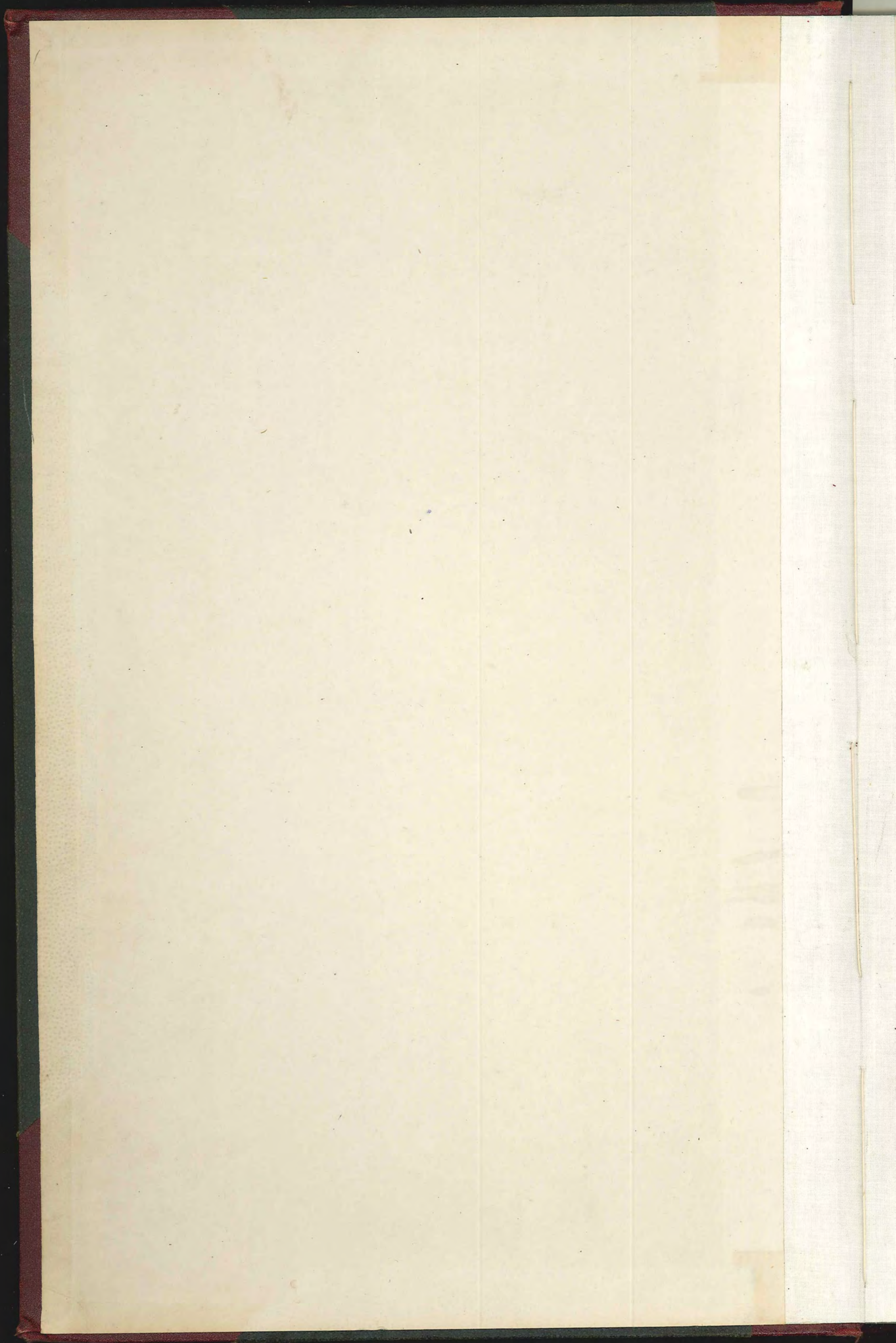


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REGISTER

10/21/45  
9/10/49



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October, 21st. 1945.  
to  
Sept. 10. 1949.

