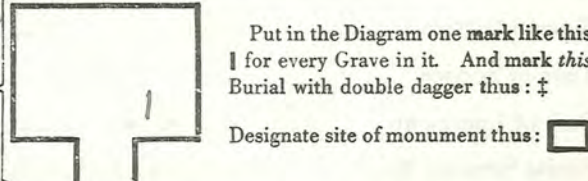


Table listing funeral items and costs: Casket or Coffin No., Size, Lining and Pillow Set No., Handles, Plate, Outside Box or Vault, Burial Suit, Slippers, Embalming, Washing and Dressing, Shaving, Services, Use of Chairs, Church Charges, Cemetery Charges, Music, Flowers, Candles, Gloves, Bearers or Porters, Hearse to, Removal, Automobiles, Newspaper Notices, Transportation Charges, Officiating Clergyman (Farr), Amount of Bill (100 00), Goods Ordered by, Bill Charged to (Old Age).

DR.

CR.

Table with columns for Date, Description, and Amount. Entry: Dec 2, 1943 check 100 00. PAID By Town Treasurer.

# RECORD AND BILL OF ITEMS

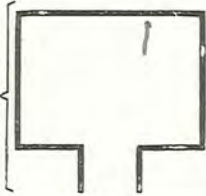
Yearly No. 53

FOR THE FUNERAL OF

Total to date 1650

*Harrison G. Gardner*

Residence 36 Fair St.  
 Place of Death 36 Fair St. Wife or Widow of Clara Lawrence  
 Date of Birth 1868 Jan 28 (Year) (Month) (Day) Age { 75 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1943 Nov 19 (Year) (Month) (Day) Age { 9 Months { Single \_\_\_\_\_ { Age 61  
 Maiden Name \_\_\_\_\_ Age { 22 Days { Married   
 Birth-place Nantucket Occupation Carpenter  
 Name of Father John C. Gardner His Birth-place Nantucket  
 Maiden Name of Mother Mary Abby Long Her Birth-place Nantucket  
 Cause of Death—Primary Cerebral Hem. emb. Secondary Arteriosclerosis & Hypertension  
 Certifying Physician Folger Residence \_\_\_\_\_  
 Place of Burial Nant Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 322  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Nov 22 Section \_\_\_\_\_  
 Social Security No. Clara Gardner



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		<b>Automobiles</b>	
Burial Suit		Newspaper Notices	
Slippers		<u>Funeral Comp.</u>	<u>100 00</u>
Embalming			
Washing and Dressing			
Shaving			
Services		Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Dr. Gardner</u>	
Church Charges		Amount of Bill	<u>100 00</u>
Cemetery Charges		Goods Ordered by	
Music		Bill Charged to <u>O.A.A.</u>	
Flowers			

DR.

CR.

		<u>Dec 2 1943 Check</u>	<u>100 00</u>
		<b>PAID</b>	
		<u>By Town Treasurer</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

Total to date 1651

*Frederick A. Kirk*

Residence *Quidnet*

Place of Death *''*

Date of Birth *1888 Apr 5* (Year) (Month) (Day)

Date of Death *1943 Nov 21* (Year) (Month) (Day)

Maiden Name \_\_\_\_\_

Wife or Widow of *Helen M. Lawrence*

Age *55* Years *7* Months *16* Days

Sex *Male* Single Married

Color or Race *Age 88*

Birth-place *Newburg N.Y.*

Occupation *Traffic transportation Retired 3 yrs*

Name of Father *George W. Kirk*

His Birth-place *Newburg N.Y.*

Maiden Name of Mother *Mary F. Plog*

Her Birth-place *Poughkeepsie N.Y.*

Cause of Death—Primary *Sudden death*

Secondary *Died in ward, Heart disease*

Certifying Physician *Folger Med. Co.*

Residence *Coronary thrombosis (Presumably)*

Place of Burial *Poughkeepsie N.Y.*

Cemetery *Rural*

Funeral Service at \_\_\_\_\_

Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_

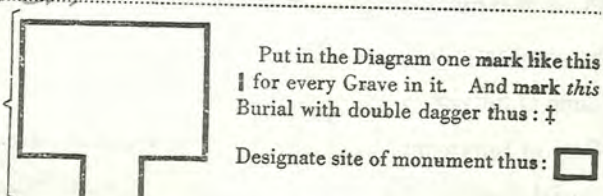
Grave No. \_\_\_\_\_

Date of Interment *Nov 25*

Section \_\_\_\_\_

Social Security No. \_\_\_\_\_

*Helen M. Kirk*



Casket or Coffin No. <i>5957 Mkg</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 holds</i>	<i>20 00</i>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	<i>1 50</i>
Slippers _____		<i>Express charges to Pough</i>	<i>29 64</i>
Embalming <i>services</i>	<i>50 00</i>	<i>toll call</i>	<i>1 40</i>
Washing and Dressing _____		<i>Selfridge Funeral Home</i>	<i>158 00</i>
Shaving _____			<i>450 00</i>
Services <i>Transfers</i>	<i>10 00</i>	Transportation Charges _____	
Use of Chairs _____		Officiating Clergyman <i>Dr. Gardner</i>	<i>639 04</i>
Church Charges _____		Amount of Bill _____	<i>447 04</i>
Cemetery Charges _____	<i>20 00</i>	Goods Ordered by <i>Mrs Kirk</i>	
Music _____		Bill Charged to _____	
Flowers _____			

DR.

*450.00*

CR.

<i>Poughkeepsie Rural Cemetery</i>	<i>Deed No. 4768</i>	<i>Area 30. joining Dec 30 30</i>	<i>Jan 25 1944</i>	<i>Check</i>	<i>639 00</i>
				<i>Express</i>	<i>189 00</i>
					<i>450 00</i>
				<b>PAID</b>	
				<i>By Mrs Kirk</i>	
<i>Shipped to Selfridge Funeral Home</i>	<i>24 South St</i>	<i>Amillton St</i>			
<i>Poughkeepsie N.Y.</i>					
<i>Med Express Transfers</i>	<i>10 00</i>				

# RECORD AND BILL OF ITEMS

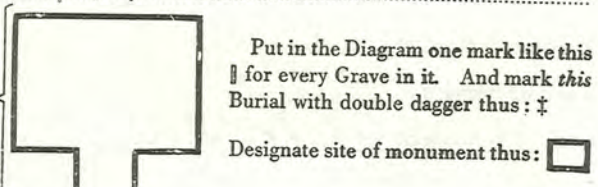
Yearly No. 55

FOR THE FUNERAL OF

Total to date 1652

Oscar C. Norcross

Residence 2 Farmer St.  
 Place of Death N. C. Hospital Wife or Widow of Clara M. Calwitz  
 Date of Birth 1881 March 7 (Year) (Month) (Day)  
 Date of Death 1943 Nov 22 (Year) (Month) (Day) Age 62 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 8 Months } Single \_\_\_\_\_ { Age 62 }  
 Birth-place Nantucket Occupation Carpenter { 15 Days } Married \_\_\_\_\_  
 Name of Father Edward P. Norcross His Birth-place Nantucket  
 Maiden Name of Mother Mary R. Lamb Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Coronary Artery Secondary \_\_\_\_\_  
 Certifying Physician Gill Residence \_\_\_\_\_  
 Place of Burial Nant Cemetery PH M.V.  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Nov 26, 1943 Section \_\_\_\_\_  
 Social Security No. Allen C. Norcross



Casket or Coffin No. <u>9097 M.K.G.</u>	<u>350 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>of services</u>	<u>140 00</u>	Officiating Clergyman <u>Dr. Gardner</u>	
Washing and Dressing _____		Amount of Bill	<u>460 00</u>
Shaving _____		Goods Ordered by _____	
Services <u>Transfer</u>	<u>10 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>15 00</u>		
Music <u>Prayer Roll etc.</u>	<u>15 00</u>		
Flowers _____			

DR.

\$460.00

CR.

				<u>Jan 17</u>	<u>1944 Check</u>	<u>460 00</u>
					<b>PAID</b>	
					<u>By</u>	
					<u>Allen C. Norcross</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 56

FOR THE FUNERAL OF

Total to date 1653

Louis Peluso

Residence 36 Webster Square Brockton

Place of Death N. C. Hosp. Wife or Widow of Rose Lachina

Date of Birth 1

Date of Death 1943 Dec 11 Age 37 Years Sex Male Color or Race White

Maiden Name Staly Months 11 Single Yes

Birth-place Italy Days 1 Married No Occupation Welder

Name of Father Antonio Peluso His Birth-place Italy

Maiden Name of Mother Antonette Marino Her Birth-place Italy

Cause of Death—Primary Presumably hemorrhage Secondary and shock following shot gun wound

Certifying Physician Folger Med. Co. Residence which practically severed left leg below

Place of Burial Brockton Cemetery Calvary knit while hunting

Funeral Service at Shipped Dec 13 Lot No. [Diagram]

Time of Service Dec 16 Grave No. [Diagram]

Date of Interment Dec 16 Section [Diagram]

Social Security No. Chas M. Hickey Inc. Designate site of monument thus:

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

Casket or Coffin No.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	5 00
Outside Box or Vault		Automobiles	
Burial Suit		Services of Emb	26 00
Slippers		Newspaper Notices	
Embalming		Pine Box	15 00
Washing and Dressing			
Shaving			
Services			
Use of Chairs		Transportation Charges	Ticket 4 42
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	44 22
Music		Goods Ordered by	Chas M Hickey
Flowers		Bill Charged to	" " "

DR.

CR.

Charles M. Hickey Inc.	on 12	1944 check	44 22
403 Main St			
Brockton, Mass.			
Med. Examiners			
Tranquill Pd.	5 00		
		PAID	
		By Chas M. Hickey Inc.	

# RECORD AND BILL OF ITEMS

Yearly No. 57

FOR THE FUNERAL OF

Total to date 1654

*Bridget E. Williams*

Residence Madaket  
 Place of Death N. C. Hosp. Wife or Widow of Charles W. Williams  
 Date of Birth 1 (Year) 1 (Month) 1 (Day)  
 Date of Death 1943 (Year) Dec (Month) 15 (Day) Age { 74 Years { Sex ..... { Color or Race  
 { ..... Months { Single ..... {  
 { ..... Days { Married ..... {  
 Maiden Name .....  
 Birth-place County Louth, Ireland Occupation Housework, Ownhome  
 Name of Father Peter Mc Gowen His Birth-place Ireland  
 Maiden Name of Mother Ellen Galliger Her Birth-place Ireland  
 Cause of Death—Primary Presumably Brain Secondary injury, Hemorrhage, Chronic Migr.  
 Certifying Physician Folan Mid. Ex. Residence Cardiac Decomposition  
 Place of Burial Madaket Cemetery St. Marys  
 Funeral Service at ..... Lot No. 1  
 Time of Service ..... Grave No. 1  
 Date of Interment Dec 17, 1943 Section .....  
 Social Security No. Margaret Mc Goldrick Sister

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>1297 oak</u>	300.00	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	<b>Automobiles</b> .....	
Burial Suit .....		Newspaper Notices .....	
Slippers .....			
Embalming <u>full services</u>	35.00		
Washing and Dressing .....			
Shaving .....			
Services <u>Transfer</u>	5.00		
Use of Chairs .....		Transportation Charges .....	
Church Charges <u>Funeral</u>	25.00	Officiating Clergyman <u>Fr Griffin</u>	
Cemetery Charges .....	15.00	Amount of Bill .....	400.00
Music <u>Frayer Roll of Cordell</u>	5.00	Goods Ordered by .....	
Flowers .....		Bill Charged to <u>Wilson H Cash</u>	

DR. 400.00 CR.

<u>Med. Examines</u>		<u>Feb 23</u>	<u>1944 check</u>	<u>400.00</u>
<u>Transfer Id.</u>	<u>5.00</u>			
PAID				
<u>By Wilson H Cash</u>				
<u>and Mary E. Simmons Adm.</u>				



# RECORD AND BILL OF ITEMS

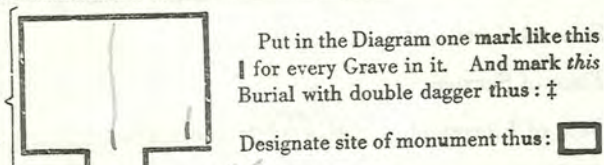
Yearly No. 58

FOR THE FUNERAL OF

Total to date 1653.

David R. Raul.

Residence 1300 W. Harrison St Apt B, Wilmington Del.  
 Place of Death Bee Patch Island Delaware City Del Wife or Widow of Kathryn Cady  
 Date of Birth 1 9 12 (Year) 24 (Month) 12 (Day) Age { 31 Years { Sex ..... { Color or Race .....  
 Date of Death 19 43 (Year) Dec (Month) 15 (Day) { 2 Months { Single ..... { World War II  
 Maiden Name ..... { 13 Days { Married .....  
 Birth-place New York City Occupation Soldier U.S Air Corps  
 Name of Father Joseph R Raul His Birth-place New York City  
 Maiden Name of Mother Gertrude Mueller Her Birth-place Germany  
 Cause of Death—Primary Multiple injuries Secondary with dismemberment of body  
 Certifying Physician ..... Residence Air Plane crash  
 Place of Burial Nantuxet Cemetery P.H.  
 Funeral Service at ..... Lot No. 922  
 Time of Service ..... Grave No. ....  
 Date of Interment Dec 20, 1943 Section .....  
 Social Security No. Maj Leach A.M.C. New Castle, A.A.B.



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>Wood 2</u>	<u>10 00</u>
Burial Suit		Newspaper Notices	
Slippers		<u>Funeral</u>	<u>25 00</u>
Embalming		<u>Cemetery Chg</u>	<u>15 00</u>
Washing and Dressing			
Shaving			
Services			
Use of Chairs		Transportation Charges <u>Sp</u>	
Church Charges		Officiating Clergyman <u>Episcop &amp; Legion</u>	
Cemetery Charges		Amount of Bill	<u>50 00</u>
Music		Goods Ordered by	
Flowers		Bill Charged to <u>Kathryn Raul</u>	

DR.

CR.


All prices hereon conform to the  
 General Maximum Price Regulation Order

To Casket			
To Box			
To Vault			
To Suit or Dress			
To Removing Remains			
<del>Laying Out Remains</del>			
<del>Embalming Remains</del>			
Hearse		25	00
Use of Chairs and Equipment			
<del>Door-Pall</del>			
<del>Pall-Bearers-Gloves</del>			
Directing Funeral			
Obtaining Necessary Papers			
Cash Expenditures			
Cemetery Fee Opening & closing Grave		15	00
Newspaper Notices		10	00
J.H. Wood & Son 2 Cars			
TOTAL			50 00

Professional  
 Services

NANTUCKET, MASS., December 20, 1943

Mrs. Kathryn C. Raub, Admx.

To Edward B. Lewis, Jr.

Funeral Director

TELEPHONE  
269

FUNERAL HOME  
45 UNION STREET

FUNERAL EXPENSES OF

David R. Raub

RECEIVED PAYMENT,

DATE OF PAYMENT

.....19

RECORD AND BILL OF ITEMS

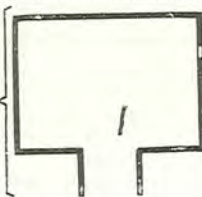
Yearly No. 59

FOR THE FUNERAL OF

Total to date 1656

Arthur A. Norcross

Residence 1 Turin St.
Place of Death N. C. Hospital
Date of Birth 1868 Nov 27
Date of Death 1943 Dec 26
Age 75 Years 0 Months 29 Days
Maiden Name
Birth-place Nantucket Occupation Contractor, Carpenter
Name of Father James H. Norcross His Birth-place Nantucket
Maiden Name of Mother Mary E. McGuire Her Birth-place Nantucket
Cause of Death-Primary Central Hern. Secondary
Certifying Physician Folger Residence
Place of Burial Nantucket Cemetery P-H
Funeral Service at Lot No. 537
Time of Service Dec. 29. Grave No.
Date of Interment Section
Social Security No.



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: □

Table with columns for items and prices. Includes rows for Casket or Coffin No. 1753 (100.00), Outside Box or Vault Pine (15.00), Embalming & Services (35.00), Services Transp. (10.00), Church Charges Funeral (25.00), Cemetery Charges (10.00), and Amount of Bill \$195.00.

DR. 195 00 CR.

Payment record table with columns for date, description, and amount. Entry: Mch 3 1944 Check 195 00. Includes a large 'PAID' stamp and signature 'By Nellie P. Morris Adm.'.

# RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to date 1657

*Ellen Carter Russell*

Residence *22 Fair*

Place of Death " " Wife or Widow of *William L. Russell*

Date of Birth *1 Feb 8* (Year) (Month) (Day) Age *68* Years { Sex { Color or Race

Date of Death *1943 Dec 28* (Year) (Month) (Day) *10* Months { Single {

Maiden Name *Ellen Carter* *20* Days { Married {

Birth-place *Ireland* Occupation *Housework own home*

Name of Father *Francis Carter* His Birth-place *Ireland*

Maiden Name of Mother *Ann Tackney* Her Birth-place *Ireland*

Cause of Death—Primary *Sudden death* Secondary *Heart disease presumably*

Certifying Physician \_\_\_\_\_ Residence *Chronic Myocardial degeneration*

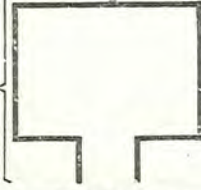
Place of Burial *Providence* Cemetery *St. Francis found dead in bed*

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment *Dec 31* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_



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>1797 Mky</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 <i>Black Velvet</i>	<i>20 00</i>	Newspaper Notices	
Slippers _____			
Embalming <i>Services</i>	<i>35 00</i>		
Washing and Dressing _____			<i>450 00</i>
Shaving _____		<i>J. Griffin Mass</i>	<i>5 00</i>
Services <i>Transfers</i>	<i>10 00</i>	<i>J. H Wood 1 Car</i>	<i>5 00</i>
Use of Chairs _____		Transportation Charges	<i>4 42</i>
Church Charges <i>Funeral</i>	<i>15 00</i>	Officiating Clergyman <i>J. Griffin</i>	
Cemetery Charges _____		Amount of Bill	<i>464 42</i>
Music _____		Goods Ordered by <i>James J Cassidy</i>	
Flowers _____		Bill Charged to _____	

DR.

*450.00*

CR.

<i>Shipped to</i>	<i>James J. Gallogly</i>	<i>Mch 17</i>	<i>Rec Check</i>	<i>464 42</i>
<i>671 Broad St.</i>	<i>Providence R.I.</i>			
<i>James J. Cassidy</i>	<i>30 Mansfield St.</i>		<b>PAID</b>	
<i>Dorchester,</i>			<i>By James J. Cassidy</i>	
			<i>Colony</i>	

RECORD AND BILL OF ITEMS

Yearly No. 61-62

FOR THE FUNERAL OF

Total to date 1658

Twin Girls of Gertrude W. Marsland.

Residence.....

Place of Death.....

Date of Birth 1943 Dec 29

Date of Death 1943 Dec 29

Maiden Name.....

Birth-place Nantucket

Name of Father Unknown

Maiden Name of Mother Gertrude W. Vera

Cause of Death—Primary Stillborn

Certifying Physician Folger

Place of Burial Nantucket

Funeral Service at.....

Time of Service.....

Date of Interment Dec 31, 1943.

Social Security No. Records of child born 1940

Wife or Widow of.....

Age 0 Years 0 Months 0 Days

Sex Single

Color or Race.....

Occupation None

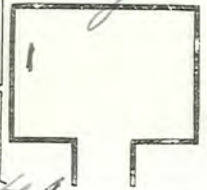
His Birth-place.....

Her Birth-place Nantucket.

Secondary.....

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.....	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 & Interment 810 00	
Services.....		
Use of Chairs.....	Transportation Charges.....	
Church Charges.....	Officiating Clergyman.....	
Cemetery Charges.....	Amount of Bill 10 00	
Music.....	Goods Ordered by.....	
Flowers.....	Bill Charged to Town of Nantucket	

DR.						CR.
			Jan 14	Rec Check		10 00
				PAID		
				Town of Nantucket		
				Welfare Dept.		

# RECORD AND BILL OF ITEMS

Yearly No. 63

FOR THE FUNERAL OF

Total to date 1559

*Joanne Mc Hugh*

Residence.....

Place of Death Nant. Cottage Hosp. 15 days Wife or Widow of.....

Date of Birth 1913 Dec 16 Age { 0 Years { Sex..... { Color or Race  
 { 0 Months { Single..... {  
 { 15 Days { Married..... {

Date of Death 1943 Dec 31 Maiden Name.....

Birth-place Nantucket Occupation None

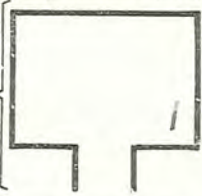
Name of Father Joseph Mc Hugh His Birth-place Trenton, N. J.

Maiden Name of Mother Hazel Gardner Her Birth-place Nantucket

Cause of Death—Primary Alzheimer's Secondary Patent foramen ovale

Certifying Physician Folger Residence.....

Place of Burial Nantucket Cemetery Newtown

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 Jan 1, 1944 Section.....

Social Security No. Joseph Mc Hugh

Casket or Coffin No. <u>White</u>	<u>10.00</u>	Candles.....	
Size..... Made by.....		Gloves.....	
Lining and Pillow Set No.....		Bearers or Porters.....	
Handles.....		Hearse to.....	
Plate.....		Removal.....	
Outside Box or Vault.....		<b>Automobiles</b> .....	
Burial Suit.....		Newspaper Notices.....	
Slippers.....			
Embalming.....			
Washing and Dressing.....			
Shaving.....			
Services <u>of interment</u>	<u>10.00</u>		
Use of Chairs.....		Transportation Charges.....	
Church Charges.....		Officiating Clergyman.....	
Cemetery Charges.....		Amount of Bill.....	<u>20.00</u>
Music.....		Goods Ordered by.....	
Flowers.....		Bill Charged to.....	

DR.

20.00

CR.

Aug 8 1944 Check 20.00

**PAID PAID**

*Hazel Mc Hugh*

# RECORD AND BILL OF ITEMS

Yearly No. 1

FOR THE FUNERAL OF

Total to date 1560

Anna C. Baxter

Residence 27 Fair St.  
 Place of Death N.C. Hospital 7 days Wife or Widow of \_\_\_\_\_  
 Date of Birth 1863 June 15 (Year) (Month) (Day)  
 Date of Death 1944 Jan 2 (Year) (Month) (Day) Age { 80 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 6 Months { Single ✓  
 { 18 Days { Married \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Birth-place Brooklyn N.Y. Occupation At Home  
 Name of Father Archibald Baxter His Birth-place England  
 Maiden Name of Mother Jessie Kelton Her Birth-place England  
 Cause of Death—Primary Cerebral Hem. Secondary \_\_\_\_\_  
 Certifying Physician F. O'Leary Residence \_\_\_\_\_  
 Place of Burial Manhasset Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 805  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Jan 4 1944 Section \_\_\_\_\_  
 Social Security No. David W. Swanwick 55 Liberty St New York, N.Y.  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>	100	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 <u>Wood 3</u>	15	00
Burial Suit _____			<u>3. Certified Copy Death</u>	1	00
Slippers _____			Newspaper Notices		
Embalming <u>+ Services</u>	50	00		215	00
Washing and Dressing _____					
Shaving _____			Transportation Charges		
Services <u>2 Transfers</u>	10	00	Officiating Clergyman <u>Dr. Gardner</u>		
Use of Chairs _____			Amount of Bill	231	00
Church Charges <u>Funeral</u>	25	00	Goods Ordered by <u>David W. Swanwick</u>		
Cemetery Charges	15	00	Bill Charged to _____		
Music _____					
Flowers _____					

DR. 215.00

		Mch 26	CR.	
			1944 Check	231 00
			Pd Wood	15 00
			Certificates	1 00
				215 00
PAID				
			By <u>David W. Swanwick</u>	
			<u>Adm.</u>	



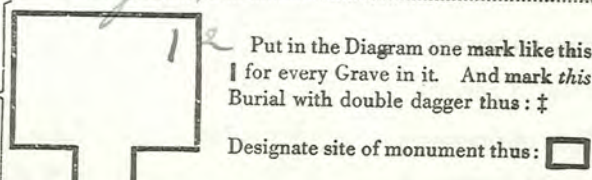
# RECORD AND BILL OF ITEMS

Yearly No. 244

FOR THE FUNERAL OF

Total to date 1561

Residence Antoinette M. Mendes & Cheryl Lee Mendes  
5 Cherry St.  
 Place of Death N.C. Hosp. 2 days Wife or Widow of Jan. 4, 1944 Age 6 mos.  
 Date of Birth 1943 Mar 11 (Year) (Month) (Day)  
 Date of Death 1944 Jan 2 (Year) (Month) (Day) Age { 0 Years { Sex { Color or Race  
 { 9 Months { Single {  
 { 22 Days { Married {  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket Occupation \_\_\_\_\_  
 Name of Father Antoine J. Mendes His Birth-place Nantucket  
 Maiden Name of Mother Alice F. Nichols Her Birth-place Nantucket  
 Cause of Death—Primary Congenital Heart Secondary Patent Foreman Valve  
 Certifying Physician F. Olger Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St. Marys Manuel Mendes lot.  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Jan 5, 1944 Section \_\_\_\_\_  
 Social Security No. Antoine J. Mendes



Casket or Coffin No. <u>2-2 white plank</u>	<u>25 00</u>	Candles <u>Casket &amp; Box</u>	<u>30 00</u>
Size <u>2-06</u> Made by _____		Gloves <u>1/2 pair Rodriquez</u>	
Lining and Pillow Set No. _____		Bearers or Porters _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>5 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>of services</u>	<u>10 00</u>	Officiating Clergyman <u>Fr. O. Keefe</u>	
Washing and Dressing _____		Amount of Bill <u>60 00</u>	
Shaving _____		Goods Ordered by _____	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>10 00</u>		
Cemetery Charges _____	<u>5 00</u>		
Music <u>Cheryl Lee Mendes</u>	<u>5 00</u>		
Flowers _____			
DR. <u>60.00</u>		CR.	

<u>Mar - Rodriquez. Ord</u>	<u>30 00</u>	<u>April 19</u>	<u>Cash Rodriquez</u>	<u>10 00</u>	<u>Cash</u>
<u>Rec</u>	<u>20 00</u>	<u>May 23</u>	<u>" " "</u>	<u>10 00</u>	<u>" "</u>
<u>July 20 Rd. Bd</u>	<u>10 00</u>	<u>July 20</u>	<u>" " "</u>	<u>10 00</u>	<u>" "</u>
	<u>00 00</u>				
	<u>30 00</u>	<u>June 14</u>	<u>Rec. Cash</u>	<u>10 00</u>	
<u>June 14</u>	<u>10 00</u>	<u>Aug 18</u>	<u>" " "</u>	<u>10 00</u>	
	<u>20 00</u>				
<u>Aug 18 Bal</u>	<u>10 00</u>				
	<u>10 00</u>				
<u>Bal</u>	<u>10 00</u>				

# RECORD AND BILL OF ITEMS

Yearly No. 3

FOR THE FUNERAL OF

Total to date 1562

*Doris Handy*

Residence Sankaty Ave. Sea Scout.

Place of Death M. C. Hospital 12 days Wife or Widow of Charles F. Handy

Date of Birth 1904 Feb 20 { 39 Years { Sex ..... { Color or Race .....  
(Year) (Month) (Day) { 10 Months { Single ..... { Age 51  
 Date of Death 1944 Jan 2 { 13 Days { Married  {

Maiden Name .....

Birth-place Nantucket Occupation Telephone Operator

Name of Father James P. Coffin His Birth-place Nantucket

Maiden Name of Mother Bertha C. Holgate Her Birth-place Providence R. I.

Cause of Death—Primary Sepsis Peritonitis Secondary Infection of Dermoid. Turn

Certifying Physician Gill Residence ..... of Orang.

Place of Burial Nantucket Cemetery P. H.

Funeral Service at ..... Lot No. 583

Time of Service ..... Grave No. ....

Date of Interment Jan 6 1944 Section .....

Social Security No. 031-03-9138 Charles F. Handy



Casket or Coffin No. <u>1007. Palmdale</u>	<u>200 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>of Service</u>	<u>35 00</u>	Officiating Clergyman <u>Bennett</u>	
Washing and Dressing .....		Amount of Bill .....	<u>300 00</u>
Shaving .....		Goods Ordered by <u>Chas. F. Handy</u>	
Services <u>Transfer</u>	<u>10 00</u>	Bill Charged to .....	
Use of Chairs .....			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges .....	<u>15 00</u>		
Music .....			
Flowers .....			

DR.

300.00

CR.

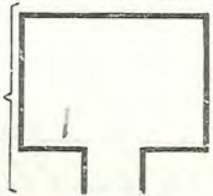
		<u>Jan 26 1944</u>	<u>Cash</u>		<u>300 00</u>
			<b>PAID</b>		
			By <u>Charles F. Handy</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 51

FOR THE FUNERAL OF

Total to date 1663

*Euphemia S. Folger*  
 Residence West Spring St. / Fishbury Mass 2 mos.  
 Place of Death " " " " " " Wife or Widow of George H. Folger  
 Date of Birth 1 (Year) 1 (Month) 1 (Day) Age { 58 Years { Sex Female { Color or Race Age 66  
 Date of Death 19 (Year) 1 (Month) 5 (Day) { 1 Months { Single Married ✓  
 Maiden Name West Harwich Occupation Housewife  
 Name of Father Semira D. Ellis His Birth-place W. Harwich  
 Maiden Name of Mother Selia Weston Her Birth-place " " " "  
 Cause of Death—Primary Chronic Arterio Secondary sclerosis, Coronary Occlusion  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial \_\_\_\_\_ Cemetery PH  
 Funeral Service at \_\_\_\_\_ Lot No. 221 {  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 Jan 6 1944 Section \_\_\_\_\_  
 Social Security No. George H. Folger

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		<b>Automobiles</b>	
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services	<u>5 00</u>	Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Bennett</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>50 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by <u>Hinckley &amp; Rinear</u>	
Music <u>Transfer</u>	<u>5 00</u>	Bill Charged to	
Flowers			

DR.

50.00

CR.

Jan 29 1944 Check 50 00

## PAID

By Hinckley & Rinear

# RECORD AND BILL OF ITEMS

Yearly No. 6

FOR THE FUNERAL OF

Total to date 1564

Elizabeth Chase Hussey

Residence 17 West Chestel

Place of Death N.C. Hosp. 3 days

Date of Birth 1861 Nov 13 3 days Wife or Widow of Peter M. Hussey

Date of Death 1944 Jan 6 Age 82 Years 1 Months 24 Days Sex Female Color or Race Age 78

Maiden Name \_\_\_\_\_

Birth-place New Bedford Occupation House wife

Name of Father James S. Kelley His Birth-place Cape Cod

Maiden Name of Mother Susan Chase Her Birth-place Nantucket

Cause of Death—Primary Broncho Pneum. Secondary Influenza, Chronic Myo.

Certifying Physician Mingos Residence \_\_\_\_\_

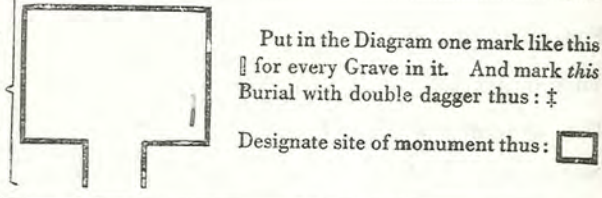
Place of Burial Nantucket Cemetery North

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Jan. 9, 1944 Section \_\_\_\_\_

Social Security No. Peter M. Hussey



Casket or Coffin No. <u>5157<sup>12</sup></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>Pine</u>	<u>15 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>of Services</u>	<u>35 00</u>	Officiating Clergyman <u>McKinstry</u>	
Washing and Dressing _____		Amount of Bill _____	<u>400 00</u>
Shaving _____		Goods Ordered by <u>Peter M. Hussey</u>	
Services <u>Transp.</u>	<u>60 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges _____	<u>15 00</u>		
Music _____			
Flowers _____			

DR.	<u>\$ 400.00</u>	CR.
	<u>Jan 26, 1944</u>	<u>Check</u>
		<u>400 00</u>
		<b>PAID</b>
		By <u>Peter M. Hussey</u>

# RECORD AND BILL OF ITEMS

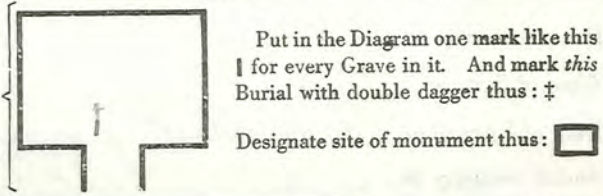
Yearly No. 7

FOR THE FUNERAL OF

Total to date 15-65

Alice L. Chisholm

Residence 328 Cliff Rd.  
 Place of Death N. C. Hospital Wife or Widow of R. Howard Chisholm  
 Date of Birth 1873 July 30 (Year) (Month) (Day) Age 70 Years { Sex ..... } Color or Race  
 Date of Death 1944 Jan 8 (Year) (Month) (Day) Age 5 Months { Single ..... } Age 70  
 Maiden Name ..... Days { Married  }  
 Birth-place Atchinson, Kansas Occupation Housewife  
 Name of Father George Atcherson His Birth-place Unknown  
 Maiden Name of Mother Alice Prescott Her Birth-place "  
 Cause of Death—Primary Cerebral Hem. Secondary Essential hypertension  
 Certifying Physician Menegus Residence .....  
 Place of Burial Waukegan Cemetery P. H.  
 Funeral Service at ..... Lot No. 684  
 Time of Service ..... Grave No. ....  
 Date of Interment Jan 12, 1944 Section .....  
 Social Security No. Robert H. Chisholm



Casket or Coffin No. <u>5157 R</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>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 <u>Transfer</u>	<u>10 00</u>	Transportation Charges .....	
Use of Chairs .....		Officiating Clergyman <u>Dr. Sutton</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill .....	<u>400 00</u>
Cemetery Charges .....	<u>15 00</u>	Goods Ordered by <u>R. H. Chisholm</u>	
Music .....		Bill Charged to .....	
Flowers .....			