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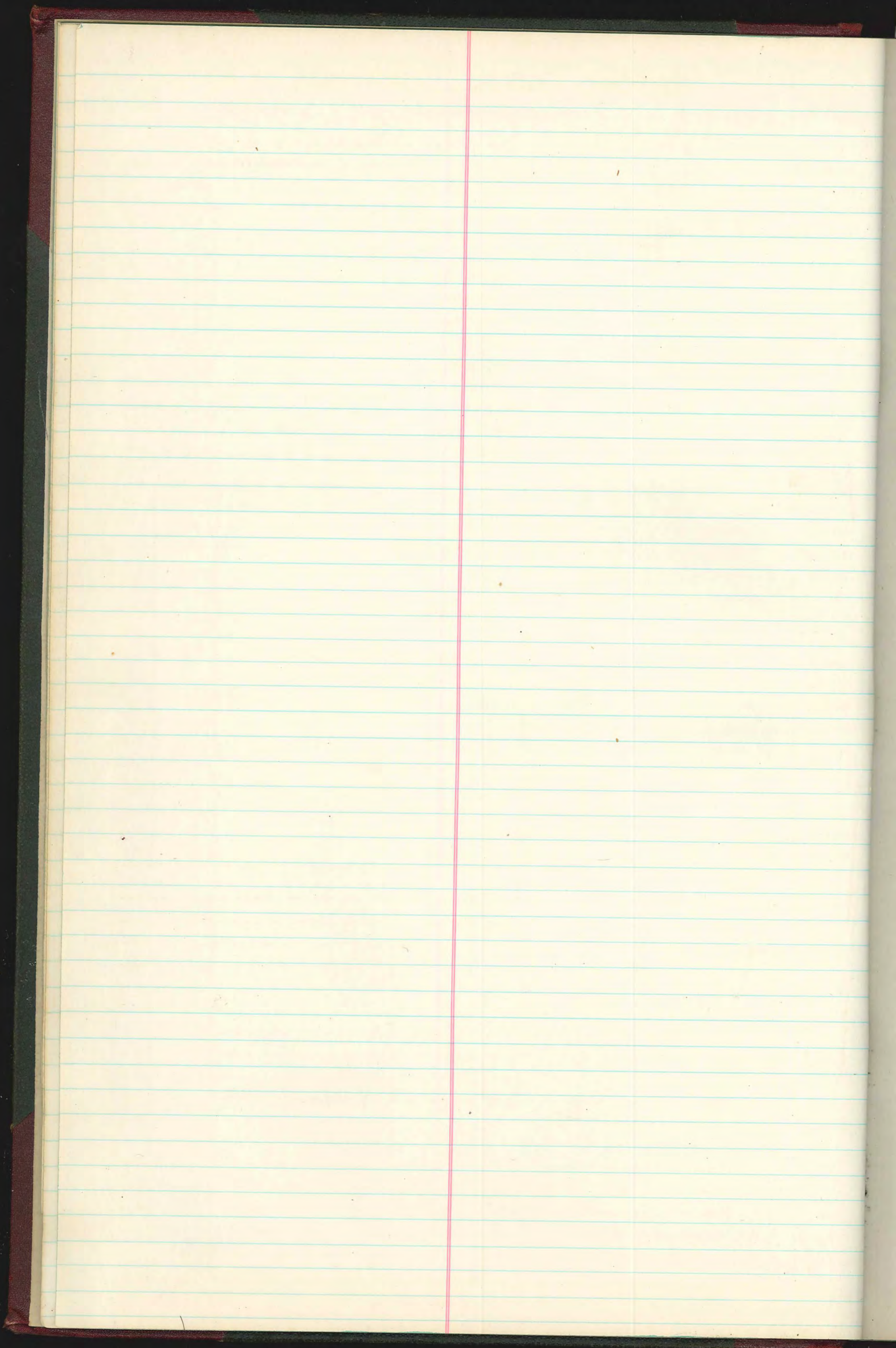
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# RECORD AND BILL OF ITEMS

Yearly No. 58

FOR THE FUNERAL OF

Total to date 1801

*Mary E. Crosby*

Residence 10 Pine St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. E. H. 19 days Wife or Widow of \_\_\_\_\_

Date of Birth 1 868 Jan. 12 Age { 76 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 9 Months { Single   
 (Year) (Month) (Day) { 9 Days { Married \_\_\_\_\_

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

Birth-place Nantucket His Birth-place Nantucket

Name of Father Charles C. Crosby Her Birth-place \_\_\_\_\_

Maiden Name of Mother Ellen M. Easton Cause of Death—Primary Cerebral Hem. Secondary Diabetes Mellitus

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

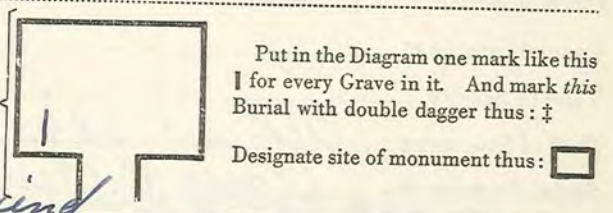
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 467

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

Date of Interment October 24, 1946 Section \_\_\_\_\_

Social Security No. Julia B. Farrington Friend



Casket or Coffin No. <u>190 12</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>20 00</u>	Automobiles <u>J. H. Wood 1</u>	<u>5 00</u>
Burial Suit _____		<u>moving set.</u>	<u>2 00</u>
Slippers _____		Newspaper Notices _____	
Embalming <u>+ services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfus</u>	<u>10 00</u>		
Use of Chairs _____		Transportation Charges _____	<u>3 05 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Strong.</u>	
Cemetery Charges _____	<u>15 00</u>	Amount of Bill _____	<u>312 00</u>
Music _____		Goods Ordered by <u>Alfred Wellington</u>	
Flowers _____		Bill Charged to _____	
DR. <u>305.00</u>		CR.	

Mr. Alfred Wellington	Nov. 3	1946: Check	312 00.
390 Meridian St.			
East Boston, Mass			
Tel. E. Boston 0735			
		<b>PAID</b>	
		By: Alfred Wellington	

# RECORD AND BILL OF ITEMS

Yearly No. 59

FOR THE FUNERAL OF

Total to date 1802

Fred H. Williamson

Residence Our Island Home, Orange St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 2 days Wife or Widow of \_\_\_\_\_

Date of Birth 1869 Nov. 23 Age 76 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
(Year) (Month) (Day) { Months \_\_\_\_\_ } Single \_\_\_\_\_  
Date of Death 1945 Oct. 22 { Days \_\_\_\_\_ } Married \_\_\_\_\_  
(Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Occupation Caretaker

Birth-place S Lowell, Mass. His Birth-place Scotland

Name of Father John Williamson Her Birth-place Maine

Maiden Name of Mother Charlotte Cause of Death—Primary Chronic Myo. Secondary not Rheumatic, Mitral

Certifying Physician Folger Residence Regurgitation

Place of Burial Marston Mills Cemetery Mossland

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

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

Date of Interment Oct. 25, 1945 Section \_\_\_\_\_

Social Security No. Inez C. Brownell

Casket or Coffin No. A 110 12 75 00

Size \_\_\_\_\_ Made by \_\_\_\_\_

Lining and Pillow Set No. \_\_\_\_\_

Handles \_\_\_\_\_

Plate \_\_\_\_\_

Outside Box or Vault Pine 20 00

Burial Suit \_\_\_\_\_

Slippers \_\_\_\_\_

Embalming Services 35 00

Washing and Dressing \_\_\_\_\_

Shaving \_\_\_\_\_

Services Transfers 10 00

Use of Chairs \_\_\_\_\_

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

Cemetery Charges \_\_\_\_\_

Music \_\_\_\_\_

Flowers \_\_\_\_\_

Candles 1915

Gloves 1819

Bearers or Porters 76-

Hearse to \_\_\_\_\_

Removal \_\_\_\_\_

Automobiles \_\_\_\_\_

Newspaper Notices \_\_\_\_\_

Transportation Charges tickets 10 04

Officiating Clergyman 140 00

Amount of Bill 150 04

Goods Ordered by \_\_\_\_\_

Bill Charged to \_\_\_\_\_

140.00

CR.

DR.

Nov. 18, 1945 Check 150 00

**PAID**

By Inez Brownell

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to date 18 03

Mabel Blossom Lathrop.

Residence 10 Prescott Ave. Montclair, N. J. 3741 Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 111 Gates Ave. " 7 mos. Wife or Widow of Samuel P. Lathrop.

Date of Birth 1 878. June 11 Age { 67 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1945 Oct 21 { 4 Months { Single \_\_\_\_\_ { \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 10 Days { Married \_\_\_\_\_ { \_\_\_\_\_

Birth-place Boston, Mass Occupation At Home

Name of Father Henry Blossom His Birth-place Barnstable, Mass

Maiden Name of Mother Anna Gardner Her Birth-place Nantucket

Cause of Death—Primary Atherosclerosis Secondary Diabetes Mellitus

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

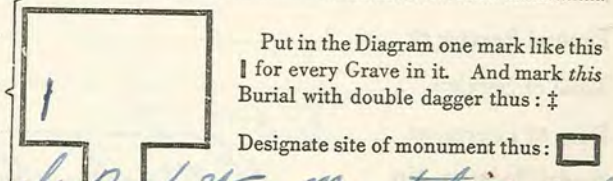
Place of Burial Nantucket Cemetery North

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

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

Date of Interment October 25, 1946 Section \_\_\_\_\_

Social Security No. Mrs. Francis C. Bethell 167 Eagle Rock Way Montclair, N. J.



Casket or Coffin No.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to <u>to Cemetery</u>	<u>30 00</u>
Plate		Removal <u>Cemetery Charges</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	
Washing and Dressing		Amount of Bill	<u>50 00</u>
Shaving		Goods Ordered by <u>A. C. Brown Inc.</u>	
Services		Bill Charged to	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.		CR.	
<u>Arthur K. Brown Inc.</u>	<u>Nov 1.</u>	<u>1945 Check</u>	<u>50 00</u>
<u>56 Park St.</u>			
<u>Montclair, N. J.</u>			
		<b>PAID</b>	
		By <u>Arthur K. Brown Inc.</u>	
		<u>Montclair, N. J.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 61.

FOR THE FUNERAL OF

Total to date 1804

### Ida E. Granville

Residence 19 Washington St Age of husband or wife if alive..... years

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

Date of Birth 1886 (Year) (Month) (Day) Age { 59 Years { Sex { Color or Race {  
Date of Death 1945 (Year) Nov 15 (Month) (Day) { Months { Single ✓ {  
Days { Married {

Maiden Name Birth-place Bostons, Mass Occupation Maid

Name of Father William Granville His Birth-place Petersburg Va

Maiden Name of Mother Ellen -- Her Birth-place Vermont.

Cause of Death - Primary Presumably -- Secondary Coronary Thrombosis

Certifying Physician Folger Residence

Place of Burial Nant. Cemetery Newtown

Funeral Service at Lot No. Hawkins

Time of Service Grave No. 1 Put in the Diagram one mark like this ¶ for every Grave in it. And mark this Burial with double dagger thus : †

Date of Interment Nov 17. Section Designate site of monument thus: ☐

Social Security No. Wm. B. Granville Brother.

Casket or Coffin No. J 307	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	20 00	Automobiles 1 Car. Wood	5 00
Burial Suit .....		Newspaper Notices .....	
Slippers .....			
Embalming + Sunco	35 00		
Washing and Dressing .....			
Shaving .....			250 00
Services Transfer	5 00	Transportation Charges .....	
Use of Chairs .....		Officiating Clergyman Bennett	5 00
Church Charges Funeral	25 00	Amount of Bill .....	260 00
Cemetery Charges	15 00	Goods Ordered by Wm. Granville	
Music .....		Bill Charged to .....	
Flowers .....			

DR. 250.00 CR.

			Paid 324 1946 Cash	260 00



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 62

FOR THE FUNERAL OF

Total to date 1805.

Residence Emma Riddell Smith  
Ou Island Home (79 Main. Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1867 Nov 13 { 78 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 1945 Nov 21 { 0 Months { Single  Married \_\_\_\_\_  
(Year) (Month) (Day)

Maiden Name \_\_\_\_\_ { 7 Days { \_\_\_\_\_

Birth-place Nantucket Occupation None

Name of Father George P. Smith His Birth-place Nantucket

Maiden Name of Mother Mary P. Riddell Her Birth-place \_\_\_\_\_

Cause of Death—Primary General Arteriosclerosis Secondary Chronic Myo. (not Rheumatic)

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

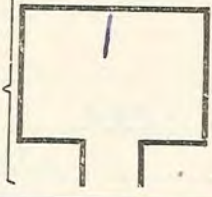
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 128

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

Date of Interment Nov. 23. Section \_\_\_\_\_

Social Security No. Town 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>170 12</u>	<u>195 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>Pease 1.</u>	<u>5 00</u>
Burial Suit _____		Newspaper Notices _____	<u>295 00</u>
Slippers _____		Transportation Charges _____	
Embalming <u>of Services</u>	<u>35 00</u>	Officiating Clergyman <u>Strong</u>	
Washing and Dressing _____		Amount of Bill _____	<u>295 00</u>
Shaving _____		Goods Ordered by <u>Frank Worth</u>	<u>295 00</u>
Services <u>Transfer</u>	<u>15 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. 295.00</b>		<b>CR.</b>	

		<u>Feb 6</u>	<u>1946 Cash</u>	<u>295 00</u>
			<u>Disc</u>	<u>5 00</u>
				<u>295 00</u>
			<b>PAID</b>	
			<u>By Frank Worth</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 6.3.