DR. 400.00 CR.

		<u>Jan 25, 1944</u>	<u>Check</u>	<u>400 00</u>
<b>PAID</b>				
<u>By R. H. Chisholm</u>				

# RECORD AND BILL OF ITEMS

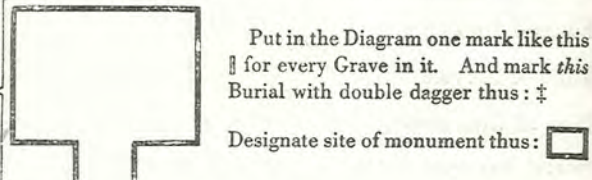
Yearly No. 8

FOR THE FUNERAL OF

Total to date 1566

Sarah Alice (Cudlipp) Walsh

Residence 140 Sully St.  
 Place of Death 17 Orange St 2 mus Wife or Widow of William S Walsh  
 Date of Birth 1 (Year) Jan (Month) 8 (Day)  
 Date of Death 1944 (Year) Jan (Month) 8 (Day) Age { 83 Years { Sex Female { Color or Race Age 76  
 { 5 Months { Single  
 { 25 Days { Married  
 Maiden Name \_\_\_\_\_  
 Birth-place New York City Occupation House wife  
 Name of Father Reuben H. Cudlipp His Birth-place New York City  
 Maiden Name of Mother Sarah P. Young Her Birth-place Delaware City, Del.  
 Cause of Death—Primary Cerebral Hem. Secondary Accident own home fall going to  
 Certifying Physician Fisher Med. Exp. Residence bathroom, fracture left hip  
 Place of Burial Cremated Cemetery \_\_\_\_\_  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Cremated Jan 11 Section \_\_\_\_\_  
 Social Security No. Williams S. Walsh



Casket or Coffin No. <u>A 119 - -</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 &amp; holly</u>	<u>20 00</u>	Automobiles	
Burial Suit <u>Black</u>	<u>10 00</u>	Newspaper Notices	
Slippers _____		<u>J. S. Waterman &amp; Sons</u>	
Embalming <u>of services</u>	<u>35 00</u>	<u>Cremation expenses</u>	<u>80 00</u>
Washing and Dressing _____		Transportation Charges <u>Tickets</u>	<u>12 13</u>
Shaving _____		Officiating Clergyman	<u>150 00</u>
Services <u>Transfers</u>	<u>10 00</u>	Amount of Bill	<u>242 13</u>
Use of Chairs _____		Goods Ordered by <u>W. S. Walsh</u>	
Church Charges _____		Bill Charged to _____	
Cemetery Charges _____			
Music _____			
Flowers _____			

DR. 150.00 CR.

				<u>Feb 9</u>	<u>1944 Check</u>	<u>242 00</u>	
				<u>Feb 10</u>	<u>Paid J. S. Waterman</u>	<u>80 00</u>	
					<b>PAID</b>	<u>162 00</u>	
					<u>By W. S. Walsh</u>		

# RECORD AND BILL OF ITEMS

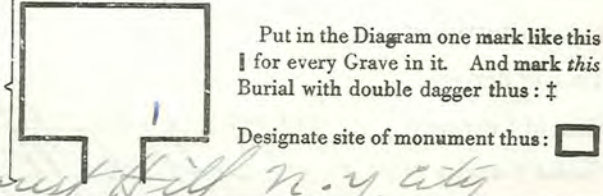
Yearly No. 9

FOR THE FUNERAL OF

Total to date 1567

*Isabel Macy Schmaier*

Residence New York City  
 Place of Death 27 Fair St. Wife or Widow of James S Schmaier  
 Date of Birth 1865 Aug 20 (Year) (Month) (Day) Age 78 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 1944 Jan 10 (Year) (Month) (Day) Age 4 Months { Single \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ Days { Married \_\_\_\_\_ }  
 Birth-place Boston Occupation None  
 Name of Father William H Macy His Birth-place Nantucket  
 Maiden Name of Mother Phyllis Ann Whitman Her Birth-place Nantucket  
 Cause of Death—Primary Coronary thrombosis Secondary Angina Pectoris  
 Certifying Physician M. J. [unclear] Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 648  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Jan 12 Section \_\_\_\_\_  
 Social Security No. Isabel Macy Harwood Four Hill N.Y. City



Casket or Coffin No. <u>135 120</u>	<u>765 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 1</u>	<u>15 00</u>	Automobiles <u>J. H. Wood 1</u>	<u>5 00</u>
Burial Suit _____		<u>Piano Player</u>	<u>3 00</u>
Slippers _____		Newspaper Notices <u>Death Certificate</u>	<u>1 00</u>
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>10 00</u>		
Use of Chairs _____		Transportation Charges _____	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>McKinstey</u>	<u>280 00</u>
Cemetery Charges _____	<u>15 00</u>	Amount of Bill _____	<u>289 00</u>
Music _____		Goods Ordered by _____	
Flowers <u>Green</u>	<u>5 00</u>	Bill Charged to _____	

DR. 280.00

CR.

<u>Mrs Douglas Harwood</u>	<u>Feb 22</u>	<u>1944 Check</u>	<u>289 00</u>
<u>198 Burns St</u>			
<u>Four Hill New York</u>			
<u>City</u>			
<u>N.Y.</u>			
		<b>PAID</b>	
		<u>By William W. Pellet</u>	
		<u>500 - Fifth Ave.</u>	
		<u>New York</u>	





# RECORD AND BILL OF ITEMS

Yearly No. 11

FOR THE FUNERAL OF

Total to date 1569

Ethel C. King

Residence 42 Fair St

Place of Death " " " " " Wife or Widow of Joseph King

Date of Birth 1889 Mch 4 Age 54 Years Sex " Color or Race "

Date of Death 1944 Jan 15 Age 10 Months Sex " Color or Race "

Maiden Name " Age 11 Days Sex " Color or Race "

Birth-place Nantucket, Mass Occupation Housewife

Name of Father J. C. Jones His Birth-place Nantucket

Maiden Name of Mother Sarah E. Chadwick Her Birth-place Nantucket

Cause of Death—Primary Chronic Rheumatism Secondary cardiac decompensation

Certifying Physician F. Jones Residence "

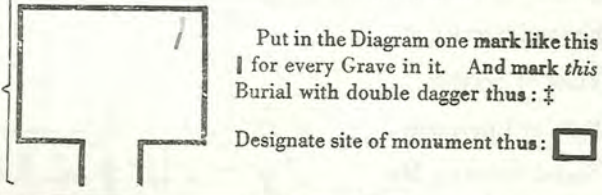
Place of Burial Nantucket Cemetery P.H.

Funeral Service at " Lot No. 541

Time of Service " Grave No. "

Date of Interment Jan. 19, 1944 Section "

Social Security No. Joseph King



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>1757<sup>12</sup></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 <u>Pine</u>	<u>15 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalmg. <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>Dr. Gardner</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>250 00</u>
Music <u>Miss Fortye</u>	<u>5 00</u>	Goods Ordered by <u>Joseph King</u>	
Flowers		Bill Charged to	

DR. 250.00

CR.

	<u>May 18<sup>th</sup></u>	<u>Check</u>	<u>250 00</u>
		<u>Due</u>	<u>15 00</u>
			<u>235 00</u>
<b>PAID</b>			
By <u>Joseph King</u>			

# RECORD AND BILL OF ITEMS

Yearly No. 12

FOR THE FUNERAL OF

Total to date 1570

*Alfred E. Smith*

Residence *20 Federal St*

Place of Death *" "* Wife or Widow of *Mertie Harding*

Date of Birth *1873 Aug 23* Age *70* Years Sex *Male* Color or Race *White*

Date of Death *1944 Jan 16* Age *70* Months *4* Single  Married  *Age 68*

Maiden Name *24* Days

Birth-place *Nantucket* Occupation *Plumber*

Name of Father *William H. H. Smith* His Birth-place *Nantucket*

Maiden Name of Mother *Judith B. Folger* Her Birth-place *Nantucket*

Cause of Death—Primary *Chronic Myo* Secondary

Certifying Physician *Morgan* Residence

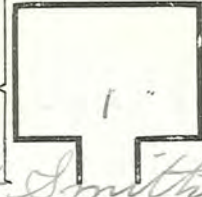
Place of Burial *Nantucket* Cemetery *P.H.*

Funeral Service at *Jan. 18.* Lot No. *593*

Time of Service *Jan. 18.* Grave No. *1*

Date of Interment *Jan. 18.* Section

Social Security No. *04-1842350* *Mertie H. Smith*



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. <i>B 2497. Mahogany</i>	<i>185 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>McKinstry</i>	
Washing and Dressing		Amount of Bill	<i>280 00</i>
Shaving		Goods Ordered by	
Services <i>Transfers</i>	<i>05 00</i>	Bill Charged to	
Use of Chairs			
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges	<i>15 00</i>		
Music			
Flowers			

DR. *280.00* CR.

		<i>Jan 9</i>	<i>1944 Check</i>	<i>280 00</i>

**PAID**  
By *Mertie H. Smith*

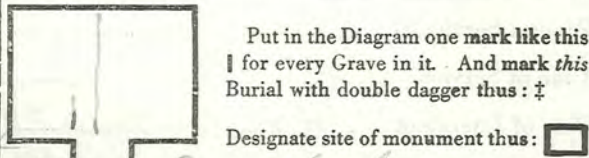
# RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date 16.71

Residence 103 So Sixth St New Bedford 240  
 Place of Death St Lukes Hosp 5 days Wife or Widow of Asa C. Huskins  
 Date of Birth 1 (Year) 1 (Month) 1 (Day) Age 73 Years { Sex      } Color or Race       
 Date of Death 1944 Jan 15 (Year) 15 (Month) 15 (Day) { Months      } Single       
 Maiden Name      { Days      } Married       
 Birth-place Yarmouth, Nova Scotia Occupation at Home  
 Name of Father Stephen Shaw His Birth-place Yarmouth, N.S.  
 Maiden Name of Mother Rachel Mc Crean Her Birth-place       
 Cause of Death—Primary Pulmonary Embolism Secondary Arterii Sclerosis  
 Certifying Physician      Residence       
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at      Lot No. 1009  
 Time of Service      Grave No.       
 Date of Interment Jan 17, 1944 Section       
 Social Security No.      Medellian Troth New Bedford



Casket or Coffin No.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	<u>Cemetery from Boat 25 00</u>
Plate		Removal	<u>Opening &amp; Closing Grave 15 00</u>
Outside Box or Vault		Automobiles	<u>J.H. Wood 1 Car 5 00</u>
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman	<u>Bennett</u>
Washing and Dressing		Amount of Bill	<u>\$ 45 00</u>
Shaving		Goods Ordered by	
Services		Bill Charged to	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

CR.

April 8	Paid Hearst	5 00	Mch 30	1944 C. Money Order	25 00
			Apr. 21	" " " "	10 00
			May 17	" " " "	10 00
			June 5	" " " "	10 00
					<u>\$ 45 00</u>
				<b>PAID</b>	
				By <u>Medellian Troth</u>	

# RECORD AND BILL OF ITEMS

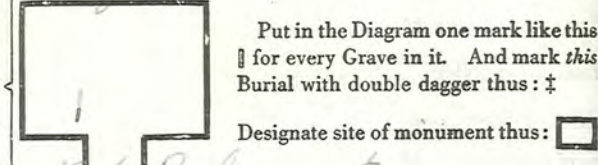
Yearly No. 14

FOR THE FUNERAL OF

Total to date 1672

*Bridget J. Burns*

Residence *1435 Commonwealth Ave Brighton*  
 Place of Death *Winchell Court Home, 3 mos* Wife or Widow of *John H Burns*  
 Date of Birth *1* (Year) *1* (Month) *1* (Day) Age *69* Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death *1944 Jan 22* (Year) *1* (Month) *22* (Day) Age *60* Months Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Age *15* Days Married \_\_\_\_\_  
 Birth-place *Ireland* Occupation *House work*  
 Name of Father *2 Mahon* His Birth-place *Ireland*  
 Maiden Name of Mother *Can not be learned* Her Birth-place *"*  
 Cause of Death—Primary *myocardial degeneration* Secondary *Conjestion failure, Arteriosclerosis*  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial *Nantucket* Cemetery *St Marys*  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment *Jan-24-1944* Section \_\_\_\_\_  
 Social Security No. *Alfred H Burns 30 Holden Rd Belmont*



Casket or Coffin No.		Candles	
Size	Made by	Gloves	<i>Personal Services 5 00</i>
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	<i>Cemetery from Boat 25 00</i>
Plate		Removal	<i>Cemetery Chgs 15 00</i>
Outside Box or Vault		Automobiles	<i>J. H. Wood 5 00</i>
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman	<i>Fr. Griffin 40 00</i>
Washing and Dressing		Amount of Bill	<i>45 00</i>
Shaving		Goods Ordered by	<i>A. E. Long &amp; Sons</i>
Services		Bill Charged to	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

CR.

			<i>Feb 3</i>	<i>1944. Check</i>	<i>45 00</i>
			<i>" 7</i>	<i>Pat Hubert</i>	<i>5 00</i>
					<i>40 00</i>
				<b>PAID</b>	
				<i>By</i>	
				<i>A. E. Long &amp; Sons</i>	

# RECORD AND BILL OF ITEMS

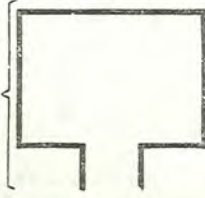
Yearly No. 15

FOR THE FUNERAL OF

Total to date 1673

Theodore F. Newcomb

Residence 43 Centre St  
 Place of Death N. C. Harb 14 days Wife or Widow of Sizzie Morse  
 Date of Birth 1 Sept 12 (Year) (Month) (Day) Age { 82 Years { Sex { Color or Race  
 Date of Death 19 Jan 24 (Year) (Month) (Day) { 4 Months { Single { Age 79  
 Maiden Name { 12 Days { Married {  
 Birth-place Provincetown Occupation Traffic Officer of Janitor  
 Name of Father Chas Newcomb His Birth-place Unknown  
 Maiden Name of Mother Hannah J. Fulmer Her Birth-place "  
 Cause of Death—Primary Chronic Myo Secondary not Rheumatic Cardiac decomposition  
 Certifying Physician Fulmer Residence \_\_\_\_\_  
 Place of Burial Brockton Cemetery Crescent, Crescent  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Jan 26 Section \_\_\_\_\_  
 Social Security No. Sizzie M. Newcomb



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>A110</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>Pinehills</u>	<u>20 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____			
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____		<u>Tivell &amp; Russell</u>	<u>58 00</u>
Services <u>Transfers</u>	<u>10 00</u>		
Use of Chairs _____		Transportation Charges _____	
Church Charges _____		Officiating Clergyman _____	<u>1 98</u>
Cemetery Charges _____		Amount of Bill _____	<u>140 00</u>
Music _____		Goods Ordered by <u>Sizzie M. Newcomb</u>	<u>1 98 00</u>
Flowers _____		Bill Charged to _____	

DR.

140.00

CR.

<u>Tivell &amp; Russell</u>	<u>Feb 28 1944</u>	<u>Check</u>	<u>1 98 00</u>
<u>43 White Ave</u>		<u>Tivell &amp; Russell</u>	<u>58 00</u>
<u>Brockton, 12, Mass</u>			<u>140 00</u>
<u>Telephone 5905</u>			
		<b>PAID</b>	
		<u>By Sizzie M. Newcomb</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 16

FOR THE FUNERAL OF

Total to date 1574

Jesse A. Coffin

Residence Orange St 11 Broad Place Brockton 56 yrs

Place of Death Brockton Hosp. 3 day Wife or Widow of Elizabeth Fairchild

Date of Birth 1 867 Sept 1 (Year) (Month) (Day) Age 76 Years { Sex ..... } Color or Race

Date of Death 19 44 Jan 25 (Year) (Month) (Day) Age 4 Months { Single ..... }  
24 Days { Married ..... }

Maiden Name .....

Birth-place Mederville Pa. Occupation Auto Mechanic City of Brockton

Name of Father Allen Coffin His Birth-place Nantucket

Maiden Name of Mother Isabella Lucas Her Birth-place New Bedford

Cause of Death—Primary Cardiac Decomposure Secondary .....

Certifying Physician .....

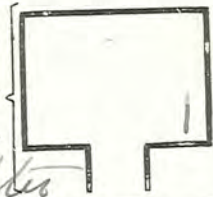
Place of Burial Next Cemetery P.H.

Funeral Service at ..... Lot No. 685

Time of Service ..... Grave No. ....

Date of Interment Jan. 29, 1944 Section .....

Social Security No. Edith C Jones Daughter



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. ....		Candles .....	
Size .....	Made by .....	Gloves .....	
Lining and Pillow Set No. ....		Bearers or Porters .....	
Handles .....		Hearse to .....	
Plate .....		Removal .....	
Outside Box or Vault .....		Automobiles <u>Wood</u>	55
Burial Suit .....		Newspaper Notices .....	55
Slippers .....			
Embalming .....			
Washing and Dressing .....			
Shaving .....			
Services <u>Personal</u>	5 00		
Use of Chairs <u>Transfer</u>	10 00	Transportation Charges .....	
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman <u>Dr. Sutton</u>	
Cemetery Charges .....	15 00	Amount of Bill .....	60
Music .....		Goods Ordered by .....	
Flowers .....		Bill Charged to .....	

DR.		55.00	CR.

PAID

*By*  
Mrs Edith C Jones

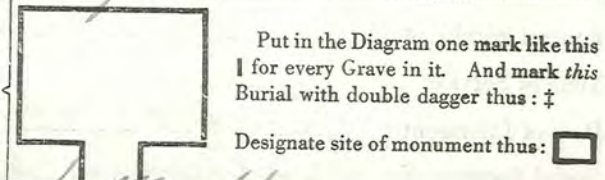
# RECORD AND BILL OF ITEMS

Yearly No. 17

FOR THE FUNERAL OF

Total to date 1675

Residence 303 Washington St  
 Place of Death N. E. Hosp 3 hrs Wife or Widow of Geraldine Brownell  
 Date of Birth 1893 Oct 29 (Year) (Month) (Day)  
 Date of Death 1944 Jan 30 (Year) (Month) (Day) Age { Years { Sex { Color or Race  
 Maiden Name \_\_\_\_\_ { Months { Single { Age 41  
 Birth-place So. Boston Occupation Chauffeur { Days { Married {  
 Name of Father William E. Murphy His Birth-place St. Johns Nova Scotia  
 Maiden Name of Mother Jessie McManis Her Birth-place " " " "  
 Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
 Certifying Physician Folger Medley Residence \_\_\_\_\_  
 Place of Burial Mount Cemetery St. Marys  
 Funeral Service at P.M. Jan 31 Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Feb. 3, 1944 Section \_\_\_\_\_  
 Social Security No. 030-07-7532 Geraldine E. Murphy



Casket or Coffin No. <u>M kg</u>	<u>350 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>7 services</u>	<u>35 00</u>	Officiating Clergyman <u>J. O. Keefe</u>	
Washing and Dressing _____		Amount of Bill	<u>450 00</u>
Shaving <u>Transfer</u>	<u>5 00</u>	Goods Ordered by	
Services _____		Bill Charged to	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>15 00</u>		
Music <u>Candleabra etc</u>	<u>5 00</u>		
Flowers _____			
DR.	<u>450.00</u>		CR.

Feb 28 1944 Cash 450 00  
**PAID**  
 By Mrs Murphy

# RECORD AND BILL OF ITEMS

Yearly No. 18

FOR THE FUNERAL OF

Total to date 1576

Rudolph Stanley-Brown

Residence 2750-32<sup>nd</sup> St. Washington D.C.

Place of Death University Hosp. August 28 Wife or Widow of Katherine Olives

Date of Birth 1 (Year) 1 (Month) 8 (Day)

Date of Death 1944 (Year) Feb (Month) 8 (Day)

Maiden Name \_\_\_\_\_ Age 54 Years 9 Months 29 Days Sex Single Color or Race \_\_\_\_\_

Birth-place Canton, Ohio Occupation Architect U.S. Government

Name of Father Joseph Stanley-Brown His Birth-place Washington D.C.

Maiden Name of Mother Mary Galfield Her Birth-place "

Cause of Death—Primary Viral Pneumonia Secondary Acute Cardiac Dilatation

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

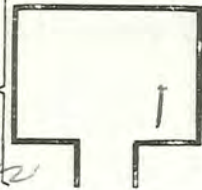
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 835

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Feb 13, 1943 Section \_\_\_\_\_

Social Security No. Katherine Stanley-Brown



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 <u>J. H. Wood &amp; Son</u> <u>15 50</u>
Burial Suit _____	Newspaper Notices <u>70 00</u>
Slippers _____	Transportation Charges _____
Embalming _____	Officiating Clergyman <u>Strong, H. Lewis</u> <u>3</u>
Washing and Dressing _____	Amount of Bill <u>85 50</u>
Shaving _____	Goods Ordered by _____
Services <u>Transfer</u> <u>25 00</u>	Bill Charged to _____
Use of Chairs <u>Transfer</u> <u>5 00</u>	
Church Charges <u>Funeral</u> <u>25 00</u>	
Cemetery Charges <u>15 00</u>	
Music _____	
Flowers _____	

DR.

70.00

CR.

<u>Mrs. Katherine Stanley-Brown</u>	<u>15</u>	<u>44</u>	<u>Check</u>	<u>85</u>	<u>50</u>
<u>2750-32<sup>nd</sup> St. Washington D.C.</u>	<u>16</u>	<u>..</u>	<u>pd Wood</u>	<u>15</u>	<u>50</u>
				<u>70</u>	<u>00</u>
<b>PAID</b>					
By <u>Mrs Stanley-Brown</u>					



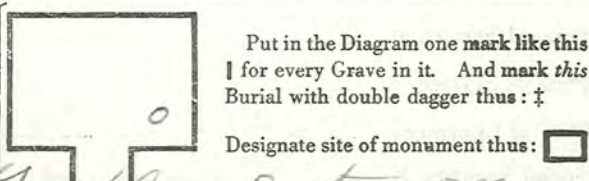
# RECORD AND BILL OF ITEMS

Yearly No. 19

FOR THE FUNERAL OF

Total to date 1677

Helen Landsteiner  
 Residence 25 E. 86th St. N. Y. City  
 Place of Death Nursing Home Jamaica Plain Wife or Widow of Karl Landsteiner  
 Date of Birth 1880 Aug 30 (Year) (Month) (Day) Age { 63 Years { Sex { } Color or Race  
 Date of Death 1943 Dec 25 (Year) (Month) (Day) { 3 Months { Single { }  
 Maiden Name { 25 Days { Married { }  
 Birth-place Vienna Austria Occupation House work own home  
 Name of Father Walasto His Birth-place Austria  
 Maiden Name of Mother Unknown Her Birth-place Austria  
 Cause of Death—Primary Pneumonia Secondary Carcinoma  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 1207  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Feb 15, 1944 Section \_\_\_\_\_  
 Social Security No. Dr Ernest K Landsteiner 370 Longwood Ave. Boston 15. Mass



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		Interment of Ashes	5 00
Embalming		Transportation Charges	
Washing and Dressing		Officiating Clergyman	
Shaving		Amount of Bill	5 00
Services		Goods Ordered by	
Use of Chairs		Bill Charged to	
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

CR.

<u>Dr Ernest K Landsteiner</u>	<u>June 24</u>	<u>1944 check</u>	<u>5 00</u>
<u>370 Longwood Ave</u>			
<u>Boston 15. Mass.</u>			
		<b>PAID</b>	
		<u>By Dr. Landsteiner</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 20

FOR THE FUNERAL OF

Total to date 1578

Abby Snell Flanders

Residence North Road Chilmark

Place of Death 108 Main St. 3rd      Wife or Widow of Horace S. Flanders

Date of Birth 1858 Nov 16      Age 85 Years { Sex ..... } Color or Race .....  
 (Year)      (Month)      (Day)

Date of Death 1944 Feb 24      { 3 Months { Single ..... }  
 (Year)      (Month)      (Day)

Maiden Name .....      { 8 Days { Married ..... }

Birth-place Brockton      Occupation House Work

Name of Father Horace Snell      His Birth-place Brockton Mass

Maiden Name of Mother Hannah Reed      Her Birth-place Rockland Mass

Cause of Death—Primary Pulmonary      Secondary Embolic

Certifying Physician Merrill      Residence .....

Place of Burial Chilmark Mass      Cemetery .....

Funeral Service at .....      Lot No.

Time of Service .....      Grave No. ....

Date of Interment Feb 27, 1944      Section .....  
Put in the Diagram one mark like this ¶ for every Grave in it. And mark this Burial with double dagger thus: †

Social Security No. Sarah A. Packard Daughter      Designate site of monument thus:

Casket or Coffin No. <u>285<sup>12</sup></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>	20.00	<b>Automobiles</b> .....	
Burial Suit .....		Newspaper Notices.....	
Slippers .....			
Embalming <u>Services</u>	40.00		
Washing and Dressing .....			
Shaving .....			
Services <u>Transfer</u>	15.00	Transportation Charges <u>Ticket to Oak Bluffs</u>	240.00
Use of Chairs .....		Officiating Clergyman <u>Sutton</u>	4.98
Church Charges.....		Amount of Bill.....	244.98
Cemetery Charges.....		Goods Ordered by .....	
Music.....		Bill Charged to .....	
Flowers .....			

DR.

\$240.00

CR.

<u>Mr. H. N. Packard</u>		<u>April 18</u>	<u>1944 Check</u>	<u>244.98</u>
<u>1 Ryder Road</u>				
<u>Ossining N.Y.</u>				
<u>PAID</u>				
			<u>By</u>	
			<u>H. N. Packard</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 21

FOR THE FUNERAL OF

Total to date 1679

*Franklin C Lamb*

Residence *7 Gay Street*  
 Place of Death *" " "*  
 Date of Birth *1872 April 3* (Year) (Month) (Day)  
 Date of Death *1944 Feb 26* (Year) (Month) (Day)  
 Maiden Name *"*  
 Birth-place *Nantucket*  
 Name of Father *Samuel C Lamb*  
 Maiden Name of Mother *Marie C Spencer*  
 Cause of Death—Primary *Cardiac decompensation*  
 Certifying Physician *Menall*  
 Place of Burial *Nantucket*  
 Funeral Service at *"*  
 Time of Service *"*  
 Date of Interment *Feb 29 1944*  
 Social Security No. *Margaret C Lamb*

Wife or Widow *X Margaret A. McGowan*  
 Age *72* Years *10* Months *23* Days  
 Sex *"*  
 Single *"*  
 Married *X*  
 Color or Race *"*  
 Occupation *Carpenter*  
 His Birth-place *Nantucket*  
 Her Birth-place *Chatham*  
 Secondary *"*  
 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. <i>B 2497</i>	<i>185 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>17 00</i>	Automobiles <i>Terry 2</i>	<i>8 00</i>
Burial Suit		<i>Bliddens 1</i>	<i>5 00</i>
Slippers		Newspaper Notices	
Embalming <i>&amp; Service</i>	<i>35 00</i>		
Washing and Dressing		Transportation Charges	
Shaving		Officiating Clergyman <i>Fr Griffin</i>	<i>287 00</i>
Services <i>Transfer</i>	<i>5 00</i>	Amount of Bill	<i>300 00</i>
Use of Chairs		Goods Ordered by	
Church Charges <i>Funeral</i>	<i>25 00</i>	Bill Charged to	
Cemetery Charges	<i>15 00</i>		
Music <i>Conchabre etc</i>	<i>5 00</i>		
Flowers			
<b>DR. 287.00</b>			

				<b>CR.</b>	
<i>Mch</i>	<i>5</i>	<i>Pd Terry</i>	<i>8 00</i>	<i>April</i>	<i>5</i>
<i>"</i>	<i>12</i>	<i>" Bliddon</i>	<i>6 00</i>	<i>1944</i>	<i>Cash</i>
					<i>285 00</i>
<b>PAID</b>					
<i>By Joseph W. Lamb</i>					

# RECORD AND BILL OF ITEMS

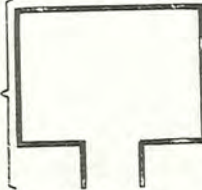
Yearly No. 22

FOR THE FUNERAL OF

Total to date 1680.

Jean M. Waggaman

Residence 1902 R. Street Washington D.C.  
 Place of Death 16 Orange St. Wife or Widow of Floyd P. Waggaman  
 Date of Birth 1 (Year) 58 (Month) 27 (Day) Age { 58 Years { Sex Female { Color or Race  
 Date of Death 1944 (Year) Feb (Month) 27 (Day) { Months { Single {  
 Maiden Name \_\_\_\_\_ Days { Married {  
 Birth-place Boston Mass Occupation House Wife  
 Name of Father Robert F. Mackenzie His Birth-place Scotland  
 Maiden Name of Mother Mary Morison Her Birth-place Nova Scotia  
 Cause of Death—Primary cardiac Decompenstion Secondary Myocarditis Malnutrition  
 Certifying Physician W. Engle Residence \_\_\_\_\_  
 Place of Burial Washington D.C. Cemetery Rock Creek  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



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>515<sup>12</sup></u>	<u>250 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>55 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices <u>N. Y Times</u>	<u>4 60</u>
Slippers _____		<u>telegram</u>	<u>80</u>
Embalming <u>of Service</u>	<u>50 00</u>	<u>Toll Call</u>	<u>1 35</u>
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>10 00</u>	Transportation Charges <u>Baggage to Washington</u>	<u>41 60</u>
Use of Chairs _____		Officiating Clergyman	<u>3 65 00</u>
Church Charges _____		Amount of Bill	<u>413 85</u>
Cemetery Charges _____		Goods Ordered by	<u>413 35</u>
Music _____		Bill Charged to	
Flowers _____			

DR. 365.00 CR.

<u>Mr. Richard A. Morris</u>	<u>April 17, 1944</u>	<u>Check</u>	<u>413 35</u>
<u>% Lincoln National Bank</u>			
<u>7th St. &amp; D Street N.W.</u>			
<u>Washington D.C.</u>			
		<b>PAID</b>	
		<u>By</u>	
		<u>Lincoln National Bank</u>	
		<u>Washington D.C.</u>	

### RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date 1581

Residence 91 Walnut St. Somerville Mass 454M  
 Place of Death u u u Wife or Widow of William R. Donovan  
 Date of Birth 1 (Year) (Month) (Day) Age { 93 Years { Sex ..... Color or Race  
 Date of Death 1944 Feb 25 (Year) (Month) (Day) { 10 Months { Single .....  
 Maiden Name ..... { 25 Days { Married .....  
 Birth-place Arlington Mass Occupation House work sunhome  
 Name of Father George Loule His Birth-place So. Arlington  
 Maiden Name of Mother Adriana Bourne Her Birth-place Waugubut  
 Cause of Death—Primary Chronic Myo. Secondary Arteriosclerosis  
 Certifying Physician ..... Residence .....  
 Place of Burial Nantucket Cemetery PH  
 Funeral Service at ..... Lot No. 197  
 Time of Service ..... Grave No. ....  
 Date of Interment ..... Section .....  
 Social Security No. Edgar B. Cole 201 So Main St. Randolph Mas  
 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 Boat</u>	<u>25 00</u>
Plate		Removal <u>Cemetery Chgs</u>	<u>15 00</u>
Outside Box or Vault		Automobiles <u>J H Wood 1</u>	<u>5 00</u>
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman <u>Dr. Sutton</u>	<u>5 00</u>
Washing and Dressing		Amount of Bill	<u>50 00</u>
Shaving		Goods Ordered by <u>John Bryant</u>	
Services		Bill Charged to <u>Somerville Mas</u>	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR. CR.

Edward G. Bryant	Feb 29	1944 Cash	50 00
Somerville Mass	Mar 1	Pd Wood	5 00
Undertaker	" 2	Pd Dr. Sutton	5 00
			<u>40 00</u>
PAID			

# RECORD AND BILL OF ITEMS

Yearly No. 24

FOR THE FUNERAL OF

Total to date 16

*Marcel L. Gouin*

Residence *New Street via Belmont*  
 Place of Death *"*  
 Date of Birth *1874 Feb 14* (Year) (Month) (Day)  
 Date of Death *1944 Feb 27* (Year) (Month) (Day)  
 Maiden Name *"*  
 Birth-place *Paris France*  
 Name of Father *Emile Gouin*  
 Maiden Name of Mother *Marie Allen*  
 Cause of Death—Primary *Carcinoma of*  
 Certifying Physician *Mengus*  
 Place of Burial *Nantucket*  
 Funeral Service at *"*  
 Time of Service *"*  
 Date of Interment *Mar 1*  
 Social Security No. *Mary L. Gouin*

Wife or Widow of *Mary Lowell*  
 Age *70* Years *0* Months *11* Days  
 Sex *"*  
 Single  Married   
 Color or R. *Age 64*

Occupation *Carpenter*  
 His Birth-place *France*  
 Her Birth-place *"*  
 Secondary *Mediastum*  
 Residence *"*  
 Cemetery *P H*  
 Lot No. *838*  
 Grave No. *"*  
 Section *"*

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

Casket or Coffin No. <i>B 2427-</i>	<i>185 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			
Embalming <i>of services</i>	<i>35 00</i>		
Washing and Dressing			
Shaving			
Services <i>Transfer</i>	<i>10 00</i>	<i>Lot No 838</i>	<i>60</i>
Use of Chairs		Transportation Charges	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>McKinstry</i>	<i>5</i>
Cemetery Charges	<i>15 00</i>	Amount of Bill	<i>285</i>
Music		Goods Ordered by	<i>350</i>
Flowers		Bill Charged to	

DR. 285.00

DR.				CR.
		<i>May 13</i>	<i>check</i>	<i>325</i>
			<i>Debit</i>	<i>25</i>
				<i>350</i>
		<i>May 13.</i>	<i>Paid P H Cof. Lot</i>	<i>60</i>
				<i>290</i>
<b>PAID</b>				
<i>By Mary L. Gouin</i>				

# RECORD AND BILL OF ITEMS

Yearly No. 25

FOR THE FUNERAL OF

Total to date 1693

*Mary J. Gardner*

Residence *40 Pine St*

Place of Death *" " "* Wife or Widow of *Joseph P. Gardner*

Date of Birth *1854 Dec 27* (Year) (Month) (Day) Age { *90* Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
*1944 March 8* (Year) (Month) (Day) { *2* Months { Single \_\_\_\_\_  
 Maiden Name *Mary Parlow* { *10* Days { Married \_\_\_\_\_

Birth-place *Mantucket* Occupation *House work own home*

Name of Father *George F. Parlow* His Birth-place *New Bedford*

Maiden Name of Mother *Elyse Gifford* Her Birth-place *Mantucket*

Cause of Death—Primary *myocarditis* Secondary *Degeneration of heart*

Certifying Physician *M. Maas* Residence \_\_\_\_\_

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

Funeral Service at \_\_\_\_\_ Lot No. *729E*  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 *March 11* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ *Elyse Putterick*

Casket or Coffin No.	<i>75 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			
Embalming <i>f. services</i>	<i>35 00</i>		
Washing and Dressing			
Shaving			
Services <i>Transfers</i>	<i>5 00</i>		
Use of Chairs		Transportation Charges	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>Farr</i>	
Cemetery Charges	<i>10 00</i>	Amount of Bill	
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR. *165.00* CR.