FOR THE FUNERAL OF

Total to date 1806

*Mary Ainsley Ball*

Residence 829 Park Ave New York Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " " Wife or Widow of Sidney H Ball

Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age { 66 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1945 Dec 6 (Year) (Month) (Day) { \_\_\_\_\_ Months { Single \_\_\_\_\_

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

Birth-place Denver Colorado Occupation House Wife

Name of Father Samuel R. Ainsley His Birth-place Sandusky Ohio

Maiden Name of Mother Virginia Widdifield Her Birth-place Virginia

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

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

Place of Burial Manhasset Cemetery P.B.

Funeral Service at \_\_\_\_\_ Lot No. 227

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

Date of Interment Dec 8, 1945 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Sidney H Ball



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>W Wood 1</u>	<u>5 00</u>	
Burial Suit _____		Newspaper Notices _____	<u>70 00</u>	
Slippers _____				
Embalming _____				
Washing and Dressing _____				
Shaving _____				
Services _____	<u>25 00</u>	Transportation Charges _____		
Use of Chairs _____		Officiating Clergyman <u>Strong</u>		
Church Charges <u>Funeral pm Boaf</u>	<u>25 00</u>	Amount of Bill _____	<u>75 00</u>	
Cemetery Charges _____	<u>15 00</u>	Goods Ordered by <u>Robert Jindale</u>		
Music <u>Grass of Devise</u>	<u>5 00</u>	Bill Charged to _____		
Flowers _____				
	<u>70 00</u>			

DR.

CR.

<u>Robert Jindale</u>		<u>Jan 2</u>	<u>1946 Check</u>	<u>75 00</u>
<u>31 East 71st St.</u>			<u>Paid Wood</u>	<u>5 00</u>
<u>New York City</u>				<u>70 00</u>

**PAID**

*By*  
Robert Jindale

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 64.

FOR THE FUNERAL OF

Total to date 1807.

Albert R Coffin

Residence 2 Prospect St. Age of husband or wife if alive 79 years

Place of Death " Wife or Widow of Caroline S Andrews

Date of Birth 1862 / Oct / 29 (Year) (Month) (Day)

Date of Death 1945 / Dec / 11 (Year) (Month) (Day) Age 83 Years { Sex ..... } Color or Race

Maiden Name ..... { 1 Months { Single ..... } { 43 Days { Married ..... }

Birth-place Nantucket Occupation Livery man Retired

Name of Father Thomas R Coffin His Birth-place Nantucket

Maiden Name of Mother Maria Phinney Her Birth-place Nantucket


Cause of Death—Primary Sudden death in bed in own residence Secondary Heart disease

Certifying Physician Folger Med Ex Residence Coronary thrombosis

Place of Burial Nantucket Cemetery P.H.

Funeral Service at ..... Lot No. 362

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

Date of Interment Dec. 13 1945 Section ..... 

Social Security No. Caroline S Coffin 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. <u>8297</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>&amp; 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>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Foulk</u>	
Cemetery Charges	<u>16 00</u>	Amount of Bill	<u>350 00</u>
Music		Goods Ordered by <u>Mrs Coffin</u>	
Flowers		Bill Charged to	
	<u>350.00</u>		

DR. 350.00 CR.

		<u>Apr 4</u>	<u>1946 Check</u>	<u>350 00</u>
			<b>PAID</b>	
			By <u>Mrs Coffin</u>	

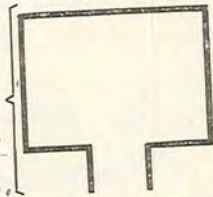
# RECORD AND BILL OF ITEMS

Total to date 1805

Yearly No. 652

FOR THE FUNERAL OF

Mary F. Hamblin  
 Residence Cliff Road Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death \_\_\_\_\_ Wife or Widow of John Hamblin  
 Date of Birth 1 854 Dec 11 (Year) (Month) (Day) Age { 91 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1946 Dec 20 (Year) (Month) (Day) Age { 0 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ Occupation None Married \_\_\_\_\_  
 Birth-place Somerville Mass His Birth-place Unknown  
 Name of Father Henry Talbert Her Birth-place Lowell, Mass.  
 Maiden Name of Mother Sarah Tigh Secondary Heart disease Presumably Chronic  
 Cause of Death—Primary Found dead in bed Residence Cardiac De-compensation  
 Certifying Physician Folger Med by Cemetery North  
 Place of Burial Nantucket Lot No. \_\_\_\_\_  
 Funeral Service at \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Section \_\_\_\_\_  
 Date of Interment Dec 22, 1945 Social Security No. Eleanor Appleton



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>85 00</u>	Candles	
Size	<u>75 00</u>	Gloves	
Made by		Bearers or Porters	
Lining and Pillow Set No.		Hearse to	
Handles		Removal	
Plate		Automobiles	
Outside Box or Vault <u>Pine</u>	<u>20 00</u>	Newspaper Notices	
Burial Suit			
Slippers			
Embalming <u>Services</u>	<u>25 00</u>		
Washing and Dressing	<u>25 00</u>		
Shaving			
Services <u>Transfer</u>	<u>5 00</u>	Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Bennett</u>	<u>165 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>175 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by <u>Eleanor Appleton</u>	
Music		Bill Charged to	
Flowers			
	<u>175 00</u>		
	<u>165 00</u>		

DR.