DR.				CR.			
		<i>Mch 13</i>	<i>1944</i>	<i>Cash.</i>		<i>160</i>	<i>00</i>

**PAID**

*By John Putterick*

# RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to date 1684

Frances Melanie Wolfe

Residence Lolanda Farm Conynghan Pa

Place of Death N.C. Harp 1 mo Wife or Widow of Augustus F. Wolfe

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

Date of Death 1944 (Year) March (Month) 9 (Day) Age { 67 Years { Sex { } Color or Race { }  
 { } Months { Single { }  
 { } Days { Married { }

Maiden Name \_\_\_\_\_

Birth-place Shickshinny Penn. Occupation at Home

Name of Father Alfonso Nicely His Birth-place Shickshinny Penn.

Maiden Name of Mother Ely McMartell Search Her Birth-place " " "

Cause of Death—Primary Chronic Inga Secondary Pulmonary Embolism

Certifying Physician Folger Residence \_\_\_\_\_

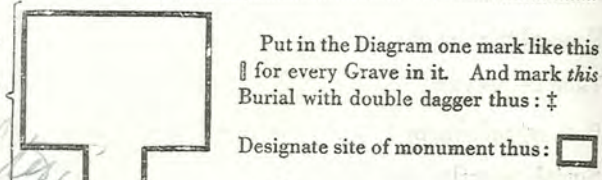
Place of Burial Wilkes Barre Penn. Cemetery Oakland

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment March 11 Section \_\_\_\_\_

Social Security No. Louise W. Stark Daughter



Casket or Coffin No. <u>9097 Whg</u>	<u>350 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 Stained</u>	<u>20 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>of Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>5 00</u>	<u>Mary Belle Hair Dresser</u>	<u>10 00</u>
Use of Chairs _____		<u>to Wilkes Barre</u>	<u>19 41</u>
Church Charges _____		Officiating Clergyman <u>Strong</u>	<u>435 00</u>
Cemetery Charges _____		Amount of Bill	<u>464 41</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 435 00 CR.

		<u>April 22</u>	<u>1944 Check</u>	<u>464 41</u>	
			<u>Paid out</u>	<u>29 41</u>	
			<b>PAID</b>	<u>435 00</u>	
			<u>By</u>		
			<u>Mrs Louise Stark</u>		



# RECORD AND BILL OF ITEMS

Yearly No. 27

FOR THE FUNERAL OF

Total to date 1685.

Edward C. Folger.

Residence 10 Back Street

Place of Death " " " Wife or Widow of Helen Lewis

Date of Birth 1 8 84 (Year) May (Month) 23 (Day)

Date of Death 19 44 (Year) March (Month) 13 (Day) Age { 60 Years { Sex { Color or Race

Maiden Name \_\_\_\_\_ { 9 Months { Single { Age 61

Birth-place Newtucket Occupation Carpenter { 19 Days { Married {

Name of Father Franklin H. Folger His Birth-place Newtucket

Maiden Name of Mother Nellie Colman Her Birth-place Newtucket

Cause of Death—Primary sudden death Secondary found dead in chair at our home

Certifying Physician Folger Med Ex Residence Coronary thrombosis

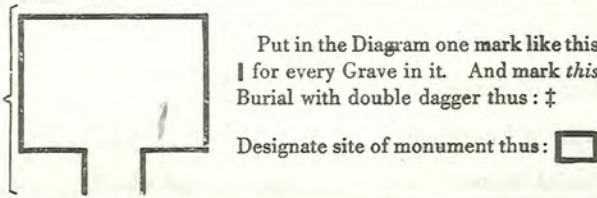
Place of Burial Newtucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 580

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment March 15 1944 Section \_\_\_\_\_

Social Security No. Helen C. Folger



Casket or Coffin No. <u>A-110</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>Pine</u>	<u>15 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		<u>Billed to Veterans Administration 125 00</u>	
Embalming <u>Services</u>	<u>35 00</u>	<u>only Allowance 100 00</u>	
Washing and Dressing _____		Transportation Charges	
Shaving _____		Officiating Clergyman <u>Segeon</u>	
Services _____		Amount of Bill <u>100 00</u>	
Use of Chairs _____		Goods Ordered by _____	
Church Charges _____		Bill Charged to _____	
Cemetery Charges <u>Funeral</u>	<u>25 00</u>		
Music _____			
Flowers _____			

DR.

\$ 125.00

CR.

<u>U S Naval Reserve Force</u>	<u>May 6</u>	<u>1944 Check</u>	<u>100 00</u>
<u>Inducted at Newport R.I.</u>			
<u>April 26 1917.</u>			
<u>Discharged</u>			
<u>Oct 26 1917. U S N R</u>			
<u>Newport R.I.</u>			
<u>received Soldiers Relief 4/16</u>			
		<b>PAID</b>	
		<u>By</u>	
		<u>Veterans Administration</u>	

# RECORD AND BILL OF ITEMS

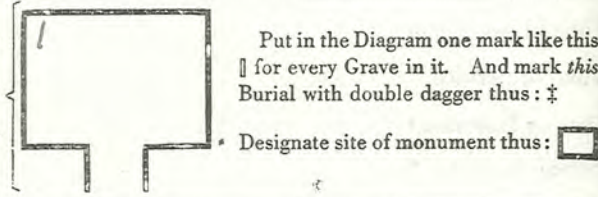
Yearly No. 28

FOR THE FUNERAL OF

Total to date 16.86

*Elizabeth R. Whelden*

Residence Madaket  
 Place of Death N.C. Hospital 1 mo 10 days Wife or Widow of Edward H. Whelden  
 Date of Birth 1868 Sept 18 (Year) (Month) (Day) Age 76 Years { Sex Female } Color or Race White  
 Date of Death 1944 March 13 (Year) (Month) (Day) Age 5 Months { Single } Age 84  
 Maiden Name Elizabeth R. Whelden - 24 Days { Married }  
 Birth-place Nantucket Occupation Housewife  
 Name of Father George B. Turner His Birth-place Nantucket  
 Maiden Name of Mother John Maria Orpin Her Birth-place Nantucket  
 Cause of Death—Primary Cardiac decomposition Secondary Chronic Myo. Carcinoma of Colon  
 Certifying Physician Morgan Residence Colon  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 707  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment March 16 Section \_\_\_\_\_  
 Social Security No. Edward H. Whelden



Casket or Coffin No. <u>A1007.12</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 _____		Transportation Charges	
Embalming <u>Service</u>	35 00	Officiating Clergyman <u>Strong</u>	
Washing and Dressing _____		Amount of Bill	250 00
Shaving _____		Goods Ordered by <u>Edward H. Whelden</u>	
Services <u>Transfer</u>	10 00	Bill Charged to <u>Charles E. Whelden</u>	
Use of Chairs _____			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	15 00		
Music _____			
Flowers _____			

DR.

\$ 250.00

CR.

				June 21	1944 G. Cash E.H.W.	100	00
				July 3	" " " C.G.W.	50	00
		250 00		Nov 18	" " Check	90	00
		160 00					
		Bal. 90 00					
					<b>PAID</b>		
					By <u>Charles E. Whelden</u>		



RECORD AND BILL OF ITEMS

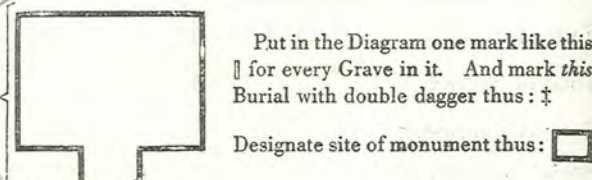
Yearly No. 30

FOR THE FUNERAL OF

Total to date 1688

Dennis A Mc Hugh Jr

Residence 6905 Clinton Road Upper Darby Penn  
 Place of Death South Head of Hummock Wife or Widow of Wentucket 6 mos  
 Date of Birth 1925 May 25 (Year) (Month) (Day) Age { 18 Years { Sex ..... { Color or Race  
 Date of Death 1944 Jan 20 (Year) (Month) (Day) Age { 8 Months { Single  {  
 Maiden Name ..... Age { 12 Days { Married ..... {  
 Birth-place Philadelphia Penn Occupation Seaman in U.S. Coast Guard  
 Name of Father Dennis A Mc Hugh His Birth-place Philadelphia Penn  
 Maiden Name of Mother Ann Marie Mc Hugh Her Birth-place "  
 Cause of Death—Primary Presumably accidental Secondary drowning—fell through ice  
 Certifying Physician Folger Med Ed Residence while on patrol  
 Place of Burial Delaware County Penn Cemetery Holy Cross  
 Funeral Service at ..... Lot No. ....  
 Time of Service Found March 15 Grave No. ....  
 Date of Interment Shipped Mch. 15th Section .....  
 Social Security No. U.S. Coast Guard Records



Casket or Coffin No. <u>North American</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 .....		Automobiles .....	
Burial Suit .....		Newspaper Notices .....	
Slippers .....			
Embalming .....			
Washing and Dressing .....			
Shaving .....			
Services <u>Preparing body for</u>			
Use of Chairs <u>Shipment &amp;</u>	<u>25 00</u>	Transportation Charges .....	
Church Charges <u>Transfer</u>		Officiating Clergyman .....	
Cemetery Charges .....		Amount of Bill .....	<u>125 00</u>
Music .....		Goods Ordered by <u>U.S. Coast Guard</u>	
Flowers .....		Bill Charged to <u>"</u>	

DR. 125.00 CR.

<u>Shipped to</u>	<u>May 4</u>	<u>1944 Check</u>	<u>125 00</u>
<u>Toppatzen Funeral Home</u>			
<u>Garnett Rd. &amp; Lansdowne Ave</u>			
<u>Upper Darby Penn.</u>			
<u>By</u>		<b>PAID</b>	
<u>Dept. R. Reedling</u>		<u>By U.S. Coast Guard.</u>	

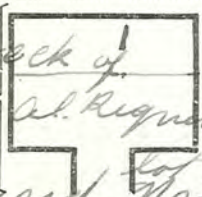
# RECORD AND BILL OF ITEMS

Yearly No. 31

FOR THE FUNERAL OF

Total to date 1689

Baby Ball.

Residence.....  
 Place of Death N. C. Hospital Wife or Widow of.....  
 Date of Birth 1944 March 21 Age { 0 Years { Sex ..... { Color or Race  
 (Year) (Month) (Day) { 0 Months { Single ..... {  
 Date of Death 1944 March 21 { 0 Days { Married ..... {  
 (Year) (Month) (Day) Maiden Name .....  
 Birth-place Nantucket Occupation None  
 Name of Father Donald H. Ball His Birth-place Dayton Ohio  
 Maiden Name of Mother Ferne Davis Her Birth-place .....  
 Cause of Death—Primary Stillborn Secondary Hydrocephalic Anencephalus  
 Certifying Physician Nevin U. Swick Residence.....  
 Place of Burial Newtown Cemetery Newtown  
 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 March 22, 1944 Section Back of St. Regis Burial with double dagger thus: †  
 Social Security No. Donald H. Ball Designate site of monument thus:   
U. S. Coast Guard Nantucket.

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.....	<b>Automobiles</b> .....
Burial Suit.....	Newspaper Notices.....
Slippers.....	<u>No Charge</u>
Embalming.....	Transportation Charges.....
Washing and Dressing.....	Officiating Clergyman.....
Shaving.....	Amount of Bill.....
Services.....	Goods Ordered by.....
Use of Chairs.....	Bill Charged to.....
Church Charges.....	
Cemetery Charges.....	
Music.....	
Flowers.....	

DR.

CR.


RECORD AND BILL OF ITEMS

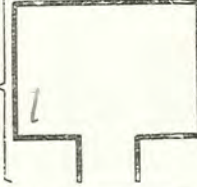
Yearly No. 32

FOR THE FUNERAL OF

Total to date 1690

Adelaide W. Bates.

Residence 43 Centre St. Place of Death " " Date of Birth 1856 Apr 10 Date of Death 1944 Mar 23 Maiden Name Wareham Birth-place Wareham Name of Father Albert Gibbs Maiden Name of Mother Mary Weeks Cause of Death Primary Cancer of Secondary Intestines, Chronic Myx & General Arteriosclerosis Certifying Physician Residence North Place of Burial Waverly Cemetery North Lot No. 157 Grave No. Section Date of Interment Mar 26 1944 Social Security No. Elizabeth C. Chase



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: [ ]

Table with columns for Description, Price, and Total. Includes items like Casket or Coffin No. 59 Special (75.00), Outside Box or Vault Pine (15.00), Services (35.00), Church Charges (25.00), Cemetery Charges (10.00), Music (5.00), Transportation Charges, and Amount of Bill (165.00).

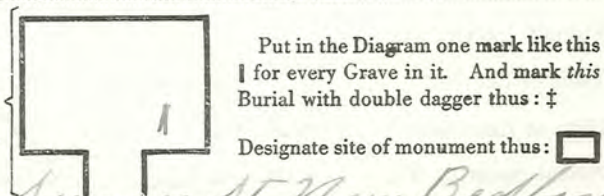
DR. 165.00 CR.

Table with columns for Date, Description, and Amount. Entry: Mar 31, 1944 Cash, 165.00. Includes 'PAID' stamp and signature 'By Elizabeth C. Chase'.

# RECORD AND BILL OF ITEMS

Yearly No. 33 FOR THE FUNERAL OF Mary E. Swain Total to date 1691.

Residence 212 Summer St New Bedford  
 Place of Death " " " " " " " " Wife or Widow of Israel M. Swain  
 Date of Birth 1 (Year) 83 (Month) 10 (Day) Sex Female Color or Race White  
 Date of Death 1944 (Year) Me (Month) 22 (Day) Age 10 Months 3 Days Single Married  
 Maiden Name " " " " " " " "  
 Birth-place Nantucket Occupation None  
 Name of Father Charles H. Jagger His Birth-place Centerville Mass.  
 Maiden Name of Mother Emeline McClean Her Birth-place Nantucket  
 Cause of Death—Primary Cerebral Hem. Secondary Arteriosclerosis, Senility  
 Certifying Physician " " " " " " " " Residence " " " " " " " "  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at " " " " " " " " Lot No. 365  
 Time of Service " " " " " " " " Grave No. " " " " " " " "  
 Date of Interment Me 27, 1944 Section " " " " " " " "  
 Social Security No. Miss Lillian Prigally, 212 Summer St New Bedford



Casket or Coffin No.	Candles	
Size..... Made by.....	Gloves	
Lining and Pillow Set No.	Bearers or Porters	
Handles	Hearse to <u>Cemetery from Boat</u>	<u>25 00</u>
Plate	Removal <u>Cemetery Chgs</u>	<u>15 00</u>
Outside Box or Vault	Automobiles <u>H Woodl car</u>	<u>5 00</u>
Burial Suit	Newspaper Notices	
Slippers		
Embalming		
Washing and Dressing		
Shaving		
Services		
Use of Chairs	Transportation Charges	
Church Charges	Officiating Clergyman <u>Mc Ministry</u>	
Cemetery Charges	Amount of Bill	<u>45 00</u>
Music	Goods Ordered by	
Flowers	Bill Charged to <u>Israel M. Swain</u>	

DR. CR.

				<u>July 22</u>	<u>1944 Check</u>	<u>45 00</u>
				<u>July 25</u>	<u>Pd Herbert</u>	<u>3 00</u>
						<u>40 00</u>
<b>PAID</b>						
<u>By Israel M. Swain Jr.</u>						

# RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 168

*Wilburt B. Burgess*

Residence 28 Pine St. Nantucket

Place of Death Lincoln Hosp. Bronx, N.Y. Wife or Widow of Samuel J. Burgess

Date of Birth 1877- Nov 25 Age { 66 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 { 5 Months { Single \_\_\_\_\_  
 { 7 Days { Married \_\_\_\_\_

Date of Death 1944 Apr 1 Maiden Name \_\_\_\_\_

Birth-place Bowdoin town N.J. Occupation Housework, own home

Name of Father William J. Devlin His Birth-place Bowdoin town N.J.

Maiden Name of Mother Fay Brigham Her Birth-place Boston

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

Place of Burial Nant. Cemetery PH

Funeral Service at \_\_\_\_\_ Lot No. 752

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment April 6, 1944 Section \_\_\_\_\_

Social Security No. Samuel J. Burgess, 695 E 137th St, N.Y. City



Put in the Diagram one mark for every Grave in it. And mark 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>Come from Boat</u>	<u>25</u>
Plate _____	Removal <u>Cemetery Chgs</u>	<u>15</u>
Outside Box or Vault _____	Automobiles <u>Wood 1 Car</u>	<u>5</u>
Burial Suit _____	Newspaper Notices _____	
Slippers _____	Transportation Charges _____	
Embalming _____	Officiating Clergyman <u>Strong</u>	
Washing and Dressing _____	Amount of Bill _____	<u>45</u>
Shaving _____	Goods Ordered by _____	
Services _____	Bill Charged to _____	
Use of Chairs _____		
Church Charges _____		
Cemetery Charges _____		
Music _____		
Flowers _____		

DR.

CR.

				<u>Apr 6</u>	<u>1944 Cash</u>	<u>45</u>	<u>00</u>
				<u>" 8</u>	<u>rd Wood</u>	<u>6</u>	<u>00</u>
						<u>40</u>	<u>00</u>
					<b>PAID</b>		
					By <u>Samuel J. Burgess</u>		



# RECORD AND BILL OF ITEMS

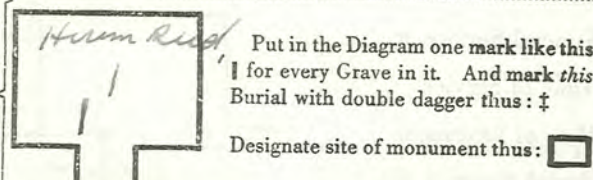
Yearly No. 35

FOR THE FUNERAL OF

Total to date 16 93

*Georgia Anna Hill Lopes*

Residence *17 Orange*  
 Place of Death *N. C. Hospital 24 days* Wife or Widow of *Cesar Lopes*  
 Date of Birth *1*  
 Date of Death (Year) *1944* (Month) *Apr* (Day) *9* Age *56* Years Sex *Separated* Color or Race *Colored*  
 Maiden Name \_\_\_\_\_ Months \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_  
 Birth-place *Staunton Va* Occupation *House maid, Private family*  
 Name of Father *George Hill* His Birth-place *Staunton Va*  
 Maiden Name of Mother *Anna ? Hill* Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary *Chronic Myo* Secondary *Cardiac Decompensation*  
 Certifying Physician *Folger* Residence \_\_\_\_\_  
 Place of Burial *Nantucket* Cemetery *Colored*  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment *April 12 1944* Section \_\_\_\_\_  
 Social Security No. *Ruth Grant* Designate site of monument thus:



Casket or Coffin No. <i>A110</i>	<i>15 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>Fau</i>	
Washing and Dressing _____		Amount of Bill	
Shaving _____		Goods Ordered by <i>Ruth Grant</i>	
Services <i>Transfer</i>	<i>5 00</i>	Bill Charged to _____	
Use of Chairs <i>parlor</i>	<i>5 00</i>		
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges _____	<i>15 00</i>		
Music _____			
Flowers _____			

DR.

*\$ 175.00*

CR.

			<i>May 1, 1944</i>	<i>Cash</i>	<i>175 00</i>
				<b>PAID</b>	
				<i>By Ruth Grant</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 1694

Residence *Mary E. Abbott. 45 Washington St.*

Place of Death " " " "

Date of Birth *May 20* (Year: 19*44*, Month, Day) *Wife or Widow of Frank A. Abbott.*

Date of Death *April 10* (Year, Month, Day) Age { *67* Years } { Sex } { Color or Race }

Maiden Name \_\_\_\_\_ { *11* Months } { Single } \_\_\_\_\_

Birth-place *Boston.* Occupation *House Wife* { *20* Days } { Married } \_\_\_\_\_

Name of Father *John Muller* His Birth-place *County Galway Ireland*

Maiden Name of Mother *Honora O'Donnell* Her Birth-place \_\_\_\_\_

Cause of Death—Primary *Cerebral Hem.* Secondary *cardiac decompensation*

Certifying Physician *Folger* Residence \_\_\_\_\_

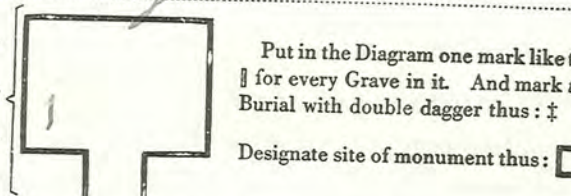
Place of Burial *Went* Cemetery *St Maury*

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment *Apr 13 1944* Section \_\_\_\_\_

Social Security No. *Althea K. Hull.*



Casket or Coffin No. <i>1157 12</i>	<i>150 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>Servies</i>	<i>35 00</i>	Officiating Clergyman <i>F. Griffin</i>	
Washing and Dressing		Amount of Bill	<i>250 00</i>
Shaving		Goods Ordered by	
Services <i>Transfer</i>	<i>5 00</i>	Bill Charged to <i>Frank Abbott.</i>	
Use of Chairs			
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges	<i>18 00</i>		
Music <i>Prayer Rail etc.</i>	<i>5 00</i>		
Flowers			

DR. *182 50.00*

CR.

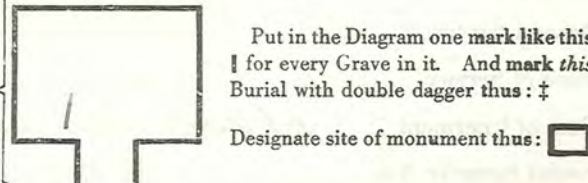
		<i>May 24 1944</i>	<i>Check</i>	<i>250 00</i>

PAID  
By  
*Frank Abbott.*

# RECORD AND BILL OF ITEMS

Yearly No. 37 FOR THE FUNERAL OF Nathaniel E. Lowell. Total to date 1695.

Residence Upper Main Street  
 Place of Death Upper Main Street Wife or Widow of Grace Terry  
 Date of Birth 1 Nov 14 Age 70 Years Sex Divorced Color or Race  
 Date of Death 19 Apr 11 Age 4 Months Single  
 Maiden Name 28 Days Married  
 Birth-place Nantucket Occupation Mason, Contractor Retired 1944  
 Name of Father Andrew C. Lowell His Birth-place Augusta Maine  
 Maiden Name of Mother Judith P. Snow Her Birth-place Nantucket  
 Cause of Death—Primary Chronic Myo. Secondary Cardiac decompensation  
 Certifying Physician Folger Residence  
 Place of Burial Nant. Cemetery P. H.  
 Funeral Service at Lot No. 700  
 Time of Service Grave No.  
 Date of Interment April 13 Section  
 Social Security No. Carl J. Lowell



Casket or Coffin No. <u>oak</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>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>10 00</u>		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>McKinstry</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	
Music		Goods Ordered by	
Flowers		Bill Charged to <u>P. N. Bank</u>	

DR. 485.00 CR.

		<u>July 24</u>	<u>1945 Check</u>	<u>485 00</u>
<b>PAID</b>				
<u>By P. N. Bank Adm.</u>				

RECORD AND BILL OF ITEMS

Yearly No. 38

FOR THE FUNERAL OF

Total to date 1696

Baby Boy Barrows

Residence.....

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

Date of Birth *1944 Apr 19* (Year) (Month) (Day) Age { 0 Years { Sex..... { Color or Race  
 { 0 Months { Single..... {  
 { 0 Days { Married..... {

Date of Death *1944 Apr 19* (Year) (Month) (Day)

Maiden Name.....

Birth-place *Nantucket* Occupation *None*

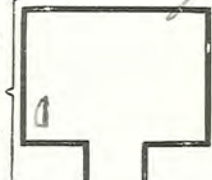
Name of Father *John Barrows* His Birth-place *Brava Cape Verde Isls*

Maiden Name of Mother *Priscilla Oliver* Her Birth-place *Nantucket Mass*

Cause of Death—Primary *Stillborn* Secondary.....

Certifying Physician *Folger* Residence.....

Place of Burial *Nant* Cemetery *St Marys*

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 *April 21, 1944* Section.....

Social Security No. *John Barrows*

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.....	<b>Automobiles</b> .....
Burial Suit.....	Newspaper Notices.....
Slippers.....	Transportation Charges.....
Embalming.....	Officiating Clergyman.....
Washing and Dressing.....	Amount of Bill.....
Shaving.....	Goods Ordered by.....
Services <i>Interment</i> <i>5.00</i>	Bill Charged to.....
Use of Chairs.....	
Church Charges.....	
Cemetery Charges.....	
Music.....	
Flowers.....	

DR.

CR.


RECORD AND BILL OF ITEMS

Yearly No. 39

FOR THE FUNERAL OF

Total to date 1697

Mary Flood

Residence 38 Pleasant St

Place of Death 37 " " " " Wife or Widow of George J. Flood

Date of Birth 1867 May 14 (Year) (Month) (Day) Age { 76 Years { Sex { Color or Race

Date of Death 1944 April 30 (Year) (Month) (Day) { 11 Months { Single {

Maiden Name \_\_\_\_\_ { 14 Days { Married {

Birth-place Ireland Occupation House work, Own home

Name of Father Patrick Murphy His Birth-place Ireland

Maiden Name of Mother Bridget O'Connor Her Birth-place Ireland

Cause of Death—Primary Chronic Myo. Secondary Cardiac De-compensation

Certifying Physician Menges Residence \_\_\_\_\_

Place of Burial Nantucket Cemetery St Marys


Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment May 3, 1944 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Mac F. Pease

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>9097. mahg</u>	<u>350</u> 00	Candles	
Size..... Made by.....		Gloves	
Lining and Pillow Set No.....		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	<u>100</u> 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>&amp; Services</u>	<u>35</u> 00		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>10</u> 00		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25</u> 00	Officiating Clergyman <u>Fr. Griffin</u>	
Cemetery Charges <u>7</u>	<u>15</u> 00	Amount of Bill	<u>540</u> 00
Music		Goods Ordered by <u>Mac Pease</u>	
Flowers <u>Prayer Rail Etc.</u>	<u>5</u> 00	Bill Charged to	
<u>540.00</u>			

DR.

CR.

					<u>Sept 22 1944 Check</u>	<u>540</u> 00
					<b>PAID</b>	
					By <u>Mac Pease</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to date 1698

Lottie Mack

Residence 1 Plumk Lane

Place of Death N. E. Deaconess Hosp Boston Wife or Widow of Robert Mack

Date of Birth 1 1879 (Year) (Month) (Day)

Date of Death 19 44. Apr. 30 (Year) (Month) (Day) Age { 65 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { \_\_\_\_\_ Months { Single \_\_\_\_\_  
 { \_\_\_\_\_ Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_

Birth-place Nantucket Occupation Housework Ownhome

Name of Father Daniel O'Connor His Birth-place Ireland

Maiden Name of Mother Ann Davis Her Birth-place Wales

Cause of Death—Primary Cerebral Hem. Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

Place of Burial \_\_\_\_\_ Cemetery \_\_\_\_\_

Funeral Service at \_\_\_\_\_ Lot No. 193

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment May 4, 1944 Section \_\_\_\_\_

Social Security No. Doris M. Mack

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>515<sup>12</sup></u>	<u>250 00</u>	Candles _____	
Size _____ Made by _____		Gloves _____	
Lining and Pillow Set No. _____		Bearers or Porters _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____		<b>Automobiles</b> _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____			
Embalming _____			
Washing and Dressing _____			
Shaving _____			
Services _____	<u>10 00</u>		
Use of Chairs <u>Transfer</u>	<u>5 00</u>	Transportation Charges _____	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Strong</u>	
Cemetery Charges _____	<u>15 00</u>	Amount of Bill _____	<u>305 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to <u>Doris M. Mack</u>	

DR. 305.00 CR.

	Sept 8	1944 Check	305 00
PAID			
By <u>Doris M. Mack</u>			

# RECORD AND BILL OF ITEMS

Yearly No. 41

FOR THE FUNERAL OF

Total to date 1699

Everett H. Bowen

Residence 36 West Chester -  
 Place of Death 35 Pine  
 Date of Birth 1866 Aug 15  
 Date of Death 1944 May 6  
 Maiden Name \_\_\_\_\_  
 Birth-place Fairhaven  
 Name of Father Thomas H. Bowen  
 Maiden Name of Mother Lydia G. Brock  
 Cause of Death—Primary Cardiac Decompensation  
 Certifying Physician Menges  
 Place of Burial Nantucket  
 Funeral Service at \_\_\_\_\_  
 Time of Service \_\_\_\_\_  
 Date of Interment May 8, 1944  
 Social Security No. Amie H. Bowen

Wife or Widow of Amie S. Brock  
 Age { 77 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 8 Months { Single \_\_\_\_\_  
 { 21 Days { Married ✓

Occupation Night Watchman Retired 1940  
 His Birth-place Fairhaven, Mass  
 Her Birth-place Nantucket  
 Secondary Chronic Myocarditis  
 Residence \_\_\_\_\_  
 Cemetery North  
 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>285<sup>5</sup></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 <u>J H Wood 74</u>	<u>20 00</u>
Burial Suit _____		Newspaper Notices	<u>265 00</u>
Slippers _____		Transportation Charges _____	
Embalming <u>Services</u>	<u>35 00</u>	Officiating Clergyman <u>Strong</u>	
Washing and Dressing _____		Amount of Bill	<u>285 00</u>
Shaving _____		Goods Ordered by <u>Amie H Bowen</u>	
Services <u>2 Transfers</u>	<u>10 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges _____	<u>15 00</u>		
Music _____			
Flowers _____			
<b>DR.</b>	<u>265 00</u>		

CR.

		<u>June 6</u>	<u>1944 Check</u>	<u>285 00</u>
		<u>June 14</u>	<u>" Pd. Huber</u>	<u>20 00</u>
				<u>265 00</u>
<b>PAID</b>				
By <u>Mrs Bowen</u>				

# RECORD AND BILL OF ITEMS

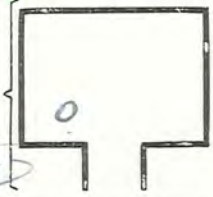
Yearly No. 42

FOR THE FUNERAL OF

Total to date 1700

Idda Amelia Holmes

Residence 41 Orange St.  
 Place of Death Mound Park Hosp St Petersburg Wife or Widow of James A Holmes Jr  
 Date of Birth 1888 June 8 (Year) (Month) (Day) 76 Years Sex Wid Color or Race  
 Date of Death 1944 Feb 5 (Year) (Month) (Day) Age 7 Months Single  
 Maiden Name \_\_\_\_\_ 28 Days Married \_\_\_\_\_  
 Birth-place Nantucket, Mass Occupation House work  
 Name of Father Washington J Fisher His Birth-place Nantucket  
 Maiden Name of Mother Augusta W Baker Her Birth-place Harwich port  
 Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P H  
 Funeral Service at \_\_\_\_\_ Lot No. 218  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 17, 1944 Section \_\_\_\_\_  
 Social Security No. Clara A Morris Sister



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		<b>Automobiles</b>	
Burial Suit		Newspaper Notices	
Slippers		<u>Interment of Ashes</u>	<u>10 00</u>
Embalming		Transportation Charges	
Washing and Dressing		Officiating Clergyman	
Shaving		Amount of Bill	<u>10 00</u>
Services		Goods Ordered by	
Use of Chairs		Bill Charged to	
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

CR.

				<u>Aug 29, 1944</u>	<u>Check</u>	<u>10 00</u>
					<b>PAID</b>	
					<u>By Clara A Morris</u>	





# RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to date 1702

*Susan O. Hanlon*

Residence 48 West 47th St. Bayonne, N.J.