CR.

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 66

FOR THE FUNERAL OF

Total to date 1809

*Susan C. Macy*

Residence 3 Lowell Place Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " " Wife or Widow of Charles H. Macy

Date of Birth 1864 Aug 14 (Year) (Month) (Day) Age { 81 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1945 Dec 26 (Year) (Month) (Day) { 4 Months { Single \_\_\_\_\_ { \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 12 Days { Married \_\_\_\_\_ { \_\_\_\_\_

Birth-place Nantucket Occupation House work own home

Name of Father John H. Dunham His Birth-place Nantucket

Maiden Name of Mother Martha Chase Her Birth-place Nantucket

Cause of Death—Primary Sciurus carcinoma of breast Secondary Chronic Myo

Certifying Physician Folan Med Es Residence Cardiac Decompression

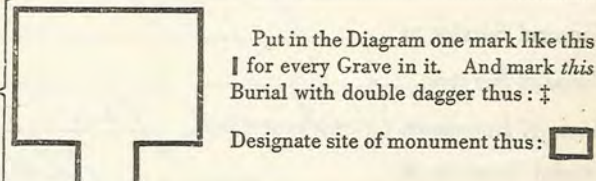
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 554

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

Date of Interment Dec 29 1945 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Sila Appleton



Casket or Coffin No. <u>115 12</u>	<u>100 00</u>	Candles _____	
Size _____ Made by _____		Gloves _____	<u>1945</u>
Lining and Pillow Set No. _____		Bearers or Porters _____	<u>1864</u>
Handles _____		Hearse to _____	<u>844</u>
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>of Services</u>	<u>35 00</u>	Officiating Clergyman <u>Strong</u>	<u>2 95 00</u>
Washing and Dressing _____		Amount of Bill _____	<u>200 00</u>
Shaving _____		Goods Ordered by <u>Aletha Macy</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.

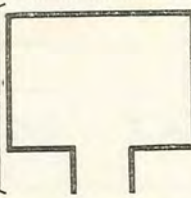
200 00

CR.

				<u>May 25 1946 Cash</u>	<u>200 00</u>
				PAID	
				PAID	
				PAID	

RECORD AND BILL OF ITEMS

Yearly No. 67 FOR THE FUNERAL OF Sessie Katherine Baird Total to date 1810

Residence New Street via 1 consent. Age of husband or wife if alive..... years  
 Place of Death " " " " Wife or Widow of.....  
 Date of Birth 1945 Apr 30 (Year) (Month) (Day) Age { ..... Years { Sex ..... { Color or Race  
 Date of Death 1945 Dec 31 (Year) (Month) (Day) { ..... Months { Single  {  
 Maiden Name ..... { ..... Days { Married .....  
 Birth-place Nantucket Occupation None  
 Name of Father Eldon L Baird His Birth-place Watson, Missouri  
 Maiden Name of Mother Evel Marie Ennal Her Birth-place Denver Col  
 Cause of Death—Primary Sudden death due to Secondary urphypus, in crib at own  
 Certifying Physician Folger Med Co Residence residence, accidental  
 Place of Burial Dodge City Kansas Cemetery.....  
 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 Shipment Jan 1, 1946 Section.....  
 Social Security No. Eldon L Baird

Casket or Coffin No. <u>and Box</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.....		Automobiles.....	
Burial Suit.....		Newspaper Notices.....	
Slippers.....			
Embalming.....			
Washing and Dressing.....			
Shaving.....			
Services <u>No charge</u>		Transportation Charges.....	
Use of Chairs.....		Officiating Clergyman.....	
Church Charges.....		Amount of Bill.....	<u>50 00</u>
Cemetery Charges.....		Goods Ordered by <u>Eldon</u>	
Music.....		Bill Charged to <u>Eldon L Baird</u>	
Flowers.....			

DR. 50.00 CR.

<u>Shipped to</u>	<u>Jan 31, 1946</u>	<u>Cash</u>	<u>50 00</u>
<u>Dunford Funeral Home</u>			
<u>Dodge City Kansas</u>			
		<b>PAID</b>	
		<u>By Eldon L Baird</u>	

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 1.

FOR THE FUNERAL OF

Total to date 1811.

Joseph E. Brounell

Residence Middletown Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1 (Year) Jan (Month) about 78 (Day) Years

Date of Death 1946 (Year) Jan (Month) 3 (Day) Age { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Maiden Name \_\_\_\_\_ { Single  } \_\_\_\_\_

Birth-place So. Dartmouth Occupation Retired { Married \_\_\_\_\_ } \_\_\_\_\_

Name of Father Francis Brounell His Birth-place New Bedford

Maiden Name of Mother Martha Coffin Her Birth-place Nantucket

Cause of Death—Primary Sudden death Secondary found dead in bed Chronic Myo.

Certifying Physician Folger Med. Ex. Residence Rheumatic Cardiac Decompensation

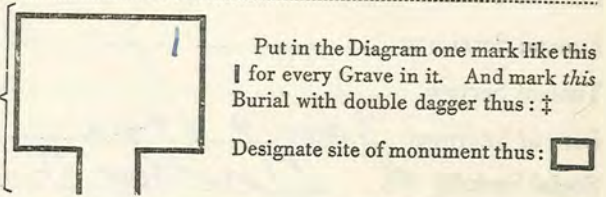
Place of Burial Nantucket Cemetery PH

Funeral Service at \_\_\_\_\_ Lot No. 804

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

Date of Interment Jan 4, 1946 Section \_\_\_\_\_

Social Security No. William F. Brounell Jr.