Place of Death M. C. Hospital - Home 6 days Wife or Widow of \_\_\_\_\_

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

Date of Death 1944 June 1 Age { Years \_\_\_\_\_ Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 { Months \_\_\_\_\_ Single   
 { Days \_\_\_\_\_ Married \_\_\_\_\_

Maiden Name \_\_\_\_\_

Birth-place Ireland Occupation Maid

Name of Father Peter O. Hanlon His Birth-place Ireland

Maiden Name of Mother Bridget Todd Her Birth-place Ireland

Cause of Death—Primary Intestinal obstruction Secondary Carcinoma of Pylorus

Certifying Physician Menges Residence \_\_\_\_\_

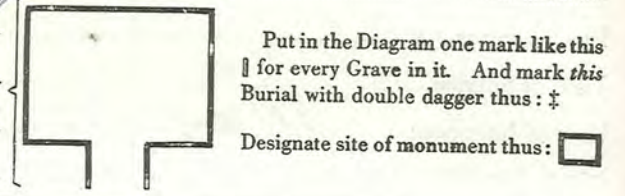
Place of Burial Holy Name Jersey City Cemetery Holy Name

Funeral Service at Anne R. Fraker Lot No. \_\_\_\_\_

Time of Service 1865 Hudson Boulevard Jersey City Grave No. \_\_\_\_\_

Date of Interment June 3 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_



Casket or Coffin No. <u>Shipping Case</u>	25 00	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>of handles</u>	20 00	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>of Service</u>	25 00	Officiating Clergyman	
Washing and Dressing _____		Amount of Bill	80 50
Shaving _____		Goods Ordered by	
Services <u>2 Transfers</u>	10 00	Bill Charged to	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges _____			
Music <u>Certified Copy of Death</u>	50		
Flowers _____			

DR. 80.50

<u>Billed to John Sweeney &amp; Sons</u>	<u>Oct. 8</u>	<u>1945 check</u>				<u>80 50</u>
<u>92 W. 12th St.</u>						
<u>Bayonne, N.J.</u>						
		<b>PAID</b>				
		<u>By Samuel D. Lewis Atty.</u>				
		<u>Dewitt Theatre Building</u>				
		<u>Bayonne, N.J.</u>				


1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 45

FOR THE FUNERAL OF

Total to date 1703

Emma Riddell  
 Residence 383 Belmont St. Belmont Mass 1 yr. 11 mos  
 Place of Death " " " " Wife or Widow of " "  
 Date of Birth 1 (Year) 1 (Month) 1 (Day) Age 79 Years { Sex " " } Color or Race  
 Date of Death 1944 (Year) June (Month) 3 (Day) Age 8 Months { Single  }  
 Maiden Name " " (Year) " " (Month) " " (Day) Age 16 Days { Married  }  
 Birth-place Boston Mass Occupation None  
 Name of Father Samuel S Riddell His Birth-place Nantucket  
 Maiden Name of Mother Lizzie Whitney Her Birth-place Nantucket  
 Cause of Death—Primary Chiebral Hem. Secondary Broncho Pneumonia  
 Certifying Physician " " Residence " "  
 Place of Burial Nantucket Cemetery North  
 Funeral Service at " " Lot No. 161 Grave No. " " Section " "  
 Time of Service " "  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: □  
 Date of Interment June 6  
 Social Security No. Annice E Riddell  
155 Boylston St. Boston

Casket or Coffin No.	Candles	
Size Made by	Gloves <u>Funeral Home Boat</u>	<u>25 00</u>
Lining and Pillow Set No.	Bearers or Porters <u>Cemetery Chgs</u>	<u>15 00</u>
Handles	Hearse to	
Plate	Removal	
Outside Box or Vault	Automobiles <u>J. H. Wood. 1</u>	<u>5 00</u>
Burial Suit	Newspaper Notices	
Slippers	Transportation Charges	
Embalming	Officiating Clergyman	
Washing and Dressing	Amount of Bill	<u>45 00</u>
Shaving	Goods Ordered by	
Services	Bill Charged to	
Use of Chairs		
Church Charges		
Cemetery Charges		
Music		
Flowers		

DR.

CR.

		Oct. 7	1944 Check	45 00
		" 14	" Pd Wood	5 00
				40 00
			<b>PAID</b>	
			By <u>Annice E Riddell</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 46

FOR THE FUNERAL OF

Total to date 1754

*Harrington Hastings Binder*

Residence 288 W. 92nd St. New York City

Place of Death N.C. Hospital 1 hour Wife or Widow of Nantucket 2 weeks

Date of Birth 1911 March 11 Age 33 Years { Sex Female } Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 3 Months } { Single  }  
 { 8 Days } { Married } \_\_\_\_\_

Date of Death 1944 July 1 Maiden Name \_\_\_\_\_  
 (Year) (Month) (Day)

Birth-place Pittsburg Pa Occupation Table Waiter Hotel

Name of Father Wm. Francis Burns His Birth-place Unknown

Maiden Name of Mother Ann Margaret Binder Her Birth-place \_\_\_\_\_

Cause of Death—Primary Folger Med Ex. Secondary Fractured nose, fractured skull

Certifying Physician Central Mem. Sudden death Residence Struck in nose by open ca. door

Place of Burial Entombed July 2 Cemetery P.H.

Funeral Service at Im Lot No. 372

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Aug 21, 1944 Section \_\_\_\_\_

Social Security No. 084-01-5712 Birth Certificate found on Person



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>Sealer</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>	20.00	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>of Services</u>	35.00		
Washing and Dressing _____			
Shaving _____			250.00
Services <u>Transp.</u>	5.00	<u>use of Tomb</u>	25.00
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	25.00	Officiating Clergyman <u>McKinstry</u>	5.00
Cemetery Charges	15.00	Amount of Bill	<del>265.00</del>
Music _____		Goods Ordered by	280.00
Flowers _____		Bill Charged to	
<b>DR. 250.00</b>			

<u>Pd. P.H.C.K.</u>	25.00	<u>Feb. 15</u>	<u>1946 Check</u>
<u>use of Tomb.</u>			280.00
<b>PAID</b>			
By <u>Gardner W. Russell</u>			
<u>Adm.</u>			

1941-1945

# RECORD AND BILL OF ITEMS

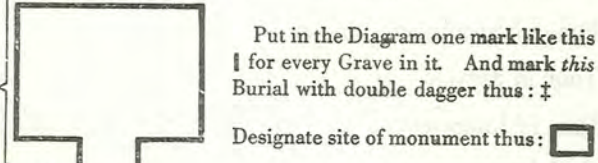
Yearly No. 47

FOR THE FUNERAL OF

Total to date 1705

William Appleby Robinson

Residence Cornwall, N. Y.  
 Place of Death Jefferson Ave. 6 days Wife or Widow of Edwyna Louise  
 Date of Birth 1866 Aug 6 (Year) (Month) (Day) Age 77 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 1944 July 1 (Year) (Month) (Day) Age 10 Months { Single \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ Age 25 Days { Married \_\_\_\_\_ }  
 Birth-place Hull, Yorkshire, England Occupation Retired Naval Officer  
 Name of Father Henry Robinson His Birth-place Yorkshire England  
 Maiden Name of Mother Susan Pearson Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Presumably Coronary thrombosis Secondary \_\_\_\_\_  
 Certifying Physician Forbes Med Esq Residence \_\_\_\_\_  
 Place of Burial New Windsor N. Y. Cemetery Woodlawn  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service July 4, 1944 Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. Edwyna A. Robinson \_\_\_\_\_  
Cornwall N. Y.



Casket or Coffin No. <u>1297 Oak</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>Pine Stained</u>	<u>20 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices <u>N Y Times</u>	<u>4 60</u>
Slippers _____		<u>Telegram</u>	<u>86</u>
Embalming <u>of Services</u>	<u>50 00</u>	Transportation Charges <u>tickets</u>	<u>82 64</u>
Washing and Dressing _____		Officiating Clergyman	<u>88 10</u>
Shaving _____		Amount of Bill	<u>380 00</u>
Services <u>Transfers</u>	<u>10 00</u>	Goods Ordered by	<u>468 10</u>
Use of Chairs _____		Bill Charged to _____	
Church Charges _____			
Cemetery Charges _____			
Music _____			
Flowers _____			

DR. 380.00

CR.

Shipped to	July 25, 1944	Check	468 10
<u>Edward S. Syley,</u>			
<u>Cornwall N. Y.</u>			
		<b>PAID</b>	
		<u>By: Mr Edwyna A. Robinson</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 48

FOR THE FUNERAL OF

Total to date 1706

*Ernest R. Terry*

Residence *48 Centre St.*

Place of Death *N. E. Hospital 2 days* Wife or Widow *Isabelle Wall.*

Date of Birth *1894 Apr 18* Age *50 Years* Sex *Single* Color or Race *Age 39*

Date of Death *1944 July 6* Age *2 Months* Sex *Single* Color or Race *Age 39*

Maiden Name \_\_\_\_\_ Age *18 Days* Sex *Married* Color or Race \_\_\_\_\_

Birth-place *Nantucket* Occupation *Garage Manager*

Name of Father *John Terry Nantucket* His Birth-place \_\_\_\_\_

Maiden Name of Mother *Catherine McDermott* Her Birth-place *Scotland*

Cause of Death—Primary *Gastric Hem.* Secondary *Carcinoma of liver*

Certifying Physician *Menges* Residence \_\_\_\_\_

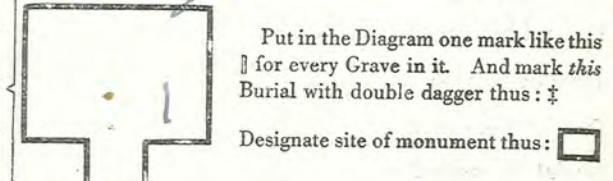
Place of Burial *Nantucket* Cemetery *St. Marys*

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment *July 8, 1944* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_



Casket or Coffin No. <i>Mhj</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>of Services</i>	<i>35</i>		
Washing and Dressing _____			
Shaving _____			
Services <i>2 Transfers</i>	<i>10 00</i>		
Use of Chairs _____			
Church Charges <i>Funeral</i>	<i>25 00</i>	Transportation Charges _____	
Cemetery Charges _____	<i>15 00</i>	Officiating Clergyman <i>Fr. O'Keefe</i>	
Music <i>Candles</i>		Amount of Bill _____	
Flowers <i>Preparai etc</i>	<i>5 00</i>	Goods Ordered by _____	
		Bill Charged to _____	

DR.

*460.00*

CR.

		<i>Sept 30 1948 Cash</i>	<i>460 00</i>
	<i>Pd. Longworth</i>	<i>Collector</i>	<i>85 00</i>
			<i>375 00</i>
		<b>PAID</b>	

# RECORD AND BILL OF ITEMS

Yearly No. 49

FOR THE FUNERAL OF

Total to date 1707

Edward H. Whelden

Residence Madaket

Place of Death N.C. Hospital 1 day Wife or Widow of Elizabeth R. Turner

Date of Birth 1 960 Feb 6 (Year) (Month) (Day) Age 84 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Date of Death 19 44 July 9 (Year) (Month) (Day) { 5 Months } Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 3 Days } Married \_\_\_\_\_

Birth-place Nantucket Occupation Boatman Retired 3 yrs

Name of Father Thomas Whelden His Birth-place Falmouth

Maiden Name of Mother Nancy B. Foy Her Birth-place Providence R.I.

Cause of Death—Primary Cardiac decompensation Secondary Diabetes Mellitus

Certifying Physician Menger Residence \_\_\_\_\_

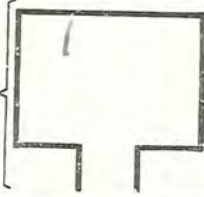
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 707

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment July 12 1944 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_



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>A 1007</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 <u>Pine</u>	<u>15 00</u>	<b>Automobiles</b>	
Burial Suit			
Slippers		Newspaper Notices	
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>10 00</u>		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Strong</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR. 250.00

CR.

			<u>Nov. 18 1944</u>	<u>check</u>	<u>250 00</u>
				<b>PAID</b>	
				<u>By Chas E Whelden</u>	

RECORD AND BILL OF ITEMS

Yearly No. 50

FOR THE FUNERAL OF

Total to date 1708

Selma C. Rogers

Residence: Main St. Sea Scout.

Place of Death: " " " " " " " "

Date of Birth: 1870 Apr 1 (Year) (Month) (Day)

Date of Death: 1944 July 8 (Year) (Month) (Day)

Wife or Widow of: George W. Rogers

Age: 74 Years 3 Months 7 Days

Sex: Single

Color or Race:

Maiden Name:

Birth-place: Arebra, Sweden Occupation: House work, own home

Name of Father: - Anderson - His Birth-place: Unknown

Maiden Name of Mother: Unknown Her Birth-place:

Cause of Death—Primary: Cerebral Hem. Secondary: Arteriosclerosis

Certifying Physician: Menges Residence:

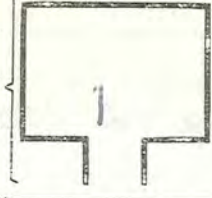
Place of Burial: Nantucket Cemetery: P.H.

Funeral Service at: Lot No. 967

Time of Service: Grave No.

Date of Interment: July 11, 1941 Section:

Social Security No. Charles W. Rogers



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. A 1007 12	150 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			
Embalming of Services	35 00		
Washing and Dressing			
Shaving			
Services Transfers	10 00		
Use of Chairs		Transportation Charges	
Church Charges Funeral	25 00	Officiating Clergyman Dummer	
Cemetery Charges	15 00	Amount of Bill	250 00
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR. 250 00

CR.

			Aug 17, 1944	Check	250 00

**PAID**  
By Charles W. Rogers



RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Yearly No. 51

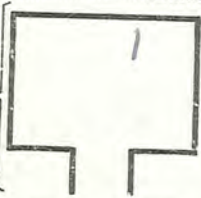
Total to date 1709

Ellen M. Folger

Residence 37 Union St.  
 Place of Death ""  
 Date of Birth 1861 May 24  
 Date of Death 1944 July 9  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket  
 Name of Father Oliver C. Hatch  
 Maiden Name of Mother Ellen Morton  
 Cause of Death—Primary Gastric Hem.  
 Certifying Physician Folger  
 Place of Burial Nantucket  
 Funeral Service at \_\_\_\_\_  
 Time of Service \_\_\_\_\_  
 Date of Interment July 12, 1944  
 Social Security No. Hannah G. Hatch

Wife or Widow of Arthur C. Folger  
 Age { 83 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
       1 Months { Single \_\_\_\_\_ {  
       15 Days { Married \_\_\_\_\_ {

Occupation Housework own home  
 His Birth-place West Fairmouth  
 Her Birth-place Ireland  
 Secondary Arterio Sclerosis  
 Residence \_\_\_\_\_  
 Cemetery P.H.  
 Lot No. 497  
 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>435 R</u>	<u>250 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>J. H. Wood 1.</u>	<u>5 00</u>
Burial Suit _____		Newspaper Notices _____	<u>340 00</u>
Slippers _____		Transportation Charges _____	
Embalming <u>services</u>	<u>35 00</u>	Officiating Clergyman <u>McKinstry</u>	
Washing and Dressing _____		Amount of Bill _____	<u>345 00</u>
Shaving _____		Goods Ordered by _____	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges _____	<u>15 00</u>		
Music _____			
Flowers _____			

DR. 340.00

CR.

				<u>Dec 6</u>	<u>1945 Check</u>	<u>345 00</u>
					<u>Wood 1 car</u>	<u>5 00</u>
						<u>340 00</u>
					<b>PAID</b>	
					<u>By</u>	
					<u>Grace M. Henry, Adm.</u>	

RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to date 1710

*Frank E. Robinson*

Residence *Coatesville Pa.*

Place of Death *Coatesville Hosp. Pa.*      Wife or Widow of *Mary Hudnut*

Date of Birth *1861 Aug 27*      Age *82* Years      Sex *Male*

Date of Death *1944 May 8*      *8* Months      Single

Maiden Name \_\_\_\_\_      *11* Days      Married \_\_\_\_\_      Color or Race \_\_\_\_\_

Birth-place *Terre Haute Indiana*      Occupation *Retired*

Name of Father *Henry Robinson*      His Birth-place *Syracuse N.Y.*

Maiden Name of Mother *Ann Carrey*      Her Birth-place \_\_\_\_\_

Cause of Death—Primary \_\_\_\_\_      Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_      Residence \_\_\_\_\_

Place of Burial *Nantuxet*      Cemetery *North*

Funeral Service at \_\_\_\_\_      Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_      Grave No. \_\_\_\_\_

Date of Interment *July 20, 1944*      Section \_\_\_\_\_

Social Security No. *Donald Craig*      *19 Gardner Place, Brooklyn 2 N.Y.*

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 _____	Newspaper Notices _____
Slippers _____	Interment of Ashes <i>10 00</i>
Embalming _____	Transportation Charges _____
Washing and Dressing _____	Officiating Clergyman _____
Shaving _____	Amount of Bill _____
Services _____	Goods Ordered by _____
Use of Chairs _____	Bill Charged to _____
Church Charges _____	
Cemetery Charges _____	
Music _____	
Flowers _____	

DR.	CR.
	<i>Feb 26 1945 Check 10 00</i>
	<b>PAID</b>
	<i>By Donald Craig</i>

1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 53

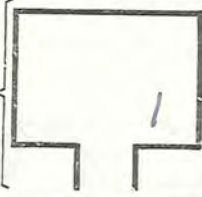
FOR THE FUNERAL OF

Total to date 1711

Residence Lowell Place  
 Place of Death "  
 Date of Birth 1859 Mich 3 (Year) (Month) (Day)  
 Date of Death 1944 July 24 (Year) (Month) (Day)  
 Maiden Name "  
 Birth-place Nantucket  
 Name of Father Charles H. Macy  
 Maiden Name of Mother Eliza Potter  
 Cause of Death—Primary Carcinoma of liver  
 Certifying Physician Menges  
 Place of Burial Nantucket  
 Funeral Service at "  
 Time of Service "  
 Date of Interment July 27 1944  
 Social Security No. "

Wife or Widow of Susan C. Durham  
 Age { 85 Years { Sex "  
       4 Months { Single "  
       21 Days { Married "  
 Occupation Farmer Retired  
 His Birth-place Nantucket  
 Her Birth-place "  
 Secondary "  
 Residence "  
 Cemetery P. H.  
 Lot No. 554  
 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>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>Princ</u>	<u>15 00</u>	Automobiles <u>J. H. Wood</u>	<u>50 00</u>
Burial Suit		Newspaper Notices	<u>195 00</u>
Slippers		Transportation Charges	
Embalming <u>Services</u>	<u>35 00</u>	Officiating Clergyman <u>Bloggett of Odd Fellows</u>	
Washing and Dressing		Amount of Bill	<u>200 00</u>
Shaving		Goods Ordered by	<u>195 00</u>
Services <u>Transfer</u>	<u>5 00</u>	Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>15 00</u>		
Music			
Flowers			
	<u>195.00</u>		

DR.

195.00

CR.

				<u>Sept 7, 1944</u>	<u>Cash</u>	<u>75 00</u>
				<u>Nov 18</u>	<u>"</u>	<u>120 00</u>
						<u>195 00</u>
				<b>PAID</b>		
				<u>By <u>Christie</u></u>		

# RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

Total to date 1712

Paul Ruoff

Residence 226 East 89<sup>th</sup> St N.Y. City 16 yrs

Place of Death Polpis 21 days Wife or Widow of Marie Trautman

Date of Birth 1901 Mch 8 Age 43 Years 4 Months 26 Days Sex Female Color or Race Age 44 German

Date of Death 1944 Aug 3 Maiden Name \_\_\_\_\_ Married L

Birth-place Germany Occupation Iron worker

Name of Father Paul Ruoff His Birth-place Germany

Maiden Name of Mother Cannot be learned Her Birth-place \_\_\_\_\_

Cause of Death—Primary dropped dead in street Secondary Sudden death, Presumably Coronary thrombosis

Certifying Physician Folger Med Ex Residence \_\_\_\_\_

Place of Burial New York Cemetery \_\_\_\_\_

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Shipped Aug 4 Section \_\_\_\_\_

Social Security No. Marie J. Ruoff 226 E 89<sup>th</sup> St N.Y. City



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>5110</u>	50 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 + holls</u>	20 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>of Suncis</u>	30 00		
Washing and Dressing			
Shaving			
Services <u>Transfer to Boat</u>	5 00		
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	103 00
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR. 103.00

CR.

Shipped to		Aug 4, 1944	Cash	100 00
<u>Govt. Herrlich Sons Inc.</u>			<u>Debit</u>	5 00
<u>332 - E. 86<sup>th</sup> St. N.Y.</u>				105 00
Worked for			<b>PAID</b>	
<u>Mr. R. M. Lederer</u>			<u>By Mrs Ruoff</u>	
<u>111 E 56<sup>th</sup> St - N.Y.</u>				

RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date 1713

Clara Ramsdell

Residence 69 High St. Brockton 20-411
Place of Death Brockton Hosp 1 day
Date of Birth 1 (Year)
Date of Death 1944 Aug 3 (Year) (Month) (Day)
Maiden Name
Birth-place Nantucket
Name of Father Can not be learned
Maiden Name of Mother Lydia Winslow
Cause of Death Primary Intestinal obstruction and toxemia
Certifying Physician
Place of Burial Nantucket
Funeral Service at
Time of Service
Date of Interment Aug 8, 1944
Social Security No. Walter M Ramsdell



Table with columns for item descriptions and prices. Includes items like Candles, Gloves, Automobiles (Funeral, Cemetery Chaps), and Amount of Bill (50.00). Total charged to Louise Lake.

DR. CR.

Accounting table with columns for date and amount. Entry: Sept 24 1944 Cash 50.00. Includes 'PAID By Louise Lake'.

# RECORD AND BILL OF ITEMS

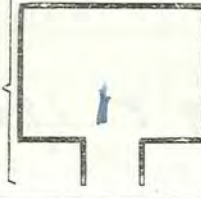
Yearly No. 56

FOR THE FUNERAL OF

Total to date 1714

Herbert M. Jones

Residence 43 Fair St.  
 Place of Death N. C. Hosp. 10 days Wife or Widow of Ethel C. Vasnius  
 Date of Birth 1863 Dec 31 Age { 80 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1944 Aug 9 { 7 Months { Single \_\_\_\_\_ { Age 76  
 Maiden Name \_\_\_\_\_ { 9 Days { Married \_\_\_\_\_  
 Birth-place Nantucket Occupation Mrs. Paint Shop Retired 6 yrs  
 Name of Father Asa C. Jones His Birth-place Nantucket  
 Maiden Name of Mother Susan Meade Her Birth-place " "  
 Cause of Death—Primary Coronary Occlusion Secondary \_\_\_\_\_  
 Certifying Physician F. Alder Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 743  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Aug 13 1943 Section \_\_\_\_\_  
 Social Security No. Helen F. Sovereiro



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. 2497</u>	185 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 _____		Transportation Charges _____	
Embalming <u>of Services</u>	35 00	Officiating Clergyman <u>Masons</u>	
Washing and Dressing _____		Amount of Bill _____	285 00
Shaving <u>Transfus</u>	10 00	Goods Ordered by <u>Helen Sovereiro</u>	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges _____	15 00		
Music _____			
Flowers _____			

DR. 285.00 CR.

		Sept 21, 1944	Cash	285 00
PAID				
By <u>Helen Sovereiro</u>				

# RECORD AND BILL OF ITEMS

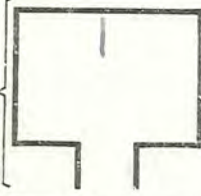
Yearly No. 57

FOR THE FUNERAL OF

Total to date 1715

Henry J. Eddy

Residence Springfield Rd Westfield, N. J.  
 Place of Death N. C. Hosp 1 day Wife or Widow of Catherine (Cleveland) Eddy  
 Date of Birth 1878 Dec 31 f. Age { 65 Years { Sex ..... { Color or Race .....  
 Date of Death 1944 Aug 9 (Year) (Month) (Day) { 7 Months { Single ..... { Age 62  
 Maiden Name ..... { 9 Days { Married 5 .....  
 Birth-place Rahway, N. J. Occupation Painter, Artist  
 Name of Father Charles Eddy His Birth-place New Bedford  
 Maiden Name of Mother Edith H. Stephens Her Birth-place Philadelphia  
 Cause of Death—Primary Cerebral Hem Secondary .....  
 Certifying Physician Folger Residence .....  
 Place of Burial Nantuxet Cemetery P. H.  
 Funeral Service at ..... Lot No. 1184  
 Time of Service ..... Grave No. ....  
 Date of Interment Aug 11, 1944 Section near  
 Social Security No. Catherine C. Eddy



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>435 12</u>	<u>250 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>20 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>f Services</u>	<u>50 00</u>		
Washing and Dressing			
Shaving		<u>Lot No 1184, at P.H.</u>	<u>60 00</u>
Services <u>Transfer</u>	<u>10 00</u>		<u>370 00</u>
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>B. Loggett</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>430 00</u>
Music		Goods Ordered by <u>Mrs. Eddy</u>	
Flowers		Bill Charged to	

DR. \$ 370.00

CR.

		<u>Aug 12</u>	<u>1944 Check</u>	<u>430 00</u>
			<u>Cemetery Lot</u>	<u>60 00</u>
				<u>370 00</u>
			<b>PAID</b>	
			<u>By Mrs. Eddy</u>	

RECORD AND BILL OF ITEMS

Yearly No. 58

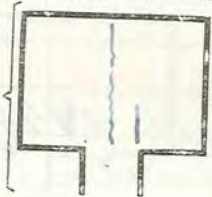
FOR THE FUNERAL OF

Total to date 1716

Residence 25 India  
 Place of Death 25 India  
 Date of Birth 1870 Aug 10  
 Date of Death 1944 Aug 9  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket  
 Name of Father Edw. R. Harps  
 Maiden Name of Mother Francis A. Suel  
 Cause of Death—Primary Cerebral Hem  
 Certifying Physician Mengel  
 Place of Burial Nant  
 Funeral Service at \_\_\_\_\_  
 Time of Service \_\_\_\_\_  
 Date of Interment Aug 11, 1944  
 Social Security No. Wm. H. Barrett

Wife or Widow of William H. Barrett  
 Age { 73 Years { Sex \_\_\_\_\_  
 { 11 Months { Single \_\_\_\_\_  
 { 30 Days { Married \_\_\_\_\_  
 Color or Race Age 74

Occupation Housewife  
 His Birth-place Nantucket  
 Her Birth-place \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Cemetery P H  
 Lot No. 731  
 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>B. 115. 12</u>	100 00	Candles	
Size _____		Gloves	
Made by _____		Bearers or Porters	
Lining and Pillow Set No. _____		Hearse to	
Handles _____		Removal	
Plate _____		Automobiles	
Outside Box or Vault <u>Pine</u>	15 00	Newspaper Notices	
Burial Suit _____			
Slippers _____			
Embalming <u>Services</u>	35 00	Transportation Charges	
Washing and Dressing _____		Officiating Clergyman <u>Dr. Gardner</u>	
Shaving _____		Amount of Bill	200 00
Services <u>Transfers</u>	40 00	Goods Ordered by _____	
Use of Chairs _____		Bill Charged to <u>Anna Barrett</u>	
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges <u>Funeral</u>	25 00		
Music _____			
Flowers _____			

DR.

290.00

CR.

			Sept 22 1944	check	200 00

PAID

By Anna & Barrett



# RECORD AND BILL OF ITEMS

Yearly No. *59*

FOR THE FUNERAL OF

Total to date *1717*

## *Charles C. Morris*

Residence: *King St Sea Scout*

Place of Death: *" " "* Wife or Widow of *Etta Bartlett*

Date of Birth: *1864* *Me* *3* (Year) (Month) (Day) Age { *80* } Years { Sex: } Color or Race

Date of Death: *1944* *Aug* *10* (Year) (Month) (Day) Age { *5* } Months { Single } { *7* } Days { Married }

Maiden Name: \_\_\_\_\_ Occupation: *Fisherman Retired*

Birth-place: *Nantucket* Occupation: \_\_\_\_\_

Name of Father: *John C. Morris* His Birth-place: *Nantucket*

Maiden Name of Mother: *Nancy B. Alden* Her Birth-place: *Nantucket*

Cause of Death—Primary: *Cardiac failure* Secondary: *Conjunctive, Senility & Myo.*

Certifying Physician: *Mengel* Residence: \_\_\_\_\_

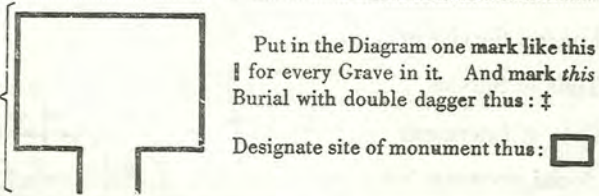
Place of Burial: *Nant* Cemetery: *P. H.*

Funeral Service at: \_\_\_\_\_ Lot No. *574*

Time of Service: \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment: *Aug 12* Section: *Rear*

Social Security No.: *Philip Morris* Designate site of monument thus:



Casket or Coffin No. <i>1752</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</i>	<i>15 00</i>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <i>Services</i>	<i>35 00</i>	Officiating Clergyman <i>Bennett</i>	
Washing and Dressing _____		Amount of Bill	<i>195 00</i>
Shaving _____		Goods Ordered by _____	
Services <i>Transfer</i>	<i>10 00</i>	Bill Charged to <i>Philip Morris Adms</i>	
Use of Chairs _____			
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges	<i>10 00</i>		
Music _____			
Flowers _____			
DR. <i>195.00</i>			CR.

DR.					CR.
		<i>Aug 21</i>	<i>1944 Cash</i>	<i>195 00</i>	
			<b>PAID</b>		
			<i>By Philip Morris Adms</i>		

# RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to date 1718

Residence Summeret Rd Ellsworth Esau  
 Place of Death At Sea Georges Banks Wife or Widow of \_\_\_\_\_  
 Date of Birth \_\_\_\_\_  
 Date of Death 19 44 Aug 21 Age 33 Years  Sex \_\_\_\_\_  
 (Year) (Month) (Day) (Month) (Day) (Day)  Months  Single  Married  Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket Occupation Deep sea fisherman  
 Name of Father Weston Esau His Birth-place Edgartown  
 Maiden Name of Mother Harriett Gifford Her Birth-place Nantucket  
 Cause of Death—Primary Asphyxia by Secondary submersion Aug 21/44 At Sea  
 Certifying Physician Wm. Robsen Residence New Bedford Georges Banks  
 Place of Burial Newtown, Nant. Cemetery Newtown  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. Refer to  
 Date of Interment Aug 25, 1944 Section 1  
 Social Security No. 026-12-2015

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>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>		Automobiles _____	
Burial Suit _____	<u>15 00</u>	Newspaper Notices _____	
Slippers _____			
Embalming _____		<u>Michael C Austin</u>	<u>47 05</u>
Washing and Dressing _____			<u>1 40 00</u>
Shaving _____		Transportation Charges _____	
Services <u>Transfer</u>	<u>10 00</u>	Officiating Clergyman <u>Bennett, M.</u>	
Use of Chairs _____		Amount of Bill _____	<u>1 87 05</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Goods Ordered by _____	
Cemetery Charges _____	<u>15 00</u>	Bill Charged to <u>Weston Esau</u>	
Music _____			
Flowers _____			

DR. 140.00

DR.			CR.		
<u>Aug 25</u>	<u>Pd. M. C Austin</u>	<u>47 05</u>	<u>Aug 24</u>	<u>Rec Check &amp; Cash</u>	<u>150 00</u>
			<u>Oct 8</u>	<u>" Cash</u>	<u>15 00</u>
			<u>June 7</u>	<u>" "</u>	<u>20 00</u>
	<u>1 87 05</u>				
	<u>1 60</u>				
	<u>22 00</u>				

1941-1945

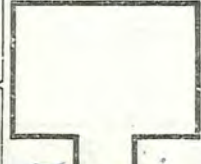
RECORD AND BILL OF ITEMS

Yearly No. 61

FOR THE FUNERAL OF

Total to date 1719.

Belle Davis

Residence 24365 Farrington Drive Euclid Ohio  
 Place of Death N. C. Hospital. 1 day Wife or Widow of Thomas Davis  
 Date of Birth 1890 May 3 (Year) (Month) (Day) Age { 54 Years { Sex { Color or Race  
 Date of Death 1944 Aug 24 (Year) (Month) (Day) { 3 Months { Single  
 Maiden Name { 21 Days { Married  
 Birth-place New York Occupation Chambermaid  
 Name of Father Unknown His Birth-place Unknown  
 Maiden Name of Mother " Her Birth-place "  
 Cause of Death—Primary Coronary thrombosis Secondary  
 Certifying Physician Menges Residence  
 Place of Burial Euclid Ohio Cemetery Knollwood  
 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: †  
 Social Security No. Mr. Frank Davis Bro. 24556 Farrington Drive Euclid. Designate site of monument thus: □

Casket or Coffin No. Q 110	50 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			
Embalming & Services	25 00		
Washing and Dressing			
Shaving			
Services Transfer	10 00		
Use of Chairs		Transportation Charges Express Chgs	61 72
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	161 72
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

100.00

CR.

				Aug 28	Rec Check	150 21
				Aug 30	" "	11 51

PAID  
By De Vard Funeral Home

# RECORD AND BILL OF ITEMS

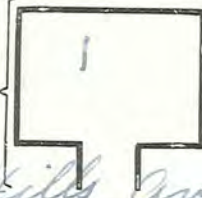
Yearly No. 62

FOR THE FUNERAL OF

Total to date 1720

*Marion Newcomb Wildrick*

Residence Blairstown, N.J.  
 Place of Death N.C. Hosp 1 day  
 Date of Birth 1885 Apr 15 (Day) 59 Years Sex Color or Race  
 Date of Death 1944 Aug 27 (Day) 4 Months Single Age 29.62  
 Maiden Name \_\_\_\_\_ 12 Days Married   
 Birth-place Fort Omaha, Nebraska Occupation House wife  
 Name of Father Warren P. Newcomb His Birth-place Boston  
 Maiden Name of Mother Caroline Richards Her Birth-place Boston  
 Cause of Death—Primary Cerebral Hem. Secondary Essential hypertension  
 Certifying Physician Menas Residence \_\_\_\_\_  
 Place of Burial Mantoloking Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 1183  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Aug 30 Section \_\_\_\_\_  
 Social Security No. Edith C. Wildrick 185 Shouts Hills Ave, Springfield N.J.



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>1157 Mohair</u>	<u>200 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>20 00</u>	Automobiles <u>H Wood</u>	<u>5 00</u>
Burial Suit _____		<u>Lot No 1183</u>	<u>60 00</u>
Slippers _____		Newspaper Notices	
Embalmg <u>Services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____	<u>10 00</u>		
Services <u>Transfers</u>			
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Dr Gardner</u>	<u>305</u>
Cemetery Charges _____	<u>15 00</u>	Amount of Bill	<u>370 00</u>
Music _____		Goods Ordered by <u>Edith C. Wildrick</u>	
Flowers _____		Bill Charged to _____	

DR. 303.00

CR.

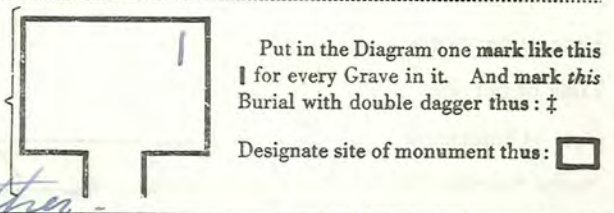
Oct 14	Pd Herbert	5 00	Sept 29	Rec Check	370 00
" 20	Pd PH C&A Lot	60 00			
				<b>PAID</b>	
				By <u>Edith C. Wildrick</u>	

1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 63 FOR THE FUNERAL OF Angela Raftery Total to date 1721

Residence 46 Centre St  
 Place of Death W. Nantucket Wife or Widow of Philip Raftery  
 Date of Birth 1898 July 15 Age 46 Years Sex Female Color or Race White  
 Date of Death 1944 Aug 27 Age 1 Months Single Yes Color or Race Age 56  
 Maiden Name Ellen Age 12 Days Married Yes  
 Birth-place Nantucket Occupation House wife  
 Name of Father Frank W. Gardner Jr His Birth-place Nantucket  
 Maiden Name of Mother Susie A. Snell Her Birth-place Hunting Ld  
 Cause of Death—Primary Uræmia Secondary Chronic Nephritis  
 Certifying Physician Gilpatrick Residence PH  
 Place of Burial PH Cemetery PH  
 Funeral Service at PH Lot No. 572  
 Time of Service PH Grave No. 1  
 Date of Interment Aug 30 Section PH  
 Social Security No. Eldred H 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	Funeral Complete	100 00
Embalming	Transportation Charges	
Washing and Dressing	Officiating Clergyman	Dr. Sutton
Shaving	Amount of Bill	
Services	Goods Ordered by	
Use of Chairs	Bill Charged to	H. D. C. Nantucket
Church Charges		
Cemetery Charges		
Music		
Flowers		

DR.		CR.	
		Sept 29	Rec Chuck 100 00

# RECORD AND BILL OF ITEMS

Yearly No. 64

FOR THE FUNERAL OF

Total to date 1722

Residence Isabell Perry  
50 Pleasant St.

Place of Death " " " Wife or Widow of Marcel Pery

Date of Birth 1875 May 30  
(Year) (Month) (Day)

Date of Death 1944 Aug 31  
(Year) (Month) (Day) Age { 69 Years { Sex Female { Color or Race  
 { 3 Months { Single Single  
 { 1 Days { Married Married

Maiden Name "

Birth-place New Bedford. Occupation House work, own home

Name of Father Unknown. His Birth-place Unknown

Maiden Name of Mother " Her Birth-place "

Cause of Death—Primary Hypertrophic Secondary cirrhosis liver

Certifying Physician Dr. Folger Residence "

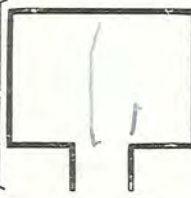
Place of Burial Wauwaukett Cemetery P.H.

Funeral Service at " Lot No. 776

Time of Service " Grave No. "

Date of Interment Sept. 3. Section "

Social Security No. Ruth S. Perry Daughter



Casket or Coffin No. <u>A11012</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>75 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>of Services</u>	<u>35 00</u>	Officiating Clergyman <u>Dr. Sutton</u>	
Washing and Dressing		Amount of Bill	<u>200 00</u>
Shaving <u>Transfer</u>	<u>10 00</u>	Goods Ordered by <u>Ruth S. Perry</u>	
Services		Bill Charged to <u>" " "</u>	
Use of Chairs <u>Funeral</u>	<u>25 00</u>		
Church Charges	<u>15 00</u>		
Cemetery Charges			
Music			
Flowers			

DR. 200.00

CR.

				<u>Jan. 23</u>	<u>45 Cr. Cash</u>	<u>100 00</u>

1941-1945

# RECORD AND BILL OF ITEMS

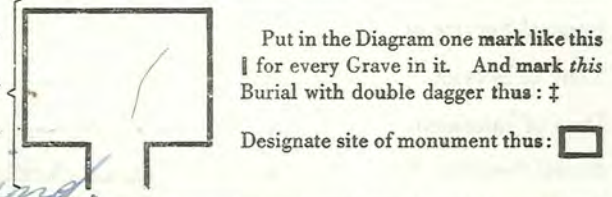
Yearly No. 65

FOR THE FUNERAL OF

Total to date 1723

*Isabel Irving Thompson*

Residence.....  
 Place of Death W. C. Hosp. 2 days Wife or Widow of William H. Thompson  
 Date of Birth 1871 Feb 28 Age { 73 Years { Sex..... Color or Race  
 Date of Death 1944 Sept 1 { 6 Months { Single.....  
 Maiden Name..... { 4 Days { Married.....  
 Birth-place Bridgport Conn. Occupation Actress Retired eyes  
 Name of Father Charles W. Irving His Birth-place Unknown  
 Maiden Name of Mother Isabella Her Birth-place Unknown  
 Cause of Death—Primary Peritonitis Secondary Strangulated hernia  
 Certifying Physician Menas Residence right femoral  
 Place of Burial Bridgport Conn. Cemetery Mountain Grove  
 Funeral Service at..... Lot No.....  
 Time of Service..... Grave No.....  
 Date of Interment..... Section.....  
 Social Security No. Margaret F. Wilson Friend



Casket or Coffin No.....	<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>20</u>	Automobiles.....	
Burial Suit.....		Newspaper Notices.....	
Slippers.....			
Embalming <u>for services</u>	<u>35 00</u>		
Washing and Dressing.....			
Shaving.....			
Services <u>Transfers</u>	<u>10 00</u>	Transportation Charges.....	<u>165 00</u>
Use of Chairs.....		Officiating Clergyman <u>Dr. Gardner</u>	<u>20 82</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill.....	<u>185 82</u>
Cemetery Charges.....		Goods Ordered by <u>Actors Trust Fund of</u>	
Music.....		Bill Charged to <u>America</u>	
Flowers.....			

DR. 165.00 CR.

Shipped to	Sept 20, 1944	Check	185 00
<u>Michellins &amp; Redgate</u>			
<u>1297 Park Ave</u>			
<u>Bridgport Conn</u>			
		<b>PAID</b>	
		By	
		<u>The Actors Trust Fund of</u>	
		<u>America</u>	
<u>Mr. Robert Campbell</u>			
<u>of The Actors Trust Fund of America</u>			
<u>Suite 810. — 1619 Broadway</u>			
<u>New York City 19, N.Y.</u>			

# RECORD AND BILL OF ITEMS

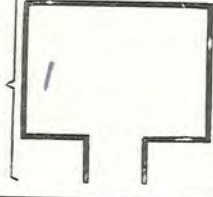
Yearly No. 66

FOR THE FUNERAL OF

Total to date 1724

Non Marie Cowan

Residence.....  
 Place of Death N. C. Hospital 23 days Wife or Widow of.....  
 Date of Birth 1944 Aug 9  
 Date of Death 1944 Sept 9 Age { ..... Years { Sex ..... { Color or Race .....  
 { ..... Months { Single .....  
 { ..... Days { Married .....  
 Maiden Name.....  
 Birth-place Nantucket Occupation.....  
 Name of Father Frederick Cowan His Birth-place England  
 Maiden Name of Mother Margaret Fletcher Her Birth-place Edinboro Scotland  
 Cause of Death—Primary Prematurity Secondary Spinal bifida  
 Certifying Physician Menges Residence.....  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at..... Lot No. 372  
 Time of Service..... Grave No.....  
 Date of Interment Sept. 4, 1944 Section.....  
 Social Security No. N. C. Hospital records



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

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

DR. 25.40

	CR.								
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: right;">Sept. 4 1944 Cash</td> </tr> <tr> <td></td> <td style="text-align: right;">25 00</td> </tr> <tr> <td colspan="2" style="text-align: center; font-size: 2em; font-weight: bold;">PAID</td> </tr> <tr> <td colspan="2" style="text-align: center;">By <u>Frederick Cowan</u></td> </tr> </table>		Sept. 4 1944 Cash		25 00	PAID		By <u>Frederick Cowan</u>		
	Sept. 4 1944 Cash								
	25 00								
PAID									
By <u>Frederick Cowan</u>									



RECORD AND BILL OF ITEMS

Yearly No. 67

FOR THE FUNERAL OF

Total to date 1725

*Mary C. Reynolds*  
 Residence *7 Halifax St. Jamaica Plain*  
 Place of Death *M. C. Hosh 1 mo 12 days* Wife or Widow of *John A. Reynolds*  
 Date of Birth *1889 Dec 19* { *54* Years Sex { *White* Color or Race  
 Date of Death *1944 Sept 6* { *8* Months Single { *Age 57*  
 Maiden Name { *18* Days Married {  
 Birth-place *Boston Mass* Occupation *House wife*  
 Name of Father *James W. Hawkes* His Birth-place *Boston Mass*  
 Maiden Name of Mother *Catherine Demahy* Her Birth-place *Boston Mass*  
 Cause of Death—Primary *Recurrent* Secondary *generalized adenocarcinoma*  
 Certifying Physician *Gilpatrick* Residence *at breast*  
 Place of Burial *West Roxbury* Cemetery *Mt. Benedict*  
 Funeral Service at ..... Lot No.  Put in the Diagram one mark like this  
 Time of Service *Sept 9* Grave No.  | for every Grave in it. And mark this  
 Date of Interment ..... Section  Burial with double dagger thus: †  
 Social Security No. *John A. Reynolds* 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 <i>Pine trimmed</i>	<i>20 00</i>	Automobiles .....	
Burial Suit .....		Newspaper Notices .....	
Slippers .....			
Embalming <i>services</i>	<i>25 00</i>		
Washing and Dressing .....			
Shaving .....			
Services <i>Transfers</i>	<i>10 00</i>		
Use of Chairs .....		Transportation Charges <i>Tickets</i>	<i>7 19</i>
Church Charges .....		Officiating Clergyman .....	<i>55 00</i>
Cemetery Charges .....		Amount of Bill .....	<i>62 19</i>
Music .....		Goods Ordered by <i>John A. Reynolds</i>	
Flowers .....		Bill Charged to .....	
	<i>55.00</i>		

DR.

CR.

<i>Shipped to</i>		<i>Nov 10</i>	<i>44 Cash</i>	<i>62 00</i>
<i>J. D. Fallon &amp; Sons</i>				
<i>7 Greenough Ave</i>				
<i>Jamaica Plain</i>				
<b>PAID</b>				
<i>By M. Reynolds</i>				

# RECORD AND BILL OF ITEMS

Yearly No. 68

FOR THE FUNERAL OF

Total to date 1726

William Henry Smith

Residence 12 Willow Rd. Wellesley Mass

Place of Death N. C. Hosp 5 hrs      Wife or Widow of Bessie C Winslow

Date of Birth 1872 July 11      Age { 72 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
(Year)      (Month)      (Day)      { 3 Months { Single \_\_\_\_\_ { Age 59  
(Year)      (Month)      (Day)      { \_\_\_\_\_ Days { Married \_\_\_\_\_ { 59

Maiden Name \_\_\_\_\_

Birth-place New York      Occupation U. S. Letter Carrier Retired 6 yrs

Name of Father Charles F. Smith      His Birth-place Essex N. H.

Maiden Name of Mother Mary Steinsie      Her Birth-place New York

Cause of Death—Primary Cerebral Hem.      Secondary Hypertension

Certifying Physician Menges      Residence \_\_\_\_\_

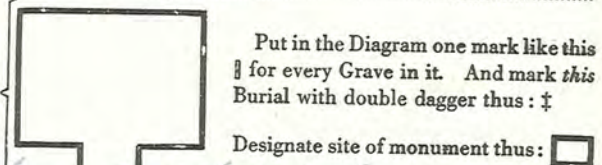
Place of Burial Wellesley Mass      Cemetery Woodlawn

Funeral Service at \_\_\_\_\_      Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_      Grave No. \_\_\_\_\_

Date of Interment Sept 43      Section \_\_\_\_\_

Social Security No. Bessie C. Smith      12 Willow Rd Wellesley



Casket or Coffin No. <u>1297 Oak</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>Pine &amp; hds</u>	<u>20 00</u>	<b>Automobiles</b> _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges <u>Tickets</u>	<u>19 88</u>
Embalming <u>&amp; Services</u>	<u>35 00</u>	Officiating Clergyman _____	<u>365 00</u>
Washing and Dressing _____		Amount of Bill _____	<u>384 88</u>
Shaving _____		Goods Ordered by <u>Bessie C. Smith</u>	
Services <u>Transfer</u>	<u>10 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges _____			
Music _____			
Flowers _____			

DR. 365.00

CR.

<u>Shipped to</u>		<u>Dec 11</u>	<u>1944 Co-Cash</u>	<u>285 00</u>	
<u>Brown &amp; Sons</u>			<u>Disc</u>	<u>4 88</u>	
<u>17 Wellesley Ave</u>				<u>200 00</u>	
		<u>Mar 17</u>	<u>1945 Check</u>	<u>100 00</u>	
				<u>000 00</u>	
<b>PAID</b>					
<u>Bessie C Smith</u>					

1941-1945

# RECORD AND BILL OF ITEMS

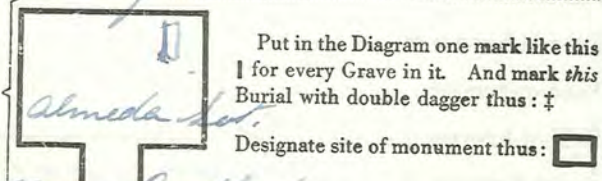
Yearly No. 69

FOR THE FUNERAL OF

Total to date 1727

Mary P. Macy

Residence 4 Williams St  
 Place of Death 12 Cherry St Wife or Widow of Manuel Macy  
 Date of Birth 1 about 66 Years Sex Divorced Color or Race  
 Date of Death 1944 Sept 11 Age { Months { Single {  
 Maiden Name { Days { Married {  
 Birth-place St. Michaels, Azores Occupation House keeper  
 Name of Father Joaquin Amancio His Birth-place St. Michaels  
 Maiden Name of Mother Thomazinha Her Birth-place St. Michael  
 Cause of Death—Primary Sympho sarcoma Secondary retto Peritoneal & abuse of Pancreas  
 Certifying Physician G. Patrick Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St. Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Sept. 13 Section Alameda St.  
 Social Security No. Amelia Grace Daughter 123 Cedar St. near Bedford



Casket or Coffin No. <u>1157 Pine</u>	<u>200 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>20 00</u>	Automobiles <u>Wood 2</u>	<u>10 00</u>
Burial Suit			<u>310 00</u>
Slippers		Newspaper Notices	
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>10 00</u>		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Fr. Griffin</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>320 00</u>
Music <u>Prayer Recit etc.</u>	<u>5 00</u>	Goods Ordered by	
Flowers		Bill Charged to	

DR. 310.00

CR.

Oct 6	Pd. Herbut	10 00	Oct 5	1944 Cash	320 00
				<del>1945 Check</del>	<del>100 00</del>
				<b>PAID</b>	
				By <u>Amelia Grace</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 70

FOR THE FUNERAL OF

Total to date 1728

*Manuel Rose Lima*

Residence 89 Grinnell St. New Bedford

Place of Death N. C. Hosp. & his Wife or Widow of Elizabeth Pate

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

Date of Death 19 (Year) 44 (Month) Sept 12 (Day)

Maiden Name \_\_\_\_\_ Age { 34 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Months \_\_\_\_\_ Single \_\_\_\_\_  
 Days \_\_\_\_\_ Married \_\_\_\_\_

Birth-place East Providence Occupation Chef

Name of Father Frank R. Lima His Birth-place Cape Verde

Maiden Name of Mother Sibania Franciosa Her Birth-place Dos Santos Cape Verde

Cause of Death—Primary Cerebral Hem. Secondary Fracture of skull, struck by Automobile

Certifying Physician Folger Medley Residence while walking home.

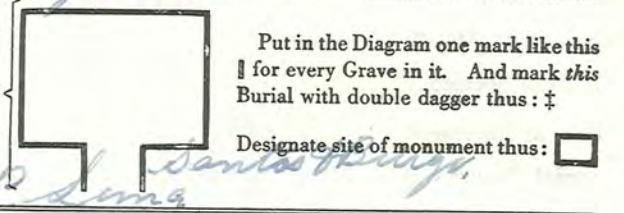
Place of Burial New Bedford Cemetery St. John's

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Sept 16. Section \_\_\_\_\_

Social Security No. 12-14-6241 Elizabeth P. Lima



Casket or Coffin No. _____	Candles _____			
Size _____ Made by _____	Gloves _____			
Lining and Pillow Set No. _____	Bearers or Porters _____			
Handles _____	Hearse to _____			
Plate _____	Removal _____			5.00
Outside Box or Vault _____	<b>Automobiles</b>			
Burial Suit _____	<u>Shipping Case</u>			15.00
Slippers _____	Newspaper Notices _____			
Embalming _____				
Washing and Dressing _____				
Shaving _____				
Services _____	Transportation Charges <u>Express</u>			4.94
Use of Chairs _____	Officiating Clergyman _____			
Church Charges _____	Amount of Bill _____			24.94
Cemetery Charges _____	Goods Ordered by <u>James F. Burgo</u>			
Music _____	Bill Charged to <u>Dante HB</u>			
Flowers _____				

DR.			CR.
	<u>Autopsy Sept 13</u>	<u>Apr. 10. 145. Check</u>	24.94
		<u>Exp.</u>	4.94
			28.88
		<b>PAID</b>	
		<u>By James F. Burgo.</u>	

1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 71

FOR THE FUNERAL OF

Total to date 1729

Residence 4 East Dover  
 Place of Death 57 Orange  
 Date of Birth 1 27 0 March (Year) (Month) (Day)  
 Date of Death 19 44 Sept 14 (Year) (Month) (Day)  
 Maiden Name \_\_\_\_\_  
 Birth-place Fayal  
 Name of Father Sebastião Souza  
 Maiden Name of Mother Evarestia  
 Cause of Death—Primary Mitral regurgitation  
 Certifying Physician Fulgus Med Es  
 Place of Burial Mant  
 Funeral Service at \_\_\_\_\_  
 Time of Service \_\_\_\_\_  
 Date of Interment Sept 18  
 Social Security No. Mary F Marks Daughter

Wife or Widow of Candida Guilast  
 Age { 74 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
       6 Months { Single \_\_\_\_\_ {  
       \_\_\_\_\_ Days { Married \_\_\_\_\_ {

Occupation Fireman  
 His Birth-place Fayal  
 Her Birth-place " "  
 Secondary Cardiac decompensation  
 Residence Sudden death  
 Cemetery Sept 18 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>8397 Wal. Fin</u>	<u>1 85 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. Griffin</u>	
Washing and Dressing _____		Amount of Bill	<u>285 00</u>
Shaving _____		Goods Ordered by <u>Mary F Marks</u>	
Services <u>Transfer</u>	<u>5 00</u>	Bill Charged to _____	
Use of Chairs <u>Prayer Rail etc</u>	<u>5 00</u>		
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges _____	<u>15 00</u>		
Music _____			
Flowers _____			

DR. 285.00

CR.

		<u>Dec 22</u>	<u>Cash</u>	<u>250 00</u>
		<u>" 26</u>	<u>"</u>	<u>35 00</u>
				<u>285 00</u>
<b>PAID</b>				
<u>By Mary F Marks</u>				

RECORD AND BILL OF ITEMS

Yearly No. 72

FOR THE FUNERAL OF

Total to date 1730

Edward M Grant

Residence 57 Attitash Ave., N. E. Hosh 15 min. Wife or Widow of Catherine A Birdick. Date of Birth 1884 July 11. Date of Death 1944 Sept 24. Age 60 Years 2 Months 13 Days. Sex Single. Color or Race Age 59. Occupation Asst. Agent. N. E. Steam Ship Co. Birth-place Nantucket. Name of Father Joseph B Grant. His Birth-place Nantucket. Maiden Name of Mother Mary F Beckman. Her Birth-place Nantucket. Cause of Death - Primary Sudden death. Secondary Died in hospital. Ill about 1 hr. Coronary thromb. Certifying Physician Folger Med Ed. Residence 1 hr. Coronary thromb. Place of Burial Nant. Cemetery P. H. Funeral Service at Lot No. 1010. Time of Service Sept 28. Grave No. Section. Date of Interment Sept 28. Social Security No. 024-10-5768 Catherine A Grant.



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: □

Table with 3 main columns: Description, Amount, and Paid. Items include Casket or Coffin No. 8397 Wal fir. 185.00, Candles, Gloves, Bearers or Porters, Hearse to, Removal, Automobiles, Newspaper Notices, 1/2 Lot, No 1010 30.00, 285.00, Transportation Charges, Officiating Clergyman Strong, Amount of Bill 310.00, Goods Ordered by Catherine Grant, Bill Charged to.

DR. 285.00 CR.

Table with 4 columns: Date, Description, Amount, and Balance. Entry: Oct 20 Paid P.H.C.A. Lot 30.00, Oct 5 1944 Cash 310.00. Includes a 'PAID' stamp and signature 'By Catherine Grant'.

1941-1945

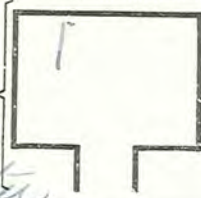
# RECORD AND BILL OF ITEMS

Yearly No. 73

FOR THE FUNERAL OF

Total to date 1731

Roland B Chase  
 Residence 254 North Duncan St. Buffalo, N.Y.  
 Place of Death Myers Memorial Hosp. Wife or Widow of can not be learned  
 Date of Birth 1 1883 May 16 (Year) (Month) (Day) Age { 61 Years { Sex Separated Color or Race  
1944 Oct 1 (Year) (Month) (Day) { 4 Months { Single  
 Maiden Name \_\_\_\_\_ { 15 Days { Married  
 Birth-place Nantucket Occupation Restaurant Manager  
 Name of Father Alexander M Chase His Birth-place Nantucket  
 Maiden Name of Mother Nancy Wilson Her Birth-place Cape Cod  
 Cause of Death—Primary Epithelioma of lip Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 236  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. Hattie B Garland sister



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	<u>Cemetery Chgs 15 00</u>
Handles		Hearse to	<u>Cemetery 25 00</u>
Plate		Removal	<u>From Boat 5 00</u>
Outside Box or Vault		Automobiles	<u>Wood 4 20 00</u>
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman	<u>Bennett</u>
Washing and Dressing		Amount of Bill	<u>65 00</u>
Shaving		Goods Ordered by	<u>Hattie Garland</u>
Services		Bill Charged to	<u>Mr. Wilfred McCarthy</u>
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.		CR.	
	<u>Mr. Wilfred McCarthy</u>	<u>Oct 29</u>	<u>144 Rec Check 65 00</u>
	<u>1011. Walbridge Bldg</u>	<u>Nov 1</u>	<u>" Pd Allen 20 00</u>
	<u>Buffalo 2. New York</u>		<u>45 00</u>
<u>Nov 1</u>	<u>Pd Allen 4 cam</u>		<u>20 00</u>
			<b>PAID</b>
			<u>By Wilfred McCarthy</u>

# RECORD AND BILL OF ITEMS

Yearly No. 74

FOR THE FUNERAL OF

Total to date 1782

Theodore Varney

Residence 142 East 71st New York

Place of Death N. C. Hosp. 10 hrs Wife or Widow of Elizabeth P. Lyon

Date of Birth 1874 Jan 27 Age 70 Years Sex Male Color or Race \_\_\_\_\_

Date of Death 1944 Oct 2 Age 8 Months 5 Days Single \_\_\_\_\_ Married \_\_\_\_\_

Maiden Name \_\_\_\_\_

Birth-place Leavenworth Kansas Occupation Electrical Engineer

Name of Father Almon S. Varney His Birth-place Windon Maine

Maiden Name of Mother Hannah Shattuck Her Birth-place Boston

Cause of Death—Primary Coronary Secondary Thrombosis, Hypertension

Certifying Physician F. O'Leary Residence \_\_\_\_\_

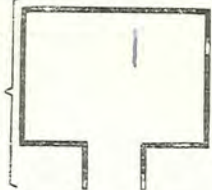
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 772

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment \_\_\_\_\_ Section \_\_\_\_\_

Social Security No. \_\_\_\_\_



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>7097 Mhz</u>	350	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>	20	00	<b>Automobiles</b>		
Burial Suit _____			Newspaper Notices		
Slippers _____					
Embalming <u>Services</u>	50	00			
Washing and Dressing _____					
Shaving _____					
Services <u>Transfers</u>	10	00			
Use of Chairs _____			Transportation Charges		
Church Charges <u>Funeral</u>	25	00	Officiating Clergyman <u>Blogeth</u>		
Cemetery Charges _____	15	00	Amount of Bill	470	00
Music _____			Goods Ordered by <u>Mrs Varney</u>		
Flowers _____			Bill Charged to _____		

DR.

470.00

CR.

			Nov 3.	1944 check	470 00
$\begin{array}{r} 1944 \\ 1874 \\ \hline 670 \end{array}$				PAID	
				By Mrs Varney	



RECORD AND BILL OF ITEMS

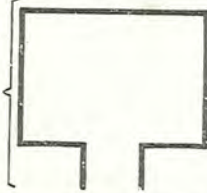
Yearly No. 75

FOR THE FUNERAL OF

Total to date 1733

Regis H. Post.

Residence 17 Liberty St.  
 Place of Death " " " " " "  
 Date of Birth 1870 Jan 28  
 Date of Death 1944 Oct 5  
 Maiden Name \_\_\_\_\_  
 Birth-place New York City Occupation Retired  
 Name of Father Albert Kirtling Post His Birth-place New York  
 Maiden Name of Mother Mary C. DeKobrian Her Birth-place Venice Italy  
 Cause of Death—Primary Carcinoma of Secondary Cecum Metastases to liver  
 Certifying Physician Mengell Residence \_\_\_\_\_  
 Place of Burial Sayville N.Y. Cemetery St. Ann's  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Oct 9th Section \_\_\_\_\_  
 Social Security No. Marguerite D. Post



Casket or Coffin No. 11397	350 00	Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault Pine	25 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming Services	50 00	Officiating Clergyman Strong	
Washing and Dressing		Amount of Bill	
Shaving		Goods Ordered by	
Services Transfers	20 00	Bill Charged to	
Use of Chairs			
Church Charges Funeral	15 00		
Cemetery Charges			
Music			
Flowers			
	460.00		

DR.

CR.

W. H. Post		Oct 10 1945 Check	460 00
68 Williams St			
New York City N.Y.			
		PAID	
		By Leon R. Gillson atty.	
		68 Williams St	
		New York City	

# RECORD AND BILL OF ITEMS

Yearly No. 76

FOR THE FUNERAL OF

Total to date 1734

Robert Minshall

Residence 1170 - 5th Ave. N.Y. City

Place of Death N.C. Hosp. 15 min.      Wife or Widow of Katharine Terhune

Date of Birth 1894 Feb 6      Age { 50 Years { Sex ..... { Color or Race .....

(Year)      (Month)      (Day)

Date of Death 1944 Oct 9      { 8 Months { Single ..... {

(Year)      (Month)      (Day)

{ 3 Days { Married ..... {

Maiden Name .....

Birth-place Terre Haute, Ind.      Occupation Broker

Name of Father Charles Minshall      His Birth-place Terre Haute, Ind.

Maiden Name of Mother Emily Richardson      Her Birth-place York Ill.

Cause of Death—Primary Sudden death N.C.      Secondary Heart disease, presumably

Certifying Physician Folger Med. Sch.      Residence Coronary thrombosis

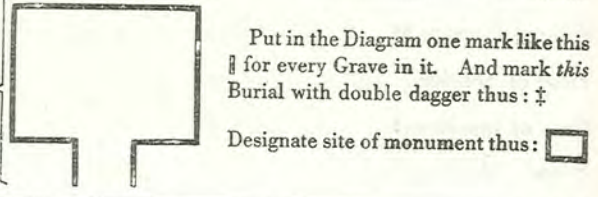
Place of Burial New York City      Cemetery Woodlawn

Funeral Service at .....      Lot No. ....

Time of Service .....      Grave No. ....

Date of Interment Oct. 11, 1944      Section .....

Social Security No. Kathryn J. Minshall



Casket or Coffin No. <u>10397 Wal.</u>	350	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>	25	00	Automobiles.....		
Burial Suit .....			Newspaper Notices.....		
Slippers .....					
Embalming <u>&amp; Services</u>	50	00			
Washing and Dressing .....					
Shaving .....					
Services <u>Transfer</u>	10	00	Transportation Charges <u>Tickets</u>	62	56
Use of Chairs .....			Officiating Clergyman.....	435	00
Church Charges.....			Amount of Bill.....	497	56
Cemetery Charges.....			Goods Ordered by.....		
Music.....			Bill Charged to .....		
Flowers .....					

DR. 435.00
CR.

			Sept 26 1946 Check		497 56
			PAID		
			By <u>Ernest, Marvin &amp; Martin Otty</u>		
			<u>48 Wall St</u>		
			<u>New York 5. N.Y.</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 77

FOR THE FUNERAL OF

Total to date 1735

Louis N. Othote

Residence 30 Pine St.

Place of Death " " " " Wife or Widow of Florida N. Des Coteaux

Date of Birth 1870 July 5 (Year) (Month) (Day)

Date of Death 1944 Sept 15 (Year) (Month) (Day) Age { 71 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 3 Months { Single \_\_\_\_\_ { Age 64

Birth-place Hartford, Conn. Occupation Carpenter Retired 14 yrs Married \_\_\_\_\_

Name of Father William Othote His Birth-place Can not be learned

Maiden Name of Mother Henrietta Demaree Her Birth-place Unknown

Cause of Death—Primary Carcinoma of Secondary intestines

Certifying Physician Foley Residence \_\_\_\_\_

Place of Burial Wentucket Cemetery St. Marys

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment \_\_\_\_\_ Section \_\_\_\_\_

Social Security No. \_\_\_\_\_



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>8297 Maple</u>	<u>275 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>20 00</u>	Automobiles <u>Wood 2</u>	<u>10 00</u>
Burial Suit _____		<u>Gladders 1</u>	<u>5 00</u>
Slippers _____		Newspaper Notices	<u>385 00</u>
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>10 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>400 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by <u>Mrs Othote</u>	
Music <u>Prayer Roll Etc</u>	<u>5 00</u>	Bill Charged to _____	
Flowers _____			

DR. 385.00

CR.

				<u>Nov. 9.</u>	<u>1944 Check</u>	<u>400 00</u>
					<u>Gladders 1 car</u>	<u>5 00</u>
					<u>Wood 2 car</u>	<u>10 00</u>
						<u>385 00</u>
					<b>PAID</b>	
					<u>By Mrs Othote</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 78

FOR THE FUNERAL OF

Total to date 1786

Charles E Congdon

Residence 5 Orange St.

Place of Death N. C. Hosp. 1 day

Date of Birth 1872 Sept 27 (Year) (Month) (Day)

Date of Death 1944 Oct 16 (Year) (Month) (Day)

Wife or Widow of Ann Ramsdell

Age { 72 Years { Sex ..... Color or Race  
 { 0 Months { Single .....  
 { 19 Days { Married .....

Maiden Name .....

Birth-place East Greenwich R.I. Occupation Insurance Agent

Name of Father Richard E Congdon His Birth-place East Greenwich R.I.

Maiden Name of Mother Jeanette Chapman Her Birth-place Mystic Conn

Cause of Death—Primary Cerebral Embolism Secondary .....

Certifying Physician Folger Residence .....

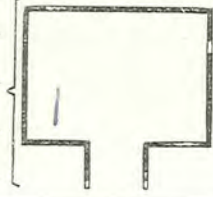
Place of Burial Nantucket Cemetery P 14

Funeral Service at ..... Lot No. 1150

Time of Service ..... Grave No. ....

Date of Interment Oct. 19 1944 Section .....

Social Security No. Ann R Congdon



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>435<sup>12</sup></u>	<u>250 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>20 00</u>	<b>Automobiles</b> .....	
Burial Suit .....		Newspaper Notices.....	
Slippers .....			
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing .....		<u>Set No 1150</u>	<u>60 00</u>
Shaving .....			<u>360 00</u>
Services <u>Transfer</u>	<u>15 00</u>	Transportation Charges.....	
Use of Chairs .....		Officiating Clergyman <u>Pickett</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill.....	<u>420 00</u>
Cemetery Charges <u>Funeral</u>	<u>15 00</u>	Goods Ordered by .....	
Music.....		Bill Charged to .....	
Flowers .....			

DR. 360.00 CR.

<u>Oct 20</u>	<u>Pd. P.H.C.A. Set</u>	<u>60 00</u>	<u>Jan 12</u>	<u>to Check Veterans.</u>	<u>100 00</u>
			<u>Jan 28</u>	<u>" "</u>	<u>320 00</u>
					<u>420 00</u>
				<b>PAID</b>	
				<u>By Ann R. Congdon Adm.</u>	

1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 79

FOR THE FUNERAL OF

Total to date 1737

Charles Whitney Riddell

Residence 55 Centre

Place of Death M. C. Hosh 2 days Wife or Widow of

Date of Birth 1860 Oct 16

Date of Death 1944 Oct 23 Age  $\left\{ \begin{array}{l} 84 \text{ Years} \\ 2 \text{ Months} \\ 7 \text{ Days} \end{array} \right.$  Sex  $\left\{ \begin{array}{l} \text{Single} \checkmark \\ \text{Married} \end{array} \right.$  Color or Race

Maiden Name  Birth-place Nantucket Occupation None

Name of Father Samuel S. Riddell His Birth-place Nantucket

Maiden Name of Mother Sigie Whitney Her Birth-place Nantucket

Cause of Death—Primary Edemic decomposition Secondary Chronic Myo general

Certifying Physician Folsa Residence Anterior sclerosis

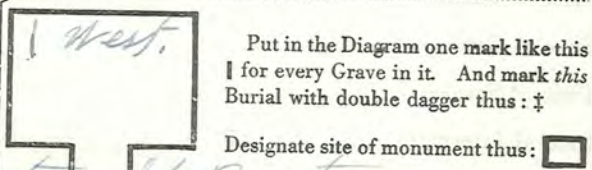
Place of Burial Nant. Cemetery North

Funeral Service at  Lot No. 161

Time of Service  Grave No.