Casket or Coffin No. <u>110<sup>12</sup></u>	<u>70 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>of Services</u>	<u>35 00</u>	Officiating Clergyman <u>Strong</u>	
Washing and Dressing _____		Amount of Bill	<u>165 00</u>
Shaving _____		Goods Ordered by <u>Wm. F. Brounell Jr.</u>	
Services _____		Bill Charged to <u>W. H. S.</u>	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>15 00</u>		
Music _____			
Flowers _____			
<b>DR.</b>	<b>165.00</b>		<b>CR.</b>

		<u>Jan 17, 1946</u>	<u>check</u>	<u>165 00</u>
			<b>PAID</b>	
			<u>By</u>	
			<u>W. H. S.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 2

FOR THE FUNERAL OF

Total to date 1812

*Jane C. Touret*

Residence 17. Fair St Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " " " Wife or Widow of Frank Hale Touret

Date of Birth 1869 Aug 18 Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1946 Jan 5 Age 76 Years { 4 Months { 18 Days { Sex \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

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

Birth-place Detroit Mich Occupation At Home


Name of Father Francis U. Farguhar His Birth-place Pottsville, Penn.

Maiden Name of Mother Mary Howard Williams Her Birth-place Detroit Mich

Cause of Death—Primary Cardiac Decompensation Secondary Chronic Myo. Hypertension

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

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 723  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 9 1946 Section Sanborn Designate site of monument thus:

Social Security No. Dorothy F. Cross Sannerberg

Casket or Coffin No. <u>435 B</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>Wood 2</u>	<u>10 00</u>
Burial Suit _____		Telegrams for Death Notices	<u>5 45</u>
Slippers _____		Newspaper Notices <u>N.Y. Times</u>	<u>3 45</u>
Embalming <u>Services</u>	<u>50 00</u>	<u>Providence Journal</u>	<u>1 00</u>
Washing and Dressing _____			
Shaving _____			<u>360 00</u>
Services _____		Transportation Charges _____	
Use of Chairs _____		Officiating Clergyman <u>Strong</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>379 90</u>
Cemetery Charges <u>15 00</u>		Goods Ordered by _____	
Music _____		Bill Charged to <u>William C. Touret</u>	
Flowers _____			

DR.

360.00

CR.

		Date	Description	Amount
		<u>Apr 16</u>	<u>1946 Check</u>	<u>379 90</u>
<b>PAID</b>				
By <u>William J. Touret</u>				



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 3

FOR THE FUNERAL OF

Total to date 1813

Eleanor G. Coffin

Residence 24 Union St.

Place of Death N.C.H. Age of husband or wife if alive 64 years

Date of Birth 1 888 Nov 24 4 days Wife or Widow of George W. Coffin

Date of Death 1946 Jan 9 (Day) Age { 57 Years { Sex \_\_\_\_\_

Maiden Name \_\_\_\_\_ (Year) (Month) (Day) { 1 Months { Single \_\_\_\_\_

Birth-place Nantucket Occupation Housewife { 16 Days { Married

Name of Father Samuel Thurston His Birth-place Nantucket

Maiden Name of Mother Bridget Barry Her Birth-place London, England

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

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

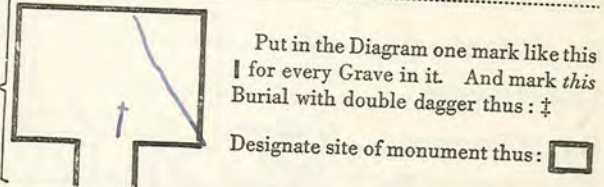
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 604

Time of Service \_\_\_\_\_ Grave No. 3

Date of Interment Jan 11, 1946 Section \_\_\_\_\_

Social Security No. George W. Coffin



Casket or Coffin No. <u>1157 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>20 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Burial Suit _____		<u>Pease 1</u>	<u>5 00</u>
Slippers _____		Newspaper Notices <u>Gladders 1 Print</u>	<u>3 00</u>
Embalmg. <u>Services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>10 00</u>		<u>160 00</u>
Use of Chairs <u>Mass. Rail etc</u>	<u>5 00</u>		
Church Charges <u>Funeral</u>	<u>25 00</u>	Transportation Charges _____	
Cemetery Charges _____	<u>15 00</u>	Officiating Clergyman <u>Jr. Griffin</u>	
Music _____		Amount of Bill _____	<u>173 00</u>
Flowers _____		Goods Ordered by <u>George W. Coffin</u>	
		Bill Charged to _____	

DR. 250.00

CR.

<u>Jan 28</u>	<u>Pd. Hubert</u>	<u>5 00</u>	<u>Jan 26</u>	<u>1946. Check</u>	<u>173 00</u>
<u>"</u>	<u>Pease</u>	<u>5 00</u>			
<u>"</u>	<u>Mrs Terry</u>				

PAID  
By Lillian Thurston

# RECORD AND BILL OF ITEMS

Yearly No. 4

FOR THE FUNERAL OF

Total to date 1814

Mary R. Nicholas

Residence 3 Williams St. Age of husband or wife if alive..... years

Place of Death DePauls Hosp. New York Wife or Widow of John Nicholas

Date of Birth 1 (Year) Jan (Month) 9 (Day) Age { 62 Years { Sex ..... Color or Race

Date of Death 1946 (Year) Jan (Month) 9 (Day) { ..... Months { Single ..... {

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

Birth-place St. Michaels James Occupation House work

Name of Father Manuel S. Coelho His Birth-place St. Michael

Maiden Name of Mother Mary Rose Her Birth-place " "

Cause of Death—Primary ..... Secondary.....

Certifying Physician ..... Residence.....