Date of Interment Oct 26 Section

Social Security No. Annie S Riddell 155 Poplston St. Boston



Casket or Coffin No. <u>190-12</u>	<u>150</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>20</u>	<u>00</u>	Automobiles	
Burial Suit	<u>15</u>	<u>00</u>	Newspaper Notices	
Slippers			Transportation Charges	
Embalming <u>services</u>	<u>35</u>	<u>00</u>	Officiating Clergyman <u>Strong</u>	
Washing and Dressing			Amount of Bill	<u>275</u>
Shaving			Goods Ordered by <u>Annie S Riddell</u>	
Services <u>Transfer</u>	<u>5</u>	<u>00</u>	Bill Charged to <u>Grace Henry Edney</u>	
Use of Chairs				
Church Charges <u>Funeral</u>	<u>25</u>	<u>00</u>		
Cemetery Charges	<u>15</u>	<u>00</u>		
Music				
Flowers				

DR. 275.00 CR.

			<u>July 9</u>	<u>1945</u>	<u>Check</u>	<u>375</u>	<u>00</u>
<b>PAID</b>							
<u>By Grace M. Henry Edney</u>							

# RECORD AND BILL OF ITEMS

Yearly No. 80

FOR THE FUNERAL OF

Total to date 1738

Residence 88 Orange St Mary E. Raymond

Place of Death M. C. Hospital 8 mos 1 day Wife or Widow of Charles E. Raymond

Date of Birth 1868 Jan 19 (Year) (Month) (Day) Age 76 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Date of Death 1944 Oct 30 (Year) (Month) (Day) Age 9 Months { Single \_\_\_\_\_ } \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age 11 Days { Married \_\_\_\_\_ } \_\_\_\_\_

Birth-place Nantucket Occupation Housekeeper

Name of Father Wickerson His Birth-place unknown

Maiden Name of Mother Charlotte M. Wier Her Birth-place Nantucket

Cause of Death—Primary carcinoma of Secondary retum

Certifying Physician Menges Residence \_\_\_\_\_

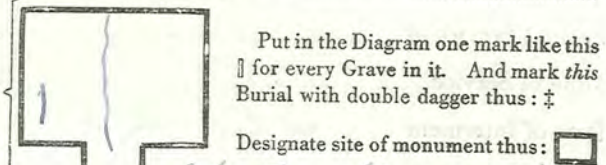
Place of Burial Nant. Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 670

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Nov. 1 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ William Flood Son 125 Sycamore St Roslindale



Casket or Coffin No. <u>285<sup>12</sup></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>Vault</u>	100 00	Automobiles <u>Wood 1.</u>	5 00
Burial Suit <u>Black dress</u>	15 00	<u>Car for Priest</u>	3 00
Slippers _____		Newspaper Notices	
Embalming <u>of Services</u>	35 00		
Washing and Dressing _____			
Shaving _____			
Services <u>transfer</u>	5 00	Transportation Charges	360 00
Use of Chairs _____		Officiating Clergyman <u>Fr. Okupe</u>	20 00
Church Charges <u>Funeral</u>	25 00	Amount of Bill	388 00
Cemetery Charges	15 00	Goods Ordered by _____	
Music _____		Bill Charged to _____	
Flowers _____			

DR. 360.00 CR.

Apr 14	Paid Allen Car	5 00	Apr 2	1945 check	388 00

**PAID**  
 By Helin S. Olcott  
Grace M. Henry Atty.

# RECORD AND BILL OF ITEMS

Yearly No. 81

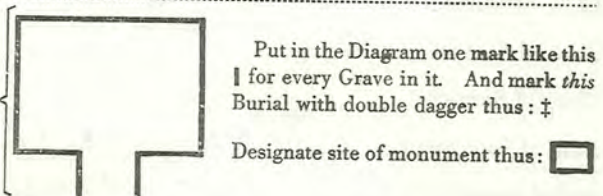
FOR THE FUNERAL OF

Total to date 1789.

Harry F. Johnson

Residence 145 Main St  
 Place of Death 145 Main St  
 Date of Birth 1 Aug 24  
 Date of Death 19 44 Nov 2  
 Maiden Name \_\_\_\_\_  
 Birth-place Wilmington Del  
 Name of Father William Johnson  
 Maiden Name of Mother Unknown  
 Cause of Death—Primary Chronic Myo  
 Certifying Physician Foley  
 Place of Burial Wilmington Del  
 Funeral Service at \_\_\_\_\_  
 Time of Service \_\_\_\_\_  
 Date of Interment Nov 6  
 Social Security No. Sophia C. Greene

Wife or Widow of Margaret Caldwell  
 Age { 78 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 2 Months { Single \_\_\_\_\_  
 { 9 Days { Married \_\_\_\_\_  
 Occupation Certified Accountant Retired 30 yrs  
 His Birth-place Wilmington Del  
 Her Birth-place \_\_\_\_\_  
 Secondary Rheumatic Cardiac decompensation  
 Residence Herpes Foster  
 Cemetery Riverview  
 Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Designate site of monument thus:



Casket or Coffin No. <u>170 12</u>	<u>175 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			
Embalming <u>f Service</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfers</u>	<u>10 00</u>		
Use of Chairs		Transportation Charges <u>Express</u>	<u>270 00</u>
Church Charges		Officiating Clergyman <u>toll call</u>	<u>32 88</u>
Cemetery Charges		Amount of Bill	<u>303 50</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR. 270 00 CR.

Shipped to	Feb 23	1945 Check	303 50
James F. Heary		Express toll call	33 50 exp.
3202 Market St			<u>270 00</u>
Wilmington Del.			
Phone 4021			
		<b>PAID</b>	
		By Sophia C. Greene	

# RECORD AND BILL OF ITEMS

Yearly No. 82

FOR THE FUNERAL OF

Total to date 1740

Minnie L. Nickerson

Residence 1 Beaver St. 3rd

Place of Death M. C. Hosp. 1 day      Wife or Widow of Charles E. Nickerson

Date of Birth 1865 Oct 19      Age 79 Years      Sex \_\_\_\_\_      Color or Race \_\_\_\_\_  
(Year)      (Month)      (Day)

Date of Death 1944 Nov 13      Age 0 Months      Single \_\_\_\_\_  
(Year)      (Month)      (Day)

Maiden Name \_\_\_\_\_      Age 25 Days      Married \_\_\_\_\_

Birth-place Provincetown      Occupation At Home

Name of Father George H. Cornell      His Birth-place Provincetown

Maiden Name of Mother Sarah Smith      Her Birth-place \_\_\_\_\_

Cause of Death—Primary Chronic Myo. Folger      Secondary not Rheumatic, Cardiac Decomp.

Certifying Physician \_\_\_\_\_      Residence \_\_\_\_\_

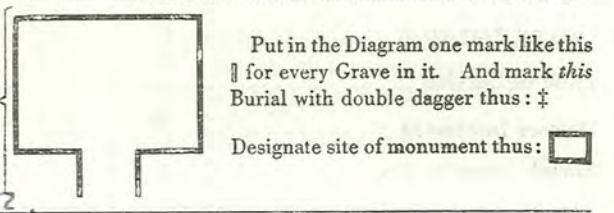
Place of Burial Provincetown      Cemetery \_\_\_\_\_

Funeral Service at \_\_\_\_\_      Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_      Grave No. \_\_\_\_\_

Date of Interment Nov - 16 1944      Section \_\_\_\_\_

Social Security No. George S. Nickerson



Casket or Coffin No. <u>115<sup>12</sup></u>	100	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 &amp; holly</u>	20	00	Automobiles		
Burial Suit <u>Gray dress</u>	15	00	Newspaper Notices		
Slippers _____					
Embalming <u>&amp; Services</u>	35	00			
Washing and Dressing _____					
Shaving _____					
Services <u>Transfers</u>	10	00	<u>Taylor Funeral Home</u>	119	00
Use of Chairs _____			Transportation Charges	180	00
Church Charges _____			Officiating Clergyman		
Cemetery Charges _____			Amount of Bill	299	00
Music _____			Goods Ordered by _____		
Flowers _____			Bill Charged to _____		

DR. 180.00 CR.

<u>Mrs Charles Stowell</u>	<u>Dec</u>	<u>6</u>	<u>1944 Check</u>	<u>299</u>	<u>00</u>
<u>301 Sawyer Street</u>	"	"	<u>Pd Taylor</u>	<u>119</u>	<u>00</u>
<u>New Bedford</u>				<u>180</u>	<u>00</u>
<b>PAID</b>					
<u>By Mrs Stowell, Daughter</u>					



# RECORD AND BILL OF ITEMS

Yearly No. 83

FOR THE FUNERAL OF

Total to date 1741

Elizabeth B. Fish

Residence 5 Step Lane

Place of Death " " Wife or Widow of Clarence A. Fish

Date of Birth 1 25 87 (Year) (Month) (Day) Sept. 19  
Date of Death 1944 Nov 13 (Year) (Month) (Day)  
Age { 87 Years { Sex Female { Color or Race White  
                            1 Months { Single Married  
                            25 Days { Married Single

Maiden Name Elizabeth B. Fish Occupation House work own home

Birth-place Nantucket Name of Father James O'Neal His Birth-place " "

Maiden Name of Mother Catherine Her Birth-place " "

Cause of Death—Primary Carcinoma of large intestine Secondary Diabetes Mellitus

Certifying Physician Folger Residence " "

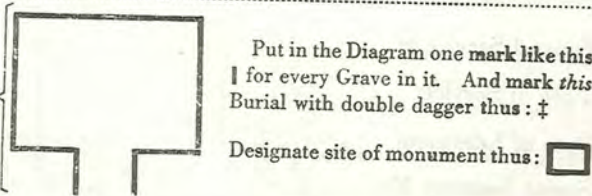
Place of Burial Nantucket Cemetery P.H.

Funeral Service at " " Lot No. 755

Time of Service " " Grave No. " "

Date of Interment Nov 16, 1944 Section " "

Social Security No. Arthur C. Fish



Casket or Coffin No. <u>4357 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>Pine</u>	<u>25 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>		
Use of Chairs		Transportation Charges	
Church Charges	<u>25 00</u>	Officiating Clergyman <u>O'Keefe</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>405 00</u>
Music <u>Prayer Rail Candles</u>	<u>5 00</u>	Goods Ordered by <u>Arthur C. Fish</u>	
Flowers		Bill Charged to <u>" "</u>	
DR. <u>405.00</u>		CR.	

			<u>Jan. 10</u>	<u>1944 check</u>	<u>400 00</u>
				<b>PAID</b>	
				<u>By Arthur C. Fish</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 84

FOR THE FUNERAL OF

Total to date 1742

Aubrey C. Smith

Residence 2 Lyon St.

Place of Death " " " Wife or Widow of Charlotte Lane

Date of Birth 1885 Apr 12 Age 59 Years Sex Divorced Color or Race \_\_\_\_\_

Date of Death 1944 Nov 25 Age 7 Months Sex Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age 16 Days Sex Married \_\_\_\_\_

Birth-place Sunenburg Nova Scotia Occupation Fisherman

Name of Father Daniel F. Smith His Birth-place Nova Scotia

Maiden Name of Mother Charlotte Dagley Her Birth-place " "

Cause of Death—Primary Coronary thrombosis Secondary Hypertension

Certifying Physician Folger Residence \_\_\_\_\_

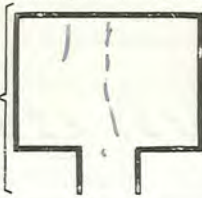
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 281

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Dec 2 Section \_\_\_\_\_

Social Security No. 021-14-2576



Casket or Coffin No. <u>1153</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 <u>Wood 2</u>	10 00
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	35 00	Officiating Clergyman <u>Bennett M.</u>	
Washing and Dressing _____		Amount of Bill	225 00
Shaving _____		Goods Ordered by _____	
Services <u>Transfer</u>	10 00	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	15 00		
Music _____			
Flowers _____			

DR. \$ 225.00 CR.

		Dec 13	<u>44 G. Check</u>	
			<u>Fishermen's Union</u>	100 00
		June 11	<u>1945 Check</u>	135 00
	$\begin{array}{r} 1944 \\ 1885 \\ \hline 59 \end{array}$		PAID	
			By <u>Paul Smith</u>	

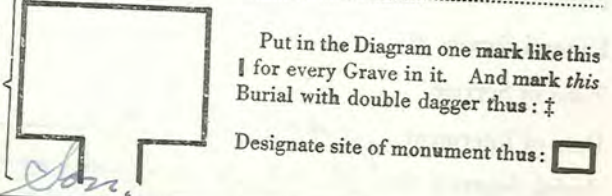
# RECORD AND BILL OF ITEMS

Yearly No. 85

FOR THE FUNERAL OF

Total to date 1743

Residence 129 Main Street Osa W. Small  
 Place of Death W.C. Hosp. 5 days  
 Date of Birth 1861 Aug 22 5 days Wife or Widow of Mary J. Holland  
 Date of Death 1944 Dec 3 Age { 83 Years { Sex Female { Color or Race Age 82  
 Maiden Name \_\_\_\_\_ { 3 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 11 Days { Married \_\_\_\_\_  
 Birth-place West Dennis Occupation Sweeneyman Retired 10 yrs  
 Name of Father James Small His Birth-place West Dennis  
 Maiden Name of Mother Suey Kelley Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Chronic Myo. Secondary W/O Rheumatic  
 Certifying Physician Folger Residence Mitral Regurgitation  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 536  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Dec 5, 1944 Section \_\_\_\_\_  
 Social Security No. Mulford A. Small Don.



Casket or Coffin No. <u>A110</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	
Burial Suit <u>Shirt &amp; Tie</u>	<u>3 00</u>	Newspaper Notices	
Slippers _____			
Embalming <u>Services</u>	<u>35 00</u>	Transportation Charges	
Washing and Dressing _____		Officiating Clergyman <u>Bennett M.</u>	
Shaving _____		Amount of Bill	<u>173 00</u>
Services <u>Transfer</u>	<u>5 00</u>	Goods Ordered by _____	
Use of Chairs _____		Bill Charged to _____	
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>15 00</u>		
Music _____			
Flowers _____			
<b>DR.</b>	<b>173.00</b>		

DR.		CR.	
		<u>Feb. 16, 1945</u>	<u>check</u>
			<u>165 00</u>
			<u>8 00</u>
			<u>173 00</u>
		<b>PAID</b>	
		<u>By Mulford Small</u>	


# RECORD AND BILL OF ITEMS

Yearly No. 1.

FOR THE FUNERAL OF

Total to date 1744

*William R Morris*

Residence 32 Lily St  
 Place of Death Wesley Memorial Hosp Springfield Wife or Widow of Clara A Fisher  
 Date of Birth 1860 Aug 5 Age { 84 Years { Sex        { Color or Race         
 (Year) (Month) (Day)      { 4 Months { Single        { Age 77  
 Date of Death 1944 Oct 29      { 24 Days { Married   ✓   {  
 (Year) (Month) (Day)  
 Maiden Name         
 Birth-place Nantucket Occupation Real Estate dealer Retired  
 Name of Father Benjamin F Morris His Birth-place Nantucket  
 Maiden Name of Mother Mary S Crosby Her Birth-place Barnstable  
 Cause of Death—Primary Intestinal obstructions Secondary Carcinoma  
 Certifying Physician        Residence         
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at        Lot No. 217  
 Time of Service        Grave No.          
 Date of Interment Jan. 2, 1946. Section        Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †  
 Social Security No. Mrs. William H Walters Designate site of monument thus:   
28 Carver St. Springfield

Casket or Coffin No. <u>      </u>	Candles <u>      </u>		
Size <u>      </u> Made by <u>      </u>	Gloves <u>      </u>		
Lining and Pillow Set No. <u>      </u>	Bearers or Porters <u>      </u>		
Handles <u>      </u>	Hearse to <u>      </u>		
Plate <u>      </u>	Removal <u>From Boat</u>		<u>5 00</u>
Outside Box or Vault <u>      </u>	Automobiles <u>Funeral</u>		<u>25 00</u>
Burial Suit <u>      </u>	<u>opening of Closing grave</u>		<u>15 00</u>
Slippers <u>      </u>	Newspaper Notices <u>      </u>		
Embalming <u>      </u>			
Washing and Dressing <u>      </u>			
Shaving <u>      </u>			
Services <u>      </u>	Transportation Charges <u>      </u>		
Use of Chairs <u>      </u>	Officiating Clergyman <u>Dr Gardner</u>		
Church Charges <u>      </u>	Amount of Bill <u>45 00</u>		
Cemetery Charges <u>      </u>	Goods Ordered by <u>      </u>		
Music <u>      </u>	Bill Charged to <u>      </u>		
Flowers <u>      </u>			

DR.

CR.

						<u>May 15, 1945</u>	<u>Check</u>	<u>45 00</u>
							<b>PAID</b>	
							<u>By Mrs. Wm R Morris</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 2

FOR THE FUNERAL OF

Total to date 1745

*Mary A. Ames*

Residence Madaket

Place of Death N. C. Hosp. 4 hrs Wife or Widow of Elmer E. Ames

Date of Birth 1863 Jan 25 Age 81 Years { Sex      } Color or Race     

Date of Death 1945 Jan 1 Age 11 Months { Single      } Color or Race     

Maiden Name      Age 7 Days { Married      } Color or Race     

Birth-place Brockton Occupation House work own home

Name of Father William B. Gorman His Birth-place County Cork, Ireland

Maiden Name of Mother Hannah Gleason Her Birth-place Ireland

Cause of Death—Primary Cerebral Hem. Secondary     

Certifying Physician Folger Residence     

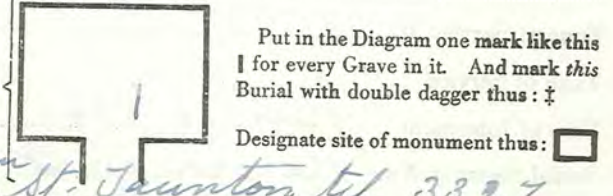
Place of Burial North Cemetery North

Funeral Service at      Lot No.     

Time of Service      Grave No. 150

Date of Interment Jan 4 Section     

Social Security No. William B. Gorman 21 Plain St. Taunton tel. 3827



Casket or Coffin No. <u>115<sup>12</sup></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	
Outside Box or Vault <u>Pine</u>	<u>20 00</u>	Automobiles <u>J. H. Wood</u>	<u>5 00</u>
Burial Suit <u>    </u>		<u>Car for Priest</u>	<u>3 00</u>
Slippers <u>    </u>		Newspaper Notices	
Embalming <u>of services</u>	<u>35 00</u>		
Washing and Dressing <u>    </u>		Transportation Charges	
Shaving <u>    </u>		Officiating Clergyman <u>Fr. O'Keefe</u>	<u>5 00</u>
Services <u>Transfer</u>	<u>5 00</u>	Amount of Bill	<u>213 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>Thomas A. Gorman Adm.</u>	
Cemetery Charges <u>    </u>	<u>15 00</u>		
Music <u>    </u>			
Flowers <u>    </u>			

DR. 290.00

CR.

			<u>Apr 20</u>	<u>44. Check</u>	<u>213 00</u>
				<b>PAID</b>	
				<u>By Thomas A. Gorman</u>	
				<u>Adm.</u>	



# RECORD AND BILL OF ITEMS

Yearly No. *4*

FOR THE FUNERAL OF

Total to date *1747*

*Frank W. Colby*

Residence *173 Hageman Place Port Richmond N.Y.*

Place of Death " " " " " " " " " " " " *Wife or Widow of Elizabeth Martin*

Date of Birth *1857 Nov 25* Age *87* Years Sex *Male*

Date of Death *1945 Jan 18* Age *1* Months Sex *Single*

Maiden Name \_\_\_\_\_ Age *24* Days Sex *Married*

Birth-place *Morristown N.J.* Occupation *Retired*

Name of Father *James J. Colby* His Birth-place *Morristown N.J.*

Maiden Name of Mother *Sarah L. Stickers* Her Birth-place *Newton N.J.*

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

Place of Burial *Wantricket* Cemetery *North*

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment *Jan. 22* Section \_\_\_\_\_

Social Security No. *George Colby 173 Hageman Place* Designate site of monument thus:

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 <i>Cemetery from Boat</i>	<i>25 00</i>
Plate		Removal <i>Cemetery Chgs</i>	<i>15 00</i>
Outside Box or Vault		Automobiles <i>Wood 7 car</i>	<i>5 00</i>
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman <i>Bennett</i>	
Washing and Dressing		Amount of Bill	<i>45 00</i>
Shaving		Goods Ordered by	
Services		Bill Charged to	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR. CR.

<i>Jan 23</i>	<i>Pa Wood</i>	<i>5 00</i>	<i>Jan 23</i>	<i>Rec Check</i>	<i>45 00</i>

**PAID**  
 By *George Colby*

## RECORD AND BILL OF ITEMS

Yearly No. 5

FOR THE FUNERAL OF

Total to date 1748

*Arthur J. Clough*

Residence 18 Catherine St. Springfield

Place of Death " " " " " " " " Wife or Widow of Sarah C. Robinson

Date of Birth 1 (Year) (Month) (Day) Age 88 Years Sex          Color or Race         

Date of Death 1945 (Year) Jan (Month) 20 (Day) 6 Months Single         

Maiden Name          7 Days Married         

Birth-place Sandown N.H. Occupation Teacher Williston Academy

Name of Father Samuel Clough His Birth-place Unknown

Maiden Name of Mother Harriet Hatch Her Birth-place "

Cause of Death—Primary Atherosclerosis Secondary Atherosclerotic Heart

Certifying Physician          Residence         

Place of Burial Nantucket Cemetery P.H.

Funeral Service at          Lot No. 522 Grave No.         

Time of Service          Section         

Date of Interment Jan 23 1945 Designate site of monument thus:

Social Security No. Mrs Margaret Maddocks Daughter  
17 Catherine St

<p>Casket or Coffin No. <u>        </u></p> <p>Size <u>        </u> Made by <u>        </u></p> <p>Lining and Pillow Set No. <u>        </u></p> <p>Handles <u>        </u></p> <p>Plate <u>        </u></p> <p>Outside Box or Vault <u>        </u></p> <p>Burial Suit <u>        </u></p> <p>Slippers <u>        </u></p> <p>Embalming <u>        </u></p> <p>Washing and Dressing <u>        </u></p> <p>Shaving <u>        </u></p> <p>Services <u>        </u></p> <p>Use of Chairs <u>        </u></p> <p>Church Charges <u>        </u></p> <p>Cemetery Charges <u>        </u></p> <p>Music <u>        </u></p> <p>Flowers <u>        </u></p>	<p>Candles <u>        </u></p> <p>Gloves <u>        </u></p> <p>Bearers or Porters <u>        </u></p> <p>Hearse to <u>        </u></p> <p>Removal <u>        </u></p> <p><b>Automobiles</b></p> <p><u>G. A. A. Price</u></p> <p>Newspaper Notices <u>        </u></p> <p><u>Interment from boat 25.00</u></p> <p>Transportation Charges <u>        </u></p> <p>Officiating Clergyman <u>        </u></p> <p>Amount of Bill <u>Ernest A. Byron 25.00</u></p> <p>Goods Ordered by <u>        </u></p> <p>Bill Charged to <u>        </u></p>
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DR.

CR.

				Jan 29 45/Check			25.00



# RECORD AND BILL OF ITEMS

Yearly No. 6

FOR THE FUNERAL OF

Total to date 1749

## Emily S. Gomes

Residence 7 B. Eagle Lane  
 Place of Death Our Island Home Wife or Widow of Peter G. Gomes  
 Date of Birth 1887 June 4 Age { 57 Years { Sex Female { Color or Race Colored  
 Date of Death 1945 Jan 27 { 7 Months { Single  { Colored  
 Maiden Name \_\_\_\_\_ { 23 Days { Married  {  
 Birth-place Harwich Mass Occupation House Wife  
 Name of Father Gordon Sylvia His Birth-place Bravo  
 Maiden Name of Mother Unknown Her Birth-place Azores  
 Cause of Death—Primary Chronic Myo. Secondary General Arteriosclerosis  
 Certifying Physician Folger Residence \_\_\_\_\_  
 Place of Burial Hant Cemetery St Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Jan 30 Section \_\_\_\_\_  
 Social Security No. Peter G. Gomes 1 South East corner  
Back row 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		Newspaper Notices	
Slippers		Funeral Complete	100 00
Embalming		Transportation Charges	
Washing and Dressing		Officiating Clergyman <u>Fa. Buffers</u>	R.W.
Shaving		Amount of Bill	100 00
Services		Goods Ordered by	
Use of Chairs		Bill Charged to	
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

CR.

Feb 23, 1945 Check	100 00
<b>PAID</b>	
By Town Treasurer	

# RECORD AND BILL OF ITEMS

Yearly No. 7

FOR THE FUNERAL OF

Total to date 1750

Esther F. Johnson


Residence 13 India St

Place of Death u      Wife or Widow of \_\_\_\_\_

Date of Birth 1896 Feb 13      Age { 48 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
(Year)      (Month)      (Day)      { 11 Months { Single  \_\_\_\_\_  
 Date of Death 1945 Feb 7      { 23 Days { Married \_\_\_\_\_  
(Year)      (Month)      (Day)

Maiden Name \_\_\_\_\_  
 Birth-place Nantucket      Occupation Teacher Grade 1 Nantucket  
 Name of Father Joseph A Johnson      His Birth-place Nantucket  
 Maiden Name of Mother Ida M Thurston      Her Birth-place \_\_\_\_\_

Cause of Death—Primary \_\_\_\_\_      Secondary \_\_\_\_\_  
 Certifying Physician Folger, Med Ex      Residence Autopsy Feb 8  
 Place of Burial Nantucket      Cemetery P. H.

Funeral Service at \_\_\_\_\_      Lot No. 184       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 Feb. 9 1945      Section \_\_\_\_\_  
 Social Security No. Mark Johnson

Casket or Coffin No. <u>1157 Sierra</u>	185 00	Candles _____	
Size _____ Made by <u>Metallone</u>		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 _____		Transportation Charges _____	
Embalming <u>+ Services</u>	35 00	Officiating Clergyman <u>Fr Griffin</u>	
Washing and Dressing _____		Amount of Bill <u>285 00</u>	
Shaving _____		Goods Ordered by <u>Mark Johnson</u>	
Services <u>Transfer</u>	5 00	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges _____	15 00		
Music _____			
Flowers _____			

DR.

285.00

CR.

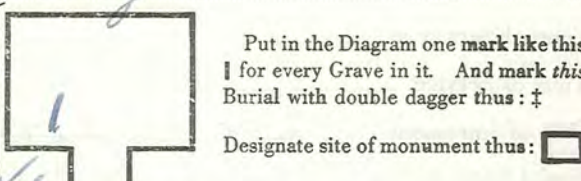
	Medical Ex.		May 10	1945 Check	285 00
	Transfer	5 00			
	Use of Marquee	5 00			
		10 00			
	1944				
	1896				
	48				
				PAID	
				By Mark Johnson	
				Admng.	

1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 8 FOR THE FUNERAL OF Joseph Urbano Cardoza Total to date 1751

Residence 162 Mt. Vernon St. Malden, Mass  
 Place of Death Metropolitan State Hosp. 5<sup>th</sup> & 9<sup>th</sup> Sts. W. 9<sup>th</sup> day Wife or Widow of Beatrice Cadario  
 Date of Birth Jan 5 1966 Years 66 Sex Male Color or Race White  
 Date of Death Feb 11 1945 Months 1 Single Single  
 Maiden Name Rose - L Days 6 Married Married  
 Birth-place Lisbon Portugal Occupation Carpenter - Retired  
 Name of Father Joseph Cardoza His Birth-place Lisbon, Portugal  
 Maiden Name of Mother Rose - L Her Birth-place "  
 Cause of Death—Primary Broncho-Pneumonia Secondary General Arteriosclerosis  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St. Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. 2  
 Date of Interment Feb 13 1945 Section \_\_\_\_\_  
 Social Security No. Metropolitan State Hosp. Records



Casket or Coffin No. ....	Candles .....		
Size..... Made by.....	Gloves <u>Buy to Cemetery</u>	2 00	
Lining and Pillow Set No. ....	Bearers or Porters <u>Cemetery Chgs</u>	15 00	
Handles .....	Hearse to <u>Funeral</u>	25 00	
Plate .....	Removal <u>From Boat</u>	5 00	
Outside Box or Vault .....	Automobiles <u>Peace 1-</u>	5 00	
Burial Suit .....	<u>Wood 1-</u>	5 00	
Slippers .....	Newspaper Notices <u>July 1-</u>	3 00	
Embalming.....			
Washing and Dressing .....			
Shaving .....			
Services .....			
Use of Chairs .....	Transportation Charges.....		
Church Charges.....	Officiating Clergyman <u>Fr. O'Keefe</u>	5 00	
Cemetery Charges.....	Amount of Bill.....	65 00	
Music.....	Goods Ordered by.....		
Flowers .....	Bill Charged to <u>Laura Wilk</u>		

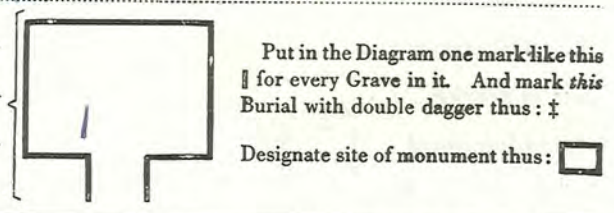
DR.		CR.	
	<u>Mrs Laura Wilk</u>	<u>Feb 13 45</u>	<u>Cash</u>
	<u>162 Mt. Vernon St</u>		<u>65 00</u>
	<u>Malden</u>		
			<b>PAID</b>
<u>Feb 13</u>	<u>Paid Cash for Cas.</u>		<u>B.Y.</u>
	<u>" Fr. O'Keefe 5.00</u>		<u>Laura Wilk</u>

# RECORD AND BILL OF ITEMS

Yearly No. 9 FOR THE FUNERAL OF Total to date 1752

Jeanette Thomas O'Donnell

Residence 7 West York  
 Place of Death 7 W. York      Wife or Widow of William O'Donnell  
 Date of Birth 1867 June 21      Age { 77 Years { Sex        { Color or Race         
                           (Year)                    (Month)                    (Day)      { 7 Months { Single         
 Date of Death 1946 Feb. 21      { 25 Days { Married         
                           (Year)                    (Month)                    (Day)  
 Maiden Name         
 Birth-place Tredegar England      Occupation House work own home  
 Name of Father William Thomas      His Birth-place Tredegar England  
 Maiden Name of Mother Mary Ann Stephens      Her Birth-place England  
 Cause of Death—Primary Chronic Myo. rot      Secondary rheumatic Cardiac decompensation  
 Certifying Physician Folger      Residence Mitral Regurgitation  
 Place of Burial Nantucket      Cemetery P.H.  
 Funeral Service at             Lot No. 823  
 Time of Service             Grave No.         
 Date of Interment Feb 23 1945      Section         
 Social Security No. Ruth O'Donnell



Casket or Coffin No. <u>8297 whg</u>	350 00	Candles		
Size Made by		Gloves		
Lining and Pillow Set No.		Bearers or Porters		
Handles		Hearse to		
Plate		Removal		
Outside Box or Vault <u>Cypress</u>	35 00	Automobiles <u>Wood 2</u>		10 00
Burial Suit		Newspaper Notices		
Slippers		Transportation Charges		
Embalming <u>Services</u>	35 00	Officiating Clergyman <u>Button</u>		
Washing and Dressing		Amount of Bill		480 00
Shaving		Goods Ordered by <u>Ruth O'Donnell</u>		
Services <u>Transfers</u>	10 00	Bill Charged to <u>P.N. Bank</u>		
Use of Chairs				
Church Charges <u>Funeral</u>	25 00			
Cemetery Charges	15 00			
Music				
Flowers				
DR. <u>470.00</u>		CR.		

	Sept 17 1945 Check <u>480 00</u>
PAID	
By Pacific National Bank	
Adm.	

## RECORD AND BILL OF ITEMS

Yearly No. 10

FOR THE FUNERAL OF

Total to date 1753

Roger G. Davis

Residence Madaket

Place of Death M. C. Hospital 3 days Wife or Widow of \_\_\_\_\_

Date of Birth 1 (Year) Jan. (Month) 4 (Day)

Date of Death 1945 (Year) Feb. (Month) 21 (Day)

Maiden Name \_\_\_\_\_

Age { 82 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 1 Months { Single   
 { 17 Days { Married \_\_\_\_\_

Birth-place County Cork Ireland Occupation Retired

Name of Father Richard Davis His Birth-place County Cork Ireland

Maiden Name of Mother Mary Lynneflow Her Birth-place Cahada

Cause of Death—Primary Felind ill at residence Secondary Cerebral Hem. Ill 3 days

Certifying Physician Folger Med Ex Residence \_\_\_\_\_

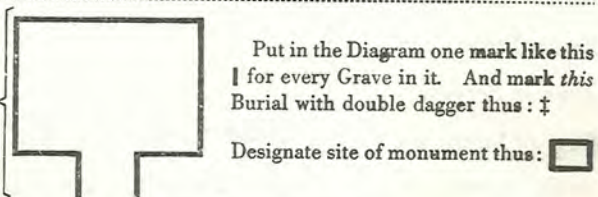
Place of Burial New Calvary Boston Cemetery \_\_\_\_\_

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Feb 26, 1945 Section \_\_\_\_\_

Social Security No. Lester Simmons



Casket or Coffin No. <u>8397</u>	<u>200 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 Painted</u>	<u>25 00</u>	Automobiles <u>Wood 2</u>	<u>10 00</u>
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>of Service</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>3 Transfers</u>	<u>15 00</u>	<u>Toll Calls</u>	<u>1 20</u>
Use of Chairs _____	<u>25 00</u>	Transportation Charges <u>Tickets</u>	<u>19 05</u>
Church Charges _____		Officiating Clergyman <u>Fr. Bruffin</u>	
Cemetery Charges _____		Amount of Bill	<u>330 25</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 300.00 CR.