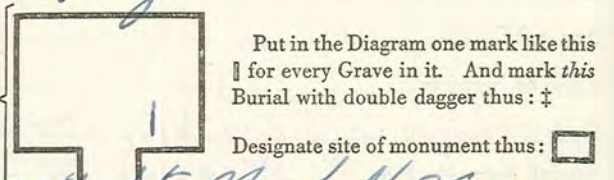
Place of Burial Nantucket Cemetery St. Mary's

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

Time of Service ..... Grave No. 2

Date of Interment Jan 14, 1946 Section 2

Social Security No. Mrs Lena Stone 1529 W. 38th St. Norfolk Va



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>Pease 1</u> <u>5 00</u>
Slippers.....	Newspaper Notices <u>Gladders 1 Print</u> <u>3 00</u>
Embalming.....	
Washing and Dressing.....	
Shaving.....	
Services <u>Personal</u> <u>25 00</u>	
Use of Chairs <u>Trans from Boat</u> <u>5 00</u>	Transportation Charges.....
Church Charges <u>Funeral</u> <u>25 00</u>	Officiating Clergyman <u>Dowdy</u>
Cemetery Charges <u>15 00</u>	Amount of Bill <u>93 00</u>
Music <u>Prayer Rail etc</u> <u>5 00</u>	Goods Ordered by.....
Flowers.....	Bill Charged to <u>Mrs C. G. Stone</u>
<b>DR.</b>	<b>CR.</b>

	<u>C. G. Stone</u>						
	<u>1529 W. 38th St</u>						
	<u>Norfolk Va</u>						
<u>Feb. 8</u>	<u>Pd Herbert Cars</u>	<u>10 00</u>		<u>Feb 7</u>	<u>1946 Money Order</u>	<u>93 00</u>	
<u>" 9</u>	<u>" Pease "</u>	<u>5 00</u>			<b>PAID</b>		
					<u>Bg</u>		
					<u>C. G. Stone</u>		

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 5

FOR THE FUNERAL OF

Total to date 1815

Alonzo D. Fisher

Residence 14 New Mill

Place of Death " " " Age of husband or wife if alive 73 years

Date of Birth 1862 Jan 26 (Year) (Month) (Day) Wife or Widow of Elizabeth West

Date of Death 1946 Jan 12 (Year) (Month) (Day) Age { 83 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 11 Months { Single \_\_\_\_\_ {  
 { 17 Days { Married  {

Maiden Name \_\_\_\_\_ Birth-place Mantucket Occupation Carpenter Retired 15 yrs

Name of Father James S. Fisher His Birth-place Barnstable

Maiden Name of Mother Adeline Crocker Her Birth-place Barnstable

Cause of Death—Primary Chronic Myo Secondary not rheumatic, Cardiac decompens

Certifying Physician Folger Residence Epitheliona right ear

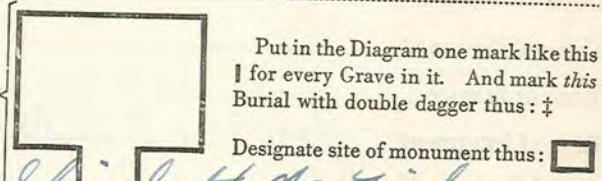
Place of Burial Interred Jan 15 Cemetery \_\_\_\_\_

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

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

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

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



Elizabeth W. Fisher

Casket or Coffin No. <u>115 5</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 <u>Wood 1</u>	<u>5 00</u>
Burial Suit	<u>15 00</u>	Newspaper Notices	
Slippers		<u>Voomield Spray</u>	<u>5 00</u>
Embalming <u>of Services</u>	<u>35 00</u>		
Washing and Dressing			<u>2 00 00</u>
Shaving		Transportation Charges	
Services <u>Transfer</u>	<u>5 00</u>	Officiating Clergyman <u>Sutton</u>	
Use of Chairs		Amount of Bill	<u>240 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Goods Ordered by <u>Elizabeth W. Fisher</u>	
Cemetery Charges		Bill Charged to	
Music			
Flowers			
<b>DR. 200.00</b>			

DR.		CR.	
		Feb. 21, 1946	Check
			210 00
Grave No. 2930 reserved July 28, 1914 on Magnonette Path receipt no. 4066 beside wife who was interred July 28, 1914, Interment No. 41880			
		<b>PAID</b>	
		By <u>Elizabeth W. Fisher</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 6

FOR THE FUNERAL OF


Total to date 1816

Harry Clark alias Cohn

Residence 33 Washington St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " Wife or Widow of Jillie Coder

Date of Birth 1878 Aug 27 (Year) (Month) (Day) Age { 67 Years { Sex Divorced Color or Race \_\_\_\_\_  
 Date of Death 1946 Jan 15 (Year) (Month) (Day) { 4 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 19 Days { Married \_\_\_\_\_

Birth-place Sandusky, Ohio Occupation Insurance Agent Retired 4 yrs  
 Name of Father can not be learned His Birth-place Austria  
 Maiden Name of Mother Harritt? Her Birth-place Sandusky, Ohio  
 Cause of Death—Primary Cardiac Decompenation Secondary Chronic M.G.O.  
 Certifying Physician Menges Residence Chronic Nephritis  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 12,964  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. 19, 1946 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_

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>Vault</u>	125 00	Automobiles <u>Wood 1</u>	5 00
Burial Suit _____		<u>Self car for Uggman</u>	3 00
Slippers <u>7 Services</u>	50 00	Newspaper Notices _____	
Embalming <u>1</u>		<u>Lot No 964</u>	30 00
Washing and Dressing _____			60 00
Shaving _____			520 06
Services <u>Transfer</u>	5 00		520 00
Use of Chairs _____		Transportation Charges _____	
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman <u>Strong</u>	
Cemetery Charges _____	15 00	Amount of Bill _____	548 00
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 520.00 CR.