	<u>Dennis J. Looney Adm.</u>						
<u>1/135</u>	<u>Old South Building</u>	<u>Boston 8. Mass.</u>		<u>June 20, 1945</u>	<u>check</u>	<u>330</u>	<u>25</u>
<u>June 23</u>	<u>pd Hubert,</u>		<u>10 00</u>				
					<b>PAID</b>		
					<u>By</u>		
					<u>Dennis J. Looney Adm.</u>		



# RECORD AND BILL OF ITEMS

Yearly No. 12

FOR THE FUNERAL OF

Total to date 1755

Martha A. Cook

Residence 4 Charter St.

Place of Death " " " Wife or Widow of Earle F. Cook 524

Date of Birth 1 July 17 (Year) (Month) (Day) Age 72 Years { Sex Female Color or Race

Date of Death 1945 Feb 28 (Year) (Month) (Day) Age 7 Months { Single

Maiden Name  Age 11 Days { Married ✓

Birth-place Nantucket Occupation Housewife

Name of Father Charles Swain His Birth-place Portugal

Maiden Name of Mother Emiline Thompson Her Birth-place Nant

Cause of Death—Primary Chronic Myo Secondary Cardiac Decompensation

Certifying Physician Folger Residence Exophthalmic Goiter

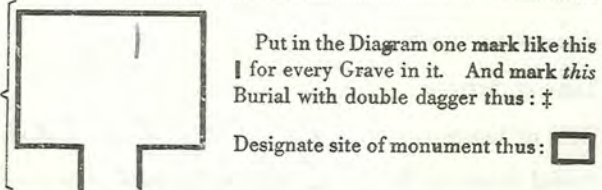
Place of Burial Nantucket Cemetery P.H.

Funeral Service at  Lot No. 683

Time of Service  Grave No.

Date of Interment March 2, 1945 Section

Social Security No. Earle F. Cook



Casket or Coffin No. <u>11397 Solid Mahg</u>	<u>375 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>20 00</u>	Automobiles <u>Wood</u> <u>1</u>	<u>5 00</u>
Burial Suit		<u>H. N. Pease</u> <u>1</u>	<u>5 00</u>
Slippers		Newspaper Notices	
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>Foulk 1st time</u>	<u>5 00</u>
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>485 00</u>
Music		Goods Ordered by <u>Earle F. Cook</u>	
Flowers		Bill Charged to <u>" " "</u>	

DR. 470.00

CR.

May 17	Paid Herbert	5 00	May 15, 1945	Check	485 00
19	" Pease	5 00			

**PAID**  
By Earle F. Cook Admny

# RECORD AND BILL OF ITEMS

Yearly No. 13

FOR THE FUNERAL OF

Total to date 1756

Rachel C. Grant.

Residence 3 Coon St.

Place of Death " " "      Wife or Widow of Charles A. Grant.

Date of Birth 1 Apr 16      Age { 92 Years { Sex          { Color or Race           
(Year) (Month) (Day)      { 10 Months { Single           
 Date of Death 1945 Mar 1      { 13 Days { Married           
(Year) (Month) (Day)

Maiden Name         

Birth-place Winslow Me.      Occupation House work. own home

Name of Father Seco      His Birth-place Unknown

Maiden Name of Mother Unknown      Her Birth-place         

Cause of Death—Primary Cerebral Hem 1 1/2 hrs      Secondary Arteriosclerosis 18 yrs

Certifying Physician Mingels      Residence         

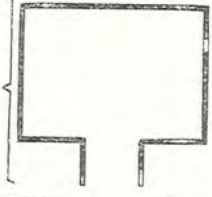
Place of Burial Nantucket      Cemetery Colored

Funeral Service at               Lot No.         

Time of Service               Grave No.         

Date of Interment Mar 3, 1945      Section         

Social Security No. Charles S Grant



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>1107 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 <u>Pine</u>	<u>25 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>10 00</u>		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Bennett</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>250 00</u>
Music		Goods Ordered by <u>Charles S Grant</u>	
Flowers		Bill Charged to	
<b>DR. <u>250 00</u></b>			<b>CR.</b>

	<u>Apr 3, 1945</u>	<u>Cash</u>
	<u>250 00</u>	
<b>PAID</b>		
By <u>Charles Grant</u>		



# RECORD AND BILL OF ITEMS

Yearly No. 14

FOR THE FUNERAL OF

Total to date 1757

Residence Johanna L. Fenegan  
New Street via Street

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

Date of Birth 1874 Oct 25 Age 70 Years Sex " Color or Race "  
 (Year) (Month) (Day)

Date of Death 1945 Mch 7 Age 7 Months Sex " Color or Race "  
 (Year) (Month) (Day)

Maiden Name " Age 10 Days Sex " Color or Race "

Birth-place Hallands, Sweden Occupation Housewife

Name of Father John Larson His Birth-place Sweden

Maiden Name of Mother Britta Johnson Her Birth-place "

Cause of Death—Primary General Carcinoma of Breast Secondary Carcinoma R. Breast

Certifying Physician Menas Residence Diabetes Mellitus

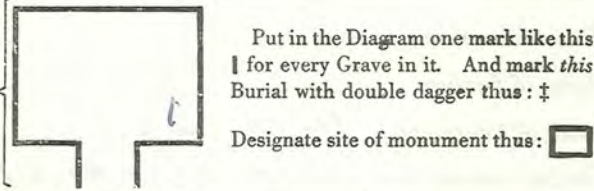
Place of Burial Nantucket Cemetery P.H.

Funeral Service at " Lot No. 969

Time of Service " Grave No. "

Date of Interment Mch 10 Section "

Social Security No. Horace F. Fenegan



Casket or Coffin No. <u>115<sup>12</sup></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>20 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	<u>35 00</u>	Officiating Clergyman <u>Strong</u>	
Washing and Dressing		Amount of Bill	<u>205 00</u>
Shaving		Goods Ordered by	
Services <u>Transfer</u>	<u>10 00</u>	Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>15 00</u>		
Music			
Flowers			

DR.

205.00

CR.

Apr 5	Rec Cash on both bill	170 00	Apr 24	1945 G. D of P.	25 00
		25	" 5	"	170 00
		<u>195</u>	Jan 16	1946. Bal	10 00
		205			205 00
		205			
		<u>410</u>			
		195			
		<u>205</u>			
		195			
		<u>210</u>			
		75			
		<u>140</u>			

**PAID**  
By Horace Fenegan

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 1758

Yearly No. 15

*Harriett C. Turner*

Residence *5 Milk St. 9 Mos*

Place of Death *4*

Date of Birth *1861 Apr 8* Wife or Widow of *William P. Turner*

Date of Death *1945 Mar 19* Age { *83* Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 { *11* Months { Single \_\_\_\_\_ }  
 { *11* Days { Married  } }

Maiden Name *Harriett Chadwick* Birth-place *Nantucket* Occupation *Housewife*

Name of Father *George A. Chadwick* His Birth-place *Nantucket*

Maiden Name of Mother *Mary E. Campbell* Her Birth-place *Cornwall, N.Y.*

Cause of Death—Primary *Chronic interstitial* Secondary *Nephritis arteriosclerosis*

Certifying Physician *Fulger Gull* Residence \_\_\_\_\_

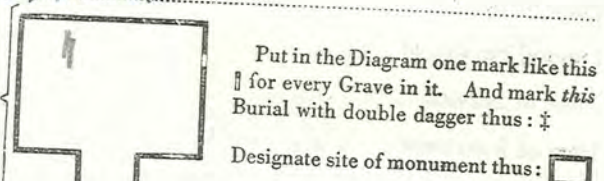
Place of Burial *Nantucket* Cemetery *PA.M.V.*

Funeral Service at \_\_\_\_\_ Lot No. *30*

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment *Mar 23* Section \_\_\_\_\_

Social Security No. *William P. Turner*



Casket or Coffin No. <i>8397</i>	<i>200 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>	<b>Automobiles</b>	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <i>f S services</i>	<i>35 00</i>	Officiating Clergyman <i>Sutton</i>	
Washing and Dressing		Amount of Bill	<i>295 00</i>
Shaving		Goods Ordered by <i>Wm P Turner</i>	
Services		Bill Charged to	
Use of Chairs			
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges	<i>15 00</i>		
Music			
Flowers			

DR. *\$295.00*

CR.

		<i>Apr 17 1945 Cash</i>	<i>295 00</i>

**PAID**  
By *Wm. P. Turner*

1941-1945

RECORD AND BILL OF ITEMS

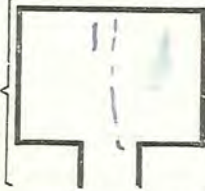
Yearly No. 16

FOR THE FUNERAL OF

Total to date 1759

Baby Boy Smith

Residence.....  
 Place of Death N. C. Hosh. Wife or Widow of.....  
 Date of Birth 1945 March 29  
 Date of Death 1945 March 29 Age { 0 Years { Sex..... { Color or Race  
 Maiden Name..... { 0 Months { Single.....  
 { 0 Days { Married.....  
 Birth-place Nantucket Occupation.....  
 Name of Father Paul Smith His Birth-place Gloucester  
 Maiden Name of Mother Ethel Colby Her Birth-place Staten Island N.Y.  
 Cause of Death—Primary Stillborn due to Secondary separation of Placenta  
 Certifying Physician Murray Residence.....  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at..... Lot No. 281  
 Time of Service..... Grave No.....  
 Date of Interment March 31 Section.....  
 Social Security No. Paul Smith



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.....	Newspaper Notices.....	
Slippers.....	<u>Interment</u> <u>5 00</u>	
Embalming.....	Transportation Charges.....	
Washing and Dressing.....	Officiating Clergyman.....	
Shaving.....	Amount of Bill..... <u>5 00</u>	
Services.....	Goods Ordered by.....	
Use of Chairs.....	Bill Charged to <u>Paul Smith</u>	
Church Charges.....		
Cemetery Charges.....		
Music.....		
Flowers.....		

DR.

CR.


No Charge  
Bill donated

# RECORD AND BILL OF ITEMS

Yearly No. 17

FOR THE FUNERAL OF

Total to date 1760

Annice S Ray

Residence 28 S Pencer St. New Bedford. 4840

Place of Death " " " " Wife or Widow of

Date of Birth 1868 Jan 14  
 (Year) (Month) (Day)

Date of Death 1945 Mch 26  
 (Year) (Month) (Day)

Age { 77 Years { Sex  
           2 Months { Single  
           12 Days { Married

Color or Race

Maiden Name Birth-place Mantucket Occupation School Teacher Retired

Name of Father John Ray His Birth-place Mantucket

Maiden Name of Mother Phibe Graham Her Birth-place Mantucket

Cause of Death—Primary Chronic Myo. Secondary found dead in bed

Certifying Physician Wm Rosen Residence

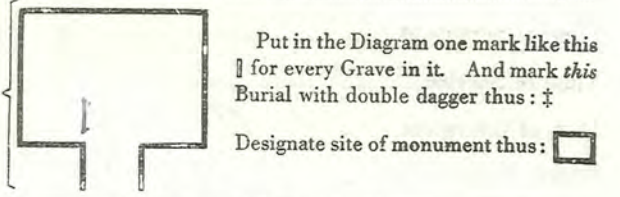
Place of Burial Mantucket Cemetery P-H

Funeral Service at Lot No. 451

Time of Service Grave No.

Date of Interment Mch 30 Section

Social Security No. Harry Turner Nephew



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		Transportation Charges	
Embalming		Officiating Clergyman <u>Bennett</u>	
Washing and Dressing		Amount of Bill	<u>40 00</u>
Shaving		Goods Ordered by	
Services		Bill Charged to <u>Harry Turner</u>	
Use of Chairs			
Church Charges <u>Funeral from Boat</u>	<u>25 00</u>		
Cemetery Charges	<u>15 00</u>		
Music			
Flowers			

DR.

40.00

CR.

		<u>Nov 1.</u>	<u>1945 Check</u>	<u>40 00</u>
			<u>PAID</u>	
			<u>By Harry B Turner</u>	

1941-1945

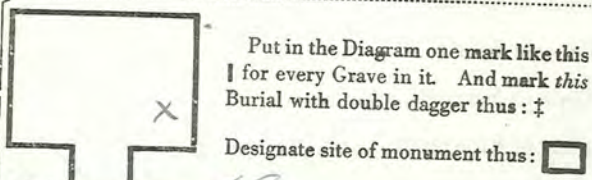
# RECORD AND BILL OF ITEMS

Yearly No. 18

FOR THE FUNERAL OF

Total to date 1761

Residence 66 Greenwood Ave. Swampscott Mass 6ys  
 Place of Death "  
 Date of Birth 1883 Feb 4  
 Date of Death 1945 March 7 (Year) (Month) (Day)  
 Maiden Name " Age 92 Years 11 Months 3 Days  
 Sex " Single  Married  Color or Race "  
 Birth-place Wrentham Occupation at home  
 Name of Father Horace Austin His Birth-place Wrentham  
 Maiden Name of Mother Betsy - Her Birth-place "  
 Cause of Death—Primary Cerebral Hem. Secondary arterial sclerosis  
 Certifying Physician " Residence "  
 Place of Burial Went Cemetery P.H.  
 Funeral Service at " Lot No. 117  
 Time of Service " Grave No. Ashes  
 Date of Interment Apr 7 1945 Section "  
 Social Security No. Miss Eleanor B Lounge



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		Interment of Ashes	5.00
Washing and Dressing		Transportation Charges	
Shaving		Officiating Clergyman	
Services		Amount of Bill	5.00
Use of Chairs		Goods Ordered by	
Church Charges		Bill Charged to	
Cemetery Charges			
Music			
Flowers			

DR.

CR.

Apr 21 1945. Check 5 00

**PAID**

By H. L. Richardson Funeral Home  
48 Lafayette Park  
Sydney





# RECORD AND BILL OF ITEMS

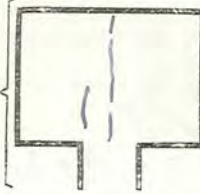
Yearly No. 21

FOR THE FUNERAL OF

Total to date 1764

*Clairissa Rose Allo*

Residence King St Sea Scout  
 Place of Death N. C. H. 5 days Wife or Widow of Victor Allo ages  
 Date of Birth 1885 Sept 6 (Year) (Month) (Day) Age { 60 Years { Sex {  
 Date of Death 1945 May 3 (Year) (Month) (Day) { 7 Months { Single {  
 Maiden Name 83 { 27 Days { Married {  
 Birth-place France Occupation Housewife  
 Name of Father Unknown His Birth-place France  
 Maiden Name of Mother — Her Birth-place —  
 Cause of Death—Primary Sepsis, Intestinal Secondary obstruction volvulus of small  
 Certifying Physician Gill Residence intestines  
 Place of Burial Nant. Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 1011  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 5. Section \_\_\_\_\_  
 Social Security No. Victor Allo.



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>115. 12</u>	100 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>	20 00	Automobiles <u>Car for Clergy</u>	3 00
Burial Suit _____		Newspaper Notices	
Slippers _____		<u>1/2 Lot No 1011</u>	30 00
Embalming <u>of Services</u>	35 00	Transportation Charges	200 00
Washing and Dressing _____		Officiating Clergyman <u>De Gardner</u>	5 00
Shaving _____		Amount of Bill	240 00
Services <u>Transfer</u>	5 00	Goods Ordered by	270 00
Use of Chairs _____		Bill Charged to	210 00
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	15 00		
Music _____			
Flowers _____			

DR.

200.00

CR.

	May 18 1946	check
		210 00
PAID		
By Grace M. H. my Admny.		



1941-1945

RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to date 1765

*Harry Mantel*  
 Residence 386 Park Ave. Fairview N.J.  
 Place of Death " " " "  
 Date of Birth 1887 Aug 11  
 Date of Death 1945 May 6  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket  
 Name of Father Owen S. Mantel His Birth-place Nantucket  
 Maiden Name of Mother Florence Hayes Her Birth-place Nantucket  
 Cause of Death—Primary Heart Failure Secondary Bilateral for advanced Tuberculosis (over eye)  
 Certifying Physician \_\_\_\_\_  
 Place of Burial Nantucket Cemetery Newtown  
 Funeral Service at \_\_\_\_\_  
 Time of Service \_\_\_\_\_  
 Date of Interment May 9  
 Social Security No. Marie Mantel

Wife or Widow of *Marie Anderson*  
 Age { 57 Years  
 8 Months  
 25 Days } Sex {  
 Single  
 Married } Color or Race \_\_\_\_\_

Occupation *Marie Sawyer*  
 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.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	<i>Wood 2 18 00</i>
Burial Suit		Newspaper Notices	<i>Spray of Red Roses 25 00</i>
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services	<i>10 00</i>	Transportation Charges	<i>50 00</i>
Use of Chairs		Officiating Clergyman	<i>Strong</i>
Church Charges	<i>Funeral 25 00</i>	Amount of Bill	<i>85 00</i>
Cemetery Charges	<i>Funeral 25 00</i>	Goods Ordered by	<i>Mrs Mantel</i>
Music		Bill Charged to	" "
Flowers			

DR.

55.00

CR.

May 10.	Pd. Herbert	10 00	May 10.	1945 Cash	85 00
PAID					
By Marie Mantel					

# RECORD AND BILL OF ITEMS

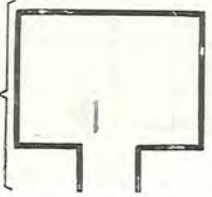
Yearly No. 23

FOR THE FUNERAL OF

Total to date 1766

Florence M Jones

Residence 135 Barrett St Schenectady N.Y.  
 Place of Death Binghampton State Hosp. Wife or Widow of Oliver J Jones  
 Date of Birth 1904 June 21 (Year) (Month) (Day) Age { 43 Years { Sex Separately Color or Race  
 Date of Death 1945 May 8 (Year) (Month) (Day) { 10 Months { Single  
 Maiden Name \_\_\_\_\_ { 17 Days { Married \_\_\_\_\_  
 Birth-place Nantucket Occupation Housework  
 Name of Father Oliver C Fisher His Birth-place Nantucket  
 Maiden Name of Mother Adelaide R King Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Cardiac Failure Secondary Exhaustion  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 600  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 12 Section \_\_\_\_\_  
 Social Security No. Oliver C Fisher



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 _____		<b>Automobiles</b> _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____			
Embalming _____			
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer from Boat</u> _____	<u>5.00</u>	<u>May 10<sup>th</sup></u> <u>Paid George H Scholdener</u>	<u>165.00</u>
Use of Chairs _____			<u>45.00</u>
Church Charges <u>Funeral</u> _____	<u>25.00</u>	Transportation Charges _____	
Cemetery Charges _____	<u>15.00</u>	Officiating Clergyman <u>Dr. Gardner</u>	
Music _____		Amount of Bill _____	<u>210.00</u>
Flowers _____		Goods Ordered by <u>O.C. Fisher</u>	
		Bill Charged to _____	

DR.

45.00

CR.

<u>George H Scholdener</u>		<u>May 12</u>	<u>1945 Cash</u>		
<u>269 Chenango St.</u>					
<u>Binghampton N.Y.</u>					
			<b>PAID</b>		
			<u>By O.C. Fisher</u>		

1941-1945

### RECORD AND BILL OF ITEMS

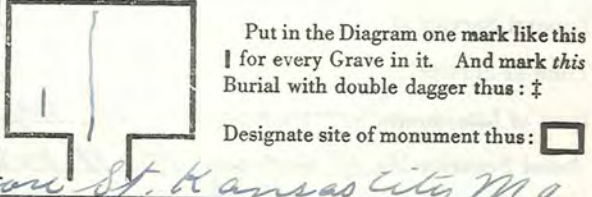
Yearly No. 24

FOR THE FUNERAL OF

Total to date 1769

*Victor Allo.*

Residence King St. Sea Scout  
 Place of Death M. C. H. 1 day Wife or Widow of Clarissa Rose  
 Date of Birth 1876 Aug 13 Age 68 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1945 May 13 Age 9 Months Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Days Married \_\_\_\_\_  
 Birth-place France Occupation Gardener  
 Name of Father Unknown His Birth-place France  
 Maiden Name of Mother Marie Allo Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Heart disease Secondary Presumably Chronic Myo  
 Certifying Physician Folger Med by Residence Cardiac Decompensation  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 1011  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 17 Section \_\_\_\_\_  
 Social Security No. John S. Marsovin



Casket or Coffin No. <u>115-3</u>	<u>100 00</u>	Candles	<u>1</u>	
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>20 00</u>	Automobiles		
Burial Suit		Newspaper Notices		
Slippers		<u>1/2 lot 1011</u>	<u>30 00</u>	
Embalming <u>services</u>	<u>30 00</u>	<u>Car for Priest</u>	<u>200 00</u>	
Washing and Dressing			<u>3 00</u>	
Shaving		Transportation Charges		
Services <u>Transfer</u>	<u>5 00</u>	Officiating Clergyman <u>Fr O Keefe</u>	<u>5 00</u>	
Use of Chairs		Amount of Bill	<u>200 00</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Goods Ordered by	<u>240 00</u>	
Cemetery Charges	<u>15 00</u>	Bill Charged to		
Music				
Flowers				

DR. 200.00

CR.

	<u>Pd P. H. C. N. Lot</u>	<u>30 00</u>	<u>Dec 17</u>	<u>1946 Check</u>	<u>240 00</u>
	<u>Car for Priest</u>	<u>3 00</u>			
	<u>Fr O Keefe</u>	<u>5 00</u>			

**PAID**

*Gardner W. Russell, Secy.*

# RECORD AND BILL OF ITEMS

Yearly No. 25

FOR THE FUNERAL OF

Total to date 1768

Beatrice Thayer

Residence 5 Cliff Road

Place of Death N. C. Hosp. 1 day Wife or Widow of Winthrop Thayer

Date of Birth 1 (Year) May (Month) 14 (Day)

Date of Death 1945 (Year) May (Month) 14 (Day)

Maiden Name \_\_\_\_\_ Age 70 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 { \_\_\_\_\_ Months } { Single \_\_\_\_\_ }  
 { \_\_\_\_\_ Days } { Married \_\_\_\_\_ }

Birth-place Unknown Occupation House work at Home

Name of Father \_\_\_\_\_ His Birth-place Unknown

Maiden Name of Mother \_\_\_\_\_ Her Birth-place \_\_\_\_\_

Cause of Death—Primary Death presumably due to Cancer of uterus of Hemorrhage Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

Place of Burial Boston Cemetery Forest Hills

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Cremation May 17 Section \_\_\_\_\_

Social Security No. Nancy B Wood 178 Valley Road Montclair N.J.



Casket or Coffin No. <u>115<sup>12</sup></u>	100	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>	20	00	Automobiles <u>Jays</u>		50
Burial Suit <u>Grey dress</u>	15	00	Newspaper Notices		
Slippers <u>Underclothes &amp; stockings</u>	3	00			
Embalming <u>Services</u>	50	00			
Washing and Dressing					
Shaving <u>Transfers</u>	10	00			198 00
Services			Transportation Charges <u>Tickets</u>	12	17
Use of Chairs			Officiating Clergyman <u>Dr Gardner</u>	5	00
Church Charges			Amount of Bill	215	67
Cemetery Charges			Goods Ordered by <u>Nancy B Wood</u>		
Music			Bill Charged to <u>Miss Elena Kellogg</u>		
Flowers					

DR.

198.00

CR.

<u>Miss Elena S. Kellogg</u>	<u>Oct. 6, 1946</u>	<u>Check</u>	<u>215 67</u>
<u>210 East Foothill Boulevard</u>			
<u>Altadena, Calif.</u>			
		<b>PAID</b>	
		<u>By Elena S. Kellogg</u>	

1941-1945

269

## RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to date 1769

*Dominga Cosmas*

Residence *12 Washington St*

Place of Death *Sydenham Hosp, N.Y.* Wife or Widow of *Manuel G Cosmas*

Date of Birth *1* Age  $\left\{ \begin{array}{l} 34 \text{ Years} \\ 5 \text{ Months} \\ 4 \text{ Days} \end{array} \right.$  Sex  $\left\{ \begin{array}{l} \text{Single} \\ \text{Married} \end{array} \right.$  Color or Race

Date of Death *1945 May 12* Maiden Name

Birth-place *New Bedford* Occupation *House wife*

Name of Father *John Fernandes* His Birth-place *Fogo Cape Verde*

Maiden Name of Mother *Emilia Louca* Her Birth-place

Cause of Death—Primary Secondary

Certifying Physician Residence

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

Funeral Service at Lot No. 1

Time of Service Grave No. *1*

Date of Interment *May 16* Section

Social Security No. *Manuel G Cosmas* Designate site of monument thus:

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

Casket or Coffin No. <i>11397</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		Automobiles <i>Pease 1</i>	<i>5 00</i>
Burial Suit		<i>Wood 1</i>	<i>5 00</i>
Slippers		Newspaper Notices <i>Giddens 1</i>	<i>5 00</i>
Embalming		<i>Jerry 1 Priest</i>	<i>3 00</i>
Washing and Dressing		<i>Door Spray</i>	<i>2 00</i>
Shaving		Transportation Charges	
Services <i>10 00</i>		Officiating Clergyman <i>F. O. Keefe</i>	
Use of Chairs <i>Prayer Rail etc 5 00</i>		Amount of Bill	<i>333 00</i>
Church Charges <i>Funeral 25 00</i>		Goods Ordered by	
Cemetery Charges <i>15 00</i>		Bill Charged to	
Music			
Flowers			

DR.

315 00

CR.

		<i>June 28 1945 Cash</i>	<i>333 00</i>
		<b>PAID</b>	
		<i>By Manuel Cosmas</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 27

FOR THE FUNERAL OF

Total to date 1770.

Abel A Wright

Residence 45 Orange St.

Place of Death N.C.H. 1 mo 12 day Wife or Widow of Sarah J. Mooney 74

Date of Birth 1 Aug 29 (Year) (Month) (Day) Age { 73 Years { Sex Male { Color or Race

Date of Death 19 45 May 19 (Year) (Month) (Day) } { 8 Months { Single Single } {

Maiden Name Phoebe Ann Glidden } { 20 Days { Married Married } {

Birth-place Nantucket Occupation Bank Messenger Retired 20

Name of Father Henry M. Wright His Birth-place New York

Maiden Name of Mother Phoebe Ann Glidden Her Birth-place Nantucket

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Certifying Physician Folger Residence \_\_\_\_\_

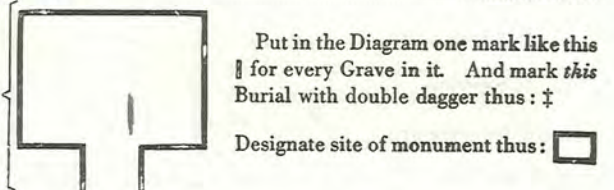
Place of Burial Nant Cemetery PH

Funeral Service at \_\_\_\_\_ Lot No. 582

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment May 22 Section \_\_\_\_\_

Social Security No. Harriet S. Ross Sister



Casket or Coffin No. <u>8397 Wal.</u>	<u>200</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>None</u>	<u>20</u>	<u>00</u>	<b>Automobiles</b> _____	
Burial Suit _____			Newspaper Notices _____	
Slippers _____			Transportation Charges _____	
Embalming <u>Services</u>	<u>35</u>	<u>00</u>	Officiating Clergyman <u>Dr. Gardner</u>	
Washing and Dressing _____			Amount of Bill <u>305</u>	<u>00</u>
Shaving _____			Goods Ordered by _____	
Services <u>Transfer</u>	<u>10</u>	<u>00</u>	Bill Charged to _____	
Use of Chairs _____				
Church Charges <u>Funeral</u>	<u>25</u>	<u>00</u>		
Cemetery Charges _____	<u>15</u>	<u>00</u>		
Music _____				
Flowers _____				
<b>DR. <u>305.00</u></b>			<b>CR.</b>	

	<u>June</u>	<u>12</u>	<u>1945 Check</u>	<u>305</u>	<u>00</u>
PAID					
Cyril Ross					

# RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF

Total to date 1771

Alice E. Pearl

Residence 16 Mill  
 Place of Death Taunton State Hosp 12 days  Wife or  Widow of Winslow G. Pearl  
 Date of Birth 1901 Jan 5  Years  Sex  Color or Race  
 Date of Death 1945 May 26  Months  Single  
 Maiden Name Winthrop Mass  Days  Married  
 Birth-place Winthrop Mass Occupation Housewife  
 Name of Father Alfred Jewkeburg His Birth-place Winthrop Mass  
 Maiden Name of Mother Elizabeth Nickerson Her Birth-place Maine  
 Cause of Death—Primary Exhaustion due to Secondary Hyperactivity due to Psychosis  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery PH  
 Funeral Service at \_\_\_\_\_ Lot No. 920  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 30 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ State Hospital 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>1157<sup>12</sup></u>	<u>150</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 _____			Automobiles		
Burial Suit _____			Newspaper Notices		
Slippers _____			<u>W. S. Dagen</u>	<u>60</u>	<u>53</u>
Embalming _____			<u>Lot No 920</u>	<u>60</u>	<u>00</u>
Washing and Dressing _____			Transportation Charges		
Shaving <u>Transferus</u>	<u>10</u>	<u>00</u>	Officiating Clergyman <u>Sutton</u>	<u>120</u>	<u>50</u>
Services _____	<u>15</u>	<u>00</u>	Amount of Bill	<u>215</u>	<u>00</u>
Use of Chairs _____			Goods Ordered by		
Church Charges <u>Funeral</u>	<u>25</u>	<u>00</u>	Bill Charged to	<u>335</u>	<u>53</u>
Cemetery Charges _____	<u>15</u>	<u>00</u>			
Music _____					
Flowers _____					

DR. 215.00

CR.

<u>June 2</u>	<u>Pd W S Dagen</u>	<u>60</u>	<u>53</u>	<u>July 19</u>	<u>1945 Check</u>	<u>335</u>	<u>53</u>
<u>July 21</u>	<u>PH CH</u>	<u>60</u>	<u>00</u>				

**PAID**  
 By W. S. Pearl

# RECORD AND BILL OF ITEMS

Yearly No. 29

FOR THE FUNERAL OF

Total to date 1772

Elizabeth L. Marshall

Residence 21 Federal St

Place of Death " " " Wife or Widow of "

Date of Birth 1851 Feb 6 Age 94 Years { Sex " } Color or Race "  
(Year) (Month) (Day)

Date of Death 1945 May 30 Age 3 Months { Single  }  
(Year) (Month) (Day)

Maiden Name " Age 24 Days { Married  }

Birth-place Nantucket Occupation At Home

Name of Father George Marshall His Birth-place Nantucket

Maiden Name of Mother Maryann C. Hamblin Her Birth-place Nantucket

Cause of Death—Primary General Arteriosclerosis Secondary "

Certifying Physician Foley Residence "

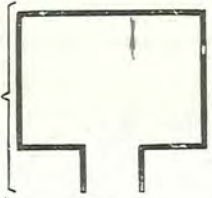
Place of Burial North Cemetery North

Funeral Service at " Lot No. "

Time of Service " Grave No. "

Date of Interment June 1, 1945 Section "

Social Security No. Sisters Death 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>115 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>20 00</u>	Automobiles <u>Wood 1 car</u>	<u>5 00</u>
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	<u>30 00</u>	Officiating Clergyman <u>McKinstry</u>	<u>2 25</u>
Washing and Dressing		Amount of Bill	<u>205 00</u>
Shaving <u>transfers</u>	<u>10 00</u>	Goods Ordered by	<u>225 00</u>
Services		Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>15 00</u>		
Music			
Flowers			

DR. 220-00 CR.

July 28 Paid Herbert	5 00	July 27 1946 Check	225 00
		<b>PAID</b>	
		By Grace M. Henry	
		[Signature]	



1941-1945

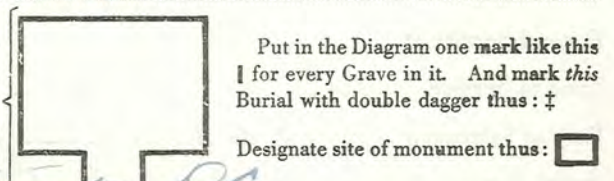
# RECORD AND BILL OF ITEMS

Yearly No. 30

FOR THE FUNERAL OF

Total to date 1773

Floyd P. Waggoner  
 Residence 1902 R Street Washington D.C.  
 Place of Death 13 Vestal Wife or Widow of Jean Mackenzie  
 Date of Birth 1 881 (Year) (Month) (Day) Age 64 Years { Sex { Color or Race  
 Date of Death 1946 June 7 (Year) (Month) (Day) { Months { Single {  
 Maiden Name { Days { Married {  
 Birth-place Washington D.C. Occupation Retired  
 Name of Father John F. Waggoner His Birth-place Fairfield Co. Va.  
 Maiden Name of Mother Alice Virginia Wilson Her Birth-place Washington D.C.  
 Cause of Death—Primary Cardiac Decompensation Secondary Tertiary Sues, Curholes of Livers  
 Certifying Physician Menges Residence \_\_\_\_\_  
 Place of Burial Washington D.C. Cemetery Rock Creek  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment June 12 Section \_\_\_\_\_  
 Social Security No. Robert M. Waggoner Washington D.C.



Casket or Coffin No. <u>415<sup>12</sup></u>	<u>250 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 Painted</u>	<u>25 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>of Durcus</u>	<u>50 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfers</u>	<u>10 00</u>	<u>telegram</u>	<u>95</u>
Use of Chairs		<u>Express</u>	<u>41 60</u>
Church Charges		Transportation Charges	<u>335 00</u>
Cemetery Charges		Officiating Clergyman	<u>377 55</u>
Music		Amount of Bill	
Flowers		Goods Ordered by	
		Bill Charged to	

DR.

335.00

CR.

<u>Shipped to</u>	<u>Jan. 14</u>	<u>1946 Check</u>	<u>377 55</u>
<u>Joseph Gawlers Sons</u>			
<u>1754 Penn. Ave. N.W.</u>			
<u>Washington D.C.</u>			
		<b>PAID</b>	
		<u>By</u>	
		<u>The Lincoln National Bank</u>	
		<u>7th &amp; D Streets N.W.</u>	
		<u>Washington 4, D.C.</u>	

# RECORD AND BILL OF ITEMS

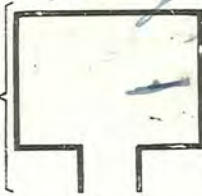
Yearly No. 31

FOR THE FUNERAL OF

Total to date 1774

*Percy Haswell Fawcett*

Residence Main Street Scituset  
 Place of Death N.C.H. 1 mo. 7 days Wife or Widow of George W. Fawcett  
 Date of Birth 1 871 Apr 30 74 Years { Sex ..... } Color or Race .....  
 Date of Death 1946 June 13 Age { 1 Months { Single ..... }  
 Maiden Name ..... { 74 Days { Married ..... }  
 Birth-place Austin Texas Occupation Actress  
 Name of Father George W. Haswell His Birth-place England  
 Maiden Name of Mother Caroline Walsh Her Birth-place Savannah Ga.  
 Cause of Death—Primary Mitral Stenosis & Folau Secondary regurgitation, Myx  
 Certifying Physician Folan Residence .....  
 Place of Burial Nantucket Cemetery St. Marys  
 Funeral Service at ..... Lot No. ....  
 Time of Service ..... Grave No. ....  
 Date of Interment June 15, 1946 Section .....  
 Social Security No. Margaret F. Wilson



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>115<sup>2</sup></u>	100	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>	20	00	Automobiles <u>Gliddens 2</u>		16 00
Burial Suit			Newspaper Notices		
Slippers					
Embalming <u>Services</u>	50	00			
Washing and Dressing					
Shaving					
Services <u>Transfers</u>	15	00	Transportation Charges		
Use of Chairs			Officiating Clergyman <u>Dr. Gardner</u>		
Church Charges <u>Funeral</u>	25	00	Amount of Bill		241 00
Cemetery Charges	15	00	Goods Ordered by		
Music			Bill Charged to		
Flowers					

DR.223.00CR.

				<u>July 2</u>	<u>1945 Check</u>				<u>241 00</u>
				<u>July 5</u>	<u>Pd Gliddens</u>				<u>16 00</u>
									<u>225 00</u>
					<b>PAID</b>				
					<u>By Margaret F. Wilson</u>				

1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 32

FOR THE FUNERAL OF

Total to date 1775

Sillian Chamberle

Residence 243 Valentine Lane Yorkburg N Y

Place of Death 24 Cliff Rd 2 days Wife or Widow of Chamberle

Date of Birth 1890 Apr 23 { 55 Years { Sex { Color or Race  
 (Year) (Month) (Day) { 1 Months { Single { colored  
 Date of Death 1945 June 15 { 23 Days { Married {  
 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_

Birth-place Lynchburg Va Occupation House maid

Name of Father William Hicks His Birth-place Casham Va

Maiden Name of Mother Helen Frinks Her Birth-place Burnley Va

Cause of Death—Primary Sudden death Secondary Heart disease Presumably

Certifying Physician Folger Med Ed Residence Coronary thrombosis

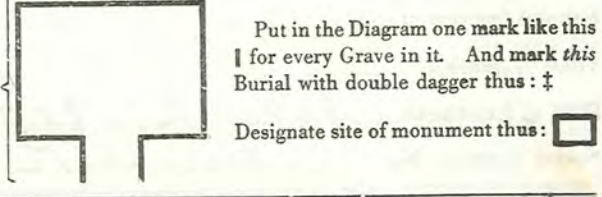
Place of Burial Casham Va Cemetery Casham

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment \_\_\_\_\_ Section \_\_\_\_\_

Social Security No. \_\_\_\_\_



Casket or Coffin No. <u>A110</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>Pine</u>	<u>20 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____			
Embalming _____	<u>25 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>10 00</u>	<u>telegram</u>	<u>94</u>
Use of Chairs _____		Transportation Charges <u>Equip</u>	<u>49 30</u>
Church Charges _____		Officiating Clergyman	<u>105 00</u>
Cemetery Charges _____		Amount of Bill	<u>155 24</u>
Music _____		Goods Ordered by <u>James W. Brown</u>	
Flowers _____		Bill Charged to _____	

DR. 105.00 CR.

<u>Shippid to</u>	<u>June 18, 1945</u>	<u>Check</u>	<u>155 00</u>
<u>J. Bell</u>			
<u>Charlottesville</u>			
<u>Va</u>			
		<b>PAID</b>	
		<u>By James W. Brown</u>	



1941-1945

277

# RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 1777

*Emma J. Fraser*

Residence Old Peoples Home, Main St

Place of Death N.C. Hosp. 1 day Wife or Widow of \_\_\_\_\_

Date of Birth 1862 Apr 18 Age { 83 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 2 Months { Single   
 Date of Death 1945 July 2 { 14 Days { Married \_\_\_\_\_ {  
 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_

Birth-place Pictou, Nova Scotia Occupation None

Name of Father Joseph Fraser His Birth-place Pictou N.S.

Maiden Name of Mother Sarah G. Coffin Her Birth-place Nantucket

Cause of Death—Primary Coronary thrombosis Secondary Arteriosclerosis, Glaucoma of eyes

Certifying Physician Mendes Residence \_\_\_\_\_

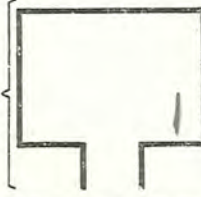
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 614

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment July 3, 1945 Section \_\_\_\_\_

Social Security No. P.O. P.H. 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>115<sup>12</sup></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>20 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>of Service</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>Sutton</u>	
Cemetery Charges _____	<u>15 00</u>	Amount of Bill	<u>200 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 200.00 CR.

				Aug 29 1945 Check	175 00
				Gratuity to Home	25 00
					200 00
				<b>PAID</b>	
				By <u>Oliver Chadwick</u>	
				Treasurer	

# RECORD AND BILL OF ITEMS

Yearly No. 35

FOR THE FUNERAL OF

Total to date 1778

Ellsworth Allen Frazer

Residence 120 Holabard Ave. Winsted Conn.

Place of Death Ocean House - 3 days Wife or Widow of Helen Morrison

Date of Birth 1 (Year) July (Month) 3 (Day)

Date of Death 1945 (Year) July (Month) 3 (Day)

Maiden Name \_\_\_\_\_ Age 53 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Birth-place Winsted Conn. Occupation Manufacturer

Name of Father Gertrude S. Frazer His Birth-place Canada

Maiden Name of Mother Carrie Manning Her Birth-place New York City

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

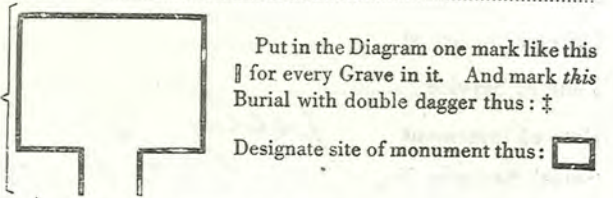
Place of Burial \_\_\_\_\_ Cemetery \_\_\_\_\_

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment \_\_\_\_\_ Section \_\_\_\_\_

Social Security No. \_\_\_\_\_



Casket or Coffin No. <u>9097</u>	<u>375 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 of hells</u>	<u>20 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>10 00</u>	<u>telegrams</u>	<u>1 78</u>
Use of Chairs _____		Transportation Charges <u>Express</u>	<u>16 97</u>
Church Charges _____		Officiating Clergyman	<u>440 00</u>
Cemetery Charges _____		Amount of Bill	<u>458 75</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 448 00 CR.

			<u>Sept 15/45 Check</u>	<u>458 75</u>
			<b>PAID</b>	
			<u>Colonial Trust Co.</u>	
			<u>Waterbury Conn.</u>	



RECORD AND BILL OF ITEMS

Yearly No. 37

FOR THE FUNERAL OF

Total to date 1780.

Seth John Thomas

Residence Somerset Road
Place of Death N. C. H. 6 days
Date of Birth 1894 May 11
Date of Death 1945 July 12
Maiden Name
Birth-place Nowell, Mass
Name of Father Frank Thomas
Maiden Name of Mother Edith Henderson
Cause of Death Primary Sinus Pneumonia
Certifying Physician Gillpatrick
Place of Burial St. Marys
Funeral Service at
Time of Service July 16
Date of Interment July 16
Social Security No. Catherine G. Thomas



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: □

Table with columns for item description, price, and total. Items include Casket or Coffin No. 60 00, Outside Box or Vault Pine 20 00, Embalming of Senses 25 00, Services Transpa 5 00, Church Charges Funeral 25 00, Cemetery Charges 15 00, Automobiles Wood 1 5 00, and Amount of Bill 160 00.

DR.

150.00

CR.

A large empty table with multiple columns and rows, intended for recording additional items or payments.







1941-1945

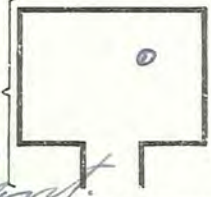
# RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to date 1783

*Ruth Foster Tallant.*  
 Residence The Doreme, Savannah Ga.  
 Place of Death " " Wife or Widow of Hugh Tallant.  
 Date of Birth 1 (Year) 1945 (Month) June (Day) Age { 66 Years { Sex Female { Color or Race  
 Date of Death 1945 (Year) June (Month) 22 (Day) { 6 Months { Single  
 Maiden Name " { 13 Days { Married ✓  
 Birth-place Darien Ga. Occupation House wife  
 Name of Father Joseph Hilton His Birth-place England  
 Maiden Name of Mother Elda Naylor Her Birth-place Savannah Ga.  
 Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 61  
 Time of Service Aug 1, 1945 Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



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: □

*Mr. Hugh Tallant.*

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>Wood 1 Car</u>	<u>5 00</u>
Burial Suit		Newspaper Notices	
Slippers		<u>Services for interment of Ashes</u>	<u>20 00</u>
Embalming		Transportation Charges	
Washing and Dressing		Officiating Clergyman <u>Strong</u>	
Shaving		Amount of Bill	<u>25 00</u>
Services		Goods Ordered by	
Use of Chairs		Bill Charged to <u>Hugh Tallant.</u>	
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

CR.

				<u>Aug 17, 1945</u>	<u>Check</u>	<u>25 00</u>
				<u>" 17</u>	<u>Pd Hubert</u>	<u>5 00</u>
						<u>20 00</u>
<b>PAID</b>						
<u>By Mr. Hugh Tallant.</u>						

# RECORD AND BILL OF ITEMS

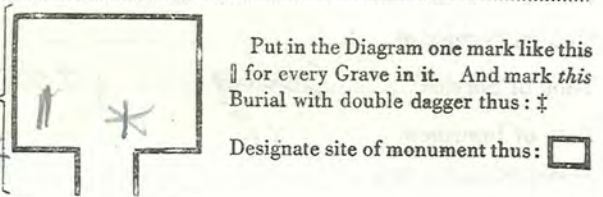
Yearly No. 41

FOR THE FUNERAL OF

Total to date 17814

Rt. Rev. Frank Hale Jouret

Residence 37 Orange St.  
 Place of Death M. C. Hospital 10 hrs      Wife or Widow of Irene Farguhar  
 Date of Birth 1875 Mch 24      Age 70 Years      Sex       
 Date of Death 1945 Aug 2      4 Months      Single           Color or Race Age 75.  
 Maiden Name           9 Days      Married       
 Birth-place Salem Mass      Occupation Bishop of Episcopal Church  
 Name of Father Benj. A. Jouret      His Birth-place unknown      Retired 17 yrs.  
 Maiden Name of Mother Suey Hatch Marks      Her Birth-place "  
 Cause of Death—Primary Colonial Thrombosis      Secondary 11 hrs.  
 Certifying Physician Mendes      Residence       
 Place of Burial Nantucket      Cemetery P. H.  
 Funeral Service at           Lot No. 723  
 Time of Service           Grave No.       
 Date of Interment Aug 4, 1945      Section       
 Social Security No.           Irene F. Jouret



Casket or Coffin No. <u>415<sup>12</sup></u>	260 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>	20 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		<u>Moving Lot</u>	2 00
Embalming <u>of Services</u>	50 00		870 00
Washing and Dressing		Transportation Charges	
Shaving		Officiating Clergyman <u>Gardner &amp; Blogett</u>	
Services <u>Transfer</u>	10 00	Amount of Bill	372 00
Use of Chairs		Goods Ordered by <u>Wm Chatterton</u>	
Church Charges <u>Funeral</u>	25 00	Bill Charged to <u>Mrs Jouret</u>	
Cemetery Charges	15 00		
Music <u>Moving Lot</u>	2 00		
Flowers			
<b>DR. 370.00</b>			

	CR.				
		Nov. 7. 1945 Check			372 00
<b>PAID</b>					
By <u>Frederick G. Farguhar</u>					

1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 42

FOR THE FUNERAL OF

Total to date 1785

Katherine Curley

Residence 65 Mulberry St.

Place of Death Our Island Home 10 months Wife or Widow of Michael Curley

Date of Birth 1951 June 16 (Year) (Month) (Day) Age 94 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1945 Aug 5 (Year) (Month) (Day) Age 1 Months Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age 20 Days Married \_\_\_\_\_

Birth-place Boston Mass Occupation At Home

Name of Father Frank Harkins His Birth-place Ireland

Maiden Name of Mother Ann Her Birth-place Ireland

Cause of Death—Primary Fractured hip Secondary fell in own room. Hypostatic Pneu

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

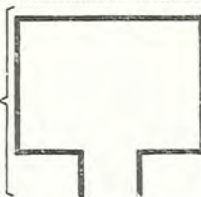
Place of Burial \_\_\_\_\_ Cemetery \_\_\_\_\_

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment \_\_\_\_\_ Section \_\_\_\_\_

Social Security No. \_\_\_\_\_



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>115<sup>12</sup></u>	<u>100 00</u>	Candles	
Size Made by		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate <u>Pine with handles</u>	<u>25 00</u>	Removal	
Outside Box or Vault		Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>plus services</u>	<u>30 00</u>		<u>170 00</u>
Washing and Dressing			<u>129 00</u>
Shaving			<u>70</u>
Services <u>Transfers</u>	<u>10 00</u>		<u>4 33</u>
Use of Chairs		Transportation Charges <u>tickets</u>	
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	<u>304 03</u>
Music		Goods Ordered by	
Flowers		Bill Charged to <u>Thos. F. Curley</u>	

DR.

170.00

CR.

		<u>Aug 21</u>	<u>1945 Cash</u>	<u>70 00</u>
		<u>Sept 18</u>	<u>" Check</u>	<u>234 00</u>
			<u>Discount</u>	<u>304 00</u>
			<b>PAID</b>	<u>20 00</u>
				<u>284 00</u>
			By <u>Thomas F. Curley</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 43

FOR THE FUNERAL OF

Total to date 1786

Alfred F. Shurocks

Residence 16 Vestal Street

Place of Death " "

Date of Birth 1870 Feb 2 (Year) (Month) (Day)

Date of Death 1945 Aug 6 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_

Birth-place Providence R.I. Occupation Architect Retired 44

Name of Father Thomas S. Shurocks His Birth-place Manchester, England

Maiden Name of Mother Elizabeth H. Skimmie Her Birth-place Attleboro Mass

Cause of Death—Primary Chronic Myo Secondary not Rheumatic

Certifying Physician Folger Residence \_\_\_\_\_

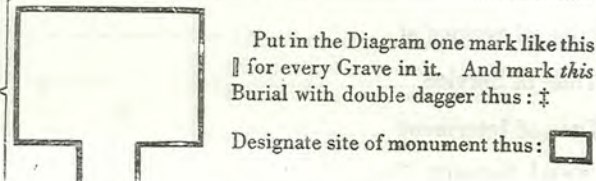
Place of Burial Cremation Mt Auburn Cemetery Boston

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Cremation Aug 6 Section \_\_\_\_\_

Social Security No. Alice A. Shurocks



Casket or Coffin No. <u>115<sup>12</sup></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>with handles</u>	<u>25 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	<u>1 95 00</u>
Slippers _____		<u>Pd J. S. Waterman &amp; Sons</u>	<u>19</u>
Embalmng <u>Services</u>	<u>50 00</u>	<u>Cremation Charges</u>	<u>70 00</u>
Washing and Dressing _____		<u>Providence Journal</u>	<u>1 00</u>
Shaving <u>4 Transfers</u>	<u>20 00</u>	<u>Herald Traveler</u>	<u>1 00</u>
Services _____		<u>Interment</u>	<u>2 75</u>
Use of Chairs _____		Transportation Charges	<u>14 34</u>
Church Charges _____		Officiating Clergyman <u>Strong &amp; Blugitt</u>	
Cemetery Charges _____		Amount of Bill	<u>284 09</u>
Music _____		Goods Ordered by <u>Mrs Shurocks</u>	
Flowers _____		Bill Charged to _____	

DR. 195.00

CR.

	<u>Sept 27, 1945 Check</u>	<u>284 00</u>
PAID		
By <u>Mrs Shurocks</u>		

1941-1945

# RECORD AND BILL OF ITEMS

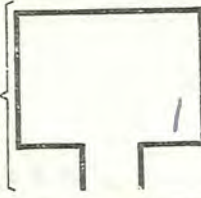
Yearly No. 44

FOR THE FUNERAL OF

Total to date 1787

Catherine L Small

Residence 5 Farmer  
 Place of Death N.C.H. 26 days Wife or Widow of William E Small  
 Date of Birth 1870 July 9 (Year) (Month) (Day) Age 75 Years { Sex {  
 Date of Death 1945 Aug 6 (Year) (Month) (Day) { 0 Months { Single { Color or Race  
 Maiden Name \_\_\_\_\_ { 28 Days { Married  { Age 65  
 Birth-place East Milton Mass Occupation House wife  
 Name of Father Patrick McCue His Birth-place Ireland  
 Maiden Name of Mother Katherine Feeney Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
 Certifying Physician Foley Residence \_\_\_\_\_  
 Place of Burial Mantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 837  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Aug 9 Section \_\_\_\_\_  
 Social Security No. William E Small



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>8097. Wal fin</u>	<u>225 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>20 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	<u>35 00</u>	Officiating Clergyman <u>Fr. O Keefe</u>	
Washing and Dressing		Amount of Bill	<u>325 00</u>
Shaving		Goods Ordered by <u>Wm. E Small</u>	
Services <u>Transfer</u>	<u>5 00</u>	Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>15 00</u>		
Music			
Flowers			

DR.

325 00

CR.

			<u>Aug 9</u>	<u>1945 Cash</u>	<u>325 00</u>
				<b>PAID</b>	
				<u>By</u>	
				<u>William E Small</u>	

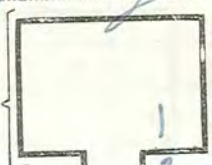
# RECORD AND BILL OF ITEMS

Yearly No. 45

FOR THE FUNERAL OF

Total to date 1788

Alfredo S. Rezendes

Residence 4 New Street  
 Place of Death 10 Back      Wife or Widow of Alice L. Folger  
 Date of Birth 1908 Nov 22      Age 36 Years { Sex ..... } Color or Race .....  
 Date of Death 1945 Aug 12      { 8 Months { Single ..... }  
 Maiden Name .....      { 21 Days { Married  }  
 Birth-place Nantucket      Occupation Laborer  
 Name of Father Joseph S. Rezendes      His Birth-place St Marys Azores  
 Maiden Name of Mother Mary Joseph      Her Birth-place " " "  
 Cause of Death—Primary Chronic Myo      Secondary Rheumatic origin, Mitral  
 Certifying Physician F. Olga      Residence Requignation  
 Place of Burial Nant      Cemetery St Marys  
 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 Aug 14      Grave No. .....      Designate site of monument thus:   
 Date of Interment " "      Section .....  
 Social Security No. 031-93-7086      Alice L. Rezendes

Casket or Coffin No. <u>8297 Walpin</u>	<u>250 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>20 00</u>	Automobiles <u>Please 1. Car</u>	<u>5 00</u>
Burial Suit .....			<u>355 00</u>
Slippers .....		Newspaper Notices .....	
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing .....		Transportation Charges .....	
Shaving <u>Transfer</u>	<u>10 00</u>	Officiating Clergyman <u>Fr. O. Kufe</u>	
Services .....		Amount of Bill .....	<u>360 00</u>
Use of Chairs .....		Goods Ordered by <u>Alice Rezendes</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Bill Charged to " "	
Cemetery Charges .....	<u>15 00</u>		
Music .....			
Flowers .....			
<u>358.00</u>			CR.

DR.								
Sept. 15.	Pd Please Cash	<u>5 00</u>	Sept 13	1945 Cash			<u>360 00</u>	
				<b>PAID</b>				
				By <u>Alice Rezendes</u>				



# RECORD AND BILL OF ITEMS

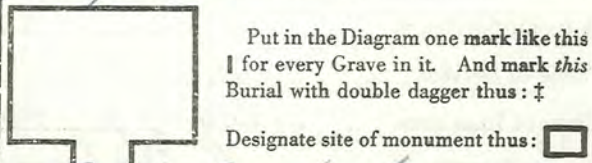
Yearly No. 46

FOR THE FUNERAL OF

Total to date 1789

Thomas John Beldue

Residence 24 Werner Park Rochester N.Y.  
 Place of Death West Fire Station Wife or Widow of Margaret McKenna  
 Date of Birth 1 (Year) 1945 (Month) Aug (Day) 16 (Day) Age 55 Years { Sex      Color or Race       
4 Months { Single       
4 Days { Married       
 Maiden Name       
 Birth-place Rochester N.Y. Occupation Chauffeur  
 Name of Father Unknown His Birth-place Unknown  
 Maiden Name of Mother Margaret Wise Her Birth-place Rochester, N.Y.  
 Cause of Death—Primary Sudden death Secondary Died while in Fire Station 7 P.M.  
 Certifying Physician F. Alan Med. Ex. Residence Heart disease, Presumably Coronary  
 Place of Burial Rochester, N.Y. Cemetery Holy Sepulchre  
 Funeral Service at      Lot No.       
 Time of Service      Grave No.       
 Date of Interment      Section       
 Social Security No. Thomas James Beldue 24 Werner Park Rochester, N.Y.



Casket or Coffin No. <u>1297 Oak</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>Pine</u>	<u>20 00</u>	Automobiles.....	
Burial Suit.....		Newspaper Notices.....	
Slippers.....			
Embalming <u>of service</u>	<u>35 00</u>		
Washing and Dressing.....			
Shaving.....			
Services <u>Transfers</u>	<u>10 00</u>		
Use of Chairs.....		Transportation Charges <u>Tickets</u>	<u>21 30</u>
Church Charges.....		Officiating Clergyman.....	<u>365 00</u>
Cemetery Charges.....		Amount of Bill.....	<u>386 30</u>
Music.....		Goods Ordered by.....	
Flowers.....		Bill Charged to.....	

DR.

365 00

CR.

	<u>Shipped to</u>		<u>Sept 18</u>	<u>1945 Cash</u>	<u>386 00</u>
	<u>Murphy Funeral Home</u>				
	<u>Rochester N.Y.</u>				
				<b>PAID</b>	
				<u>By</u>	
				<u>Thomas James Beldue</u>	



# RECORD AND BILL OF ITEMS

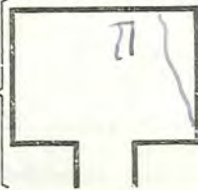
Yearly No. 48

FOR THE FUNERAL OF

Total to date 7791

Henry George Warland

Residence 440 Park Ave N.Y.  
 Place of Death 78 Main Street Wife or Widow of Gertrude Outerbridge  
 Date of Birth 1882 May 26 (Year) (Month) (Day) Age { 63 Years { Sex ..... { Color or Race .....  
 Date of Death 1945 Aug 17 (Year) (Month) (Day) { 2 Months { Single ..... { Age 57  
 Maiden Name ..... { 22 Days { Married  .....  
 Birth-place New Rochelle, N.Y. Occupation Vice President of Bank  
 Name of Father William S. Warland His Birth-place Cambridge, Mass  
 Maiden Name of Mother Kate Clark Gouge Her Birth-place Hartford, Conn.  
 Cause of Death—Primary Heart disease Secondary Died in own home 4 A.M.  
 Certifying Physician Folger Med. Co. Residence Sudden death Pres. Coronary thromb.  
 Place of Burial Norwalk Cemetery P.H.  
 Funeral Service at ..... Lot No. 774  
 Time of Service ..... Grave No. ....  
 Date of Interment Aug 19 1945 Section .....  
 Social Security No. Gertrude O. Warland



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>8497 Mbg</u>	<u>375 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>20 00</u>	Automobiles .....	
Burial Suit .....		Newspaper Notices .....	
Slippers .....			
Embalming <u>James</u>	<u>50 00</u>		
Washing and Dressing .....			
Shaving .....			
Services <u>Transfer</u>	<u>10 00</u>		
Use of Chairs .....		Transportation Charges .....	
Church Charges <u>Funeral</u>	<u>20 00</u>	Officiating Clergyman <u>Strong</u>	
Cemetery Charges .....	<u>15 00</u>	Amount of Bill .....	<u>495 00</u>
Music .....		Goods Ordered by <u>Mrs. Warland</u>	
Flowers .....		Bill Charged to .....	

DR.

495 00

CR.

				<u>Sept 20 1945 Check</u>	<u>495 00</u>
				<b>PAID</b>	
				<u>By Mrs. Warland</u>	













# RECORD AND BILL OF ITEMS

Yearly No. 53

FOR THE FUNERAL OF

Total to date 1796

## *David Alfred Orpin*

Residence \_\_\_\_\_

Place of Death N. C. H. 2 days Wife or Widow of \_\_\_\_\_

Date of Birth 1945 Oct 4 (Year) (Month) (Day)      Age { Years \_\_\_\_\_ Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 { Months \_\_\_\_\_ Single \_\_\_\_\_  
 { Days 2 Married \_\_\_\_\_

Date of Death 1945 Oct 6 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_

Birth-place Nantucket Occupation None

Name of Father Alfred W. Orpin His Birth-place Nantucket

Maiden Name of Mother Georgina Doherty Her Birth-place Sackville, N. B.

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_

Certifying Physician Gill Residence \_\_\_\_\_

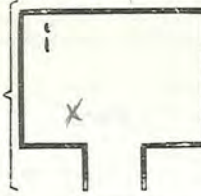
Place of Burial Nant. Cemetery Newtown Removed to P. H. Nov 28.

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Oct. 9, 1945 Section \_\_\_\_\_

Social Security No. Alfred W. Orpin



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>15 00</u>	Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		<b>Automobiles</b>	
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services	<u>5 00</u>		
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	<u>20 00</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR. 20.00 CR.

		<u>Jan 11 1946 Check</u>	<u>20 00</u>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 2em; margin: 0;"><b>PAID</b></p> <p style="margin: 0;">By <u>Alfred Orpin</u></p> </div>			

RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

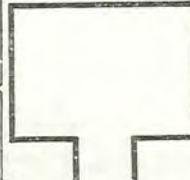
Total to date 1797

Edwin S. Tuell

Residence 71 Main St  
 Place of Death 27 North Water  
 Date of Birth 1 (Year) 8 (Month) 8 (Day)  
 Date of Death 1945 Oct 8 (Year) (Month) (Day)  
 Maiden Name  
 Birth-place Rockland, Mass  
 Name of Father Edwin S. Tuell  
 Maiden Name of Mother Emilie Lane  
 Cause of Death—Primary Sudden death  
 Certifying Physician Folger, Med Ex  
 Place of Burial Mt Pleasant  
 Funeral Service at  
 Time of Service  
 Date of Interment Oct. 11, 1945  
 Social Security No. Lilla G. Tuell

Wife or Widow of Lilla Garrison  
 Age { 82 Years { Sex { Color or Race  
 { 8 Months { Single { Age 68  
 { 1 Days { Married {

Occupation  
 His Birth-place Rockland, Mass  
 Her Birth-place Rockland  
 Secondary 27 No. Water St. Heart disease  
 Residence Coronary thrombosis  
 Cemetery Rockland, Mass

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. 435 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	20 00	Automobiles	
Burial Suit		Newspaper Notices Boston Herald	1 00
Slippers		N. Y Times	3 45
Embalming & Services	50 00	Telegrams	2 37
Washing and Dressing			
Shaving		Transportation Charges ticket	3 80
Services Transfers	15 00	Officiating Clergyman Sutton	360 00
Use of Chairs		Amount of Bill	370 62
Church Charges Funeral	25 00	Goods Ordered by Mrs Tuell	
Cemetery Charges		Bill Charged to	
Music			
Flowers			

DR.

360.00

CR.

Shipped to	Nov. 3	1945 Check	370 62
C. L. Rice & Son			
16 Webster St			
Rockland			
		PAID	
		By Lilla G. Tuell	

# RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date 1798

Hattie B Garland.

Residence 73 Orange St. Nantucket  
 Place of Death 431 West Bedford St. N Bedford Wife or Widow of John A. Garland  
 Date of Birth 1 (Year) Oct (Month) 5 (Day) Age 69 Years 4 Months 27 Days Sex Female Color or Race White  
 Date of Death 1945 (Year) Oct (Month) 5 (Day) Maiden Name Nantucket Occupation None  
 Birth-place Nantucket His Birth-place Nantucket  
 Name of Father Alexander M. Chase Her Birth-place Cape Cod  
 Maiden Name of Mother Nancy Wilson Cause of Death—Primary Coronary Occlusion Secondary Sudden death  
 Certifying Physician Wm Rosten Residence New Bedford  
 Place of Burial Nant. Cemetery P.H.  
 Funeral Service at Nant. Lot No. 236  
 Time of Service Oct. 10. 1945 Grave No. 1  
 Date of Interment Oct. 10. 1945 Section 1  
 Social Security No. Mrs Wm. Collis 431 W. Bedford 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.		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 <u>Personal Service</u>	<u>15 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>Bennett</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>60 00</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

60.00

CR.

			<u>Dec. 3</u>	<u>1945 check</u>	<u>60 00</u>

PAID

By Mrs Wm Collis.

# RECORD AND BILL OF ITEMS

Yearly No. 56

FOR THE FUNERAL OF

Total to date 1799

*Isabelle Stevenson*

Residence 44 Sunset Rd. West Somerville.

Place of Death M. C. H. 17 days Wife or Widow of \_\_\_\_\_

Date of Birth 1 May 19 18 50 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 19 45 Oct 18 5 Months { Single  }  
(Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Days { Married \_\_\_\_\_ }

Birth-place East Boston Occupation None

Name of Father John Stevenson His Birth-place Liverpool England

Maiden Name of Mother Jane Miller Her Birth-place \_\_\_\_\_

Cause of Death—Primary Cerebral Hem. Secondary \_\_\_\_\_

Certifying Physician Folger Residence \_\_\_\_\_

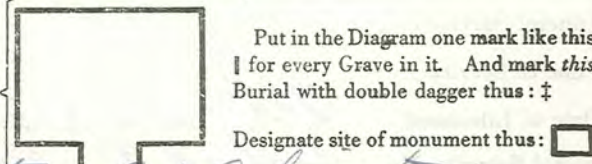
Place of Burial Arlington Mass Cemetery Mt. Pleasant

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Oct 22, 1945 Section \_\_\_\_\_

Social Security No. Mrs Daisy Brennan 25 Valentine Rd. Arlington



Casket or Coffin No. <u>1157<sup>12</sup></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 <u>Pine.</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</u>	<u>10 00</u>	Transportation Charges <u>Ticket</u>	<u>4 46</u>
Use of Chairs		Officiating Clergyman	<u>215 00</u>
Church Charges		Amount of Bill	<u>219 46</u>
Cemetery Charges		Goods Ordered by	
Music		Bill Charged to	
Flowers			

DR. 215.00 CR.

Shipped to	Dec 10, 1945	Checks	219 46
F. M. Wilson			
28 College Ave			
W. Somerville			
Tel. Somerset 2379			
		<b>PAID</b>	
		By	
		Mrs Daisy Brennan	

1941-1945

# RECORD AND BILL OF ITEMS

Yearly No. 57

FOR THE FUNERAL OF

Total to date 1800

Georgina P. O'Keefe

Residence 8 East York

Place of Death N. C. H. 17 days Wife or Widow of Alfred N. O'Keefe

Date of Birth 1916 Feb 22 29 Years Sex Female Color or Race Age 39

Date of Death 1945 Oct 20 7 Months Single Age 39

Maiden Name Georgina P. O'Keefe Age 28 Days Married Y

Birth-place Sackville, N.B. Occupation Housewife

Name of Father Burt L. O'Keefe His Birth-place Canada

Maiden Name of Mother Ethel Ward Her Birth-place "

Cause of Death—Primary Progressive thrombosis Secondary of abdominal veins

Certifying Physician Bill Residence "

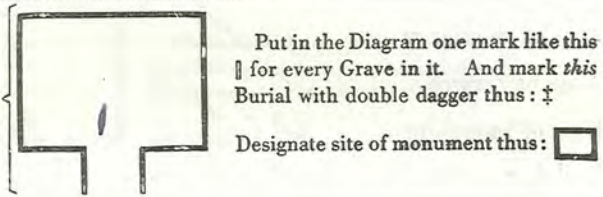
Place of Burial Nant Cemetery P.H.

Funeral Service at " Lot No. 924

Time of Service " Grave No. "

Date of Interment Oct. 23, 1945 Section "

Social Security No. Alfred N. O'Keefe



Casket or Coffin No. <u>12 White Plush</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 <u>Pine</u>	<u>20 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Burial Suit		<u>Lot No. 924</u>	<u>60 00</u>
Slippers	<u>35 00</u>	Newspaper Notices	
Embalming <u>of Service</u>	<u>50 00</u>		
Washing and Dressing			
Shaving			
Services <u>transfers</u>	<u>10 00</u>	Transportation Charges	<u>255 00</u>
Use of Chairs		Officiating Clergyman <u>Foulk</u>	<u>275 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>330 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by <u>Alfred O'Keefe</u>	<u>320 00</u>
Music		Bill Charged to	
Flowers	<u>255 00</u>		

DR.

270.00

CR.

				<u>Dec 11, 1946 Check</u>	<u>320 00</u>

00

r Race

9

mark like this  
and mark this  
thus: †

nt thus:

5 00  
0 00

53 00  
~~70 00~~  
10 00  
0 00

CR.

0 00

FUNER

REGIS

7/6/20  
10/20