<u>William C. Crossley</u>		<u>Mar 22</u>	<u>1947 Check</u>	<u>560 00</u>
<u>P.O. Box 296</u>				
<u>Fall River Mass</u>				
<u>Burke Building</u>				
<u>7 North Main St.</u>				
			<b>PAID</b>	
			<u>By Jillie Cohn alias Clark</u>	
			<u>Wm. C. Crossley</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 7

FOR THE FUNERAL OF

Total to date 1817

Byron E. Pease

Residence 14 Federal St Age of husband or wife if alive 71 years

Place of Death " " " " Wife or Widow of Lillian E. Murphy

Date of Birth 1862 June 18 Age 83 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1946 Jan 18 7 Months Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Days Married \_\_\_\_\_

Birth-place Edgartown Occupation Garage Owner, Retired 1944

Name of Father Peter Pease His Birth-place Edgartown

Maiden Name of Mother Abbie F. Teller Her Birth-place Westbury R D

Cause of Death—Primary Chronic Myo Secondary Arteriosclerosis, Hypertension

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

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 879

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

Date of Interment Jan 20, 1946 Section \_\_\_\_\_

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

Casket or Coffin No. 435<sup>12</sup> 250 00 Lillian E. Pease

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>Vault</u>	<u>125 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>460 00</u>
Shaving			Goods Ordered by	<u>Mrs Pease</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>16 00</u>			
Music					
Flowers					
		<u>460.00</u>			

DR. 460.00 CR.

			<u>June 28 1946 check</u>	<u>460 00</u>
<b>PAID</b>				
By <u>Mrs Pease</u>				

RECORD AND BILL OF ITEMS

Yearly No. 8.

FOR THE FUNERAL OF

Total to date 1818

Bernt S Rasmussen (Mattland)  
 Residence 7 North Water St. Age of husband or wife if alive 56 years  
 Place of Death St Lukes New Bedford Wife or Widow of Caroline Christensen  
 Date of Birth 1 882 Nov 21 Age { 64 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 10 Months { Single \_\_\_\_\_ {  
 Date of Death 19 46 Jan 26 (Year) (Month) (Day) { 5 Days { Married   
 Maiden Name \_\_\_\_\_  
 Birth-place Norway Occupation Fisherman  
 Name of Father Rasmus Mattland His Birth-place Norway  
 Maiden Name of Mother Bertha ? Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Pulmonary Secondary Embolism  
 Certifying Physician Merrill Gardner Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P-H  
 Funeral Service at \_\_\_\_\_ Lot No. 839  
 Time of Service \_\_\_\_\_ Grave No. 1  
 Date of Interment Jan 29 1946 Section front  
 Social Security No. 019-18-5490 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	
Outside Box or Vault		Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving <u>Transfers</u>	<u>10 00</u>	<u>Lot. No. 839</u>	<u>60 00</u>
Services			<u>50 00</u>
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Sutton</u>	<u>00</u>
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>110 00</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	
	<u>50 00</u>		

DR. CR.

			<u>April 15</u>	<u>1946 Check</u>	<u>110 00</u>
			<u>" 16</u>		

**PAID**  
 By Mrs Mattland

1945-1949

RECORD AND BILL OF ITEMS

Yearly No. 9

FOR THE FUNERAL OF

Total to date 1819

Residence Lillian Proctor  
135- East 60th St. New York City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Thomas Proctor

Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age 53 Years  Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1946 Jan 27 (Year) (Month) (Day) \_\_\_\_\_ Months \_\_\_\_\_ Single \_\_\_\_\_

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

Birth-place Canada Occupation House work, own home

Name of Father John Cashman His Birth-place Canada

Maiden Name of Mother Elizabeth McGinty Her Birth-place Canada

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

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

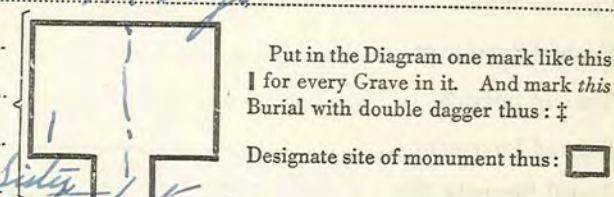
Place of Burial Nantucket Cemetery St. Marys

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

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

Date of Interment Feb. 1, 1946 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Mary E. Murphy Suite 1 Washington St. 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 .....		Automobiles <u>Wood 1</u>		5 00
Burial Suit .....		<u>Transfer from Par. of Island to Nantucket</u>		
Slippers .....		Newspaper Notices .....		27 47
Embalming .....				
Washing and Dressing .....				
Shaving .....				40 00
Services .....		<u>Car for Priest</u>		3 00
Use of Chairs .....		Transportation Charges .....		
Church Charges <u>Funeral from Boat</u>	25 00	Officiating Clergyman <u>P. J. Dineen</u>		5 00
Cemetery Charges .....	15 00	Amount of Bill .....		80 47
Music .....		Goods Ordered by <u>Mrs. Murphy</u>		
Flowers .....		Bill Charged to .....		

DR. 40.00 CR.

			<u>May 20</u>	<u>Ca. By Cash</u>	25 00

# RECORD AND BILL OF ITEMS

Yearly No. 10.

FOR THE FUNERAL OF

Total to date 1820

Chester Sany

Residence Coffin St Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Coffin St Wife or Widow of Lizzie Holton

Date of Birth 1 1875 July 8 (Year) (Month) (Day) Age { 70 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1946 Jan 31 (Year) (Month) (Day) Age { 6 Months { Single \_\_\_\_\_ { \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age { 23 Days { Married \_\_\_\_\_ { \_\_\_\_\_

Birth-place Cotuit Occupation Carpenter

Name of Father Samuel Sany His Birth-place Cotuit

Maiden Name of Mother Sydia Stungs Her Birth-place \_\_\_\_\_

Cause of Death—Primary Cardiac decompensation Secondary Heart failure

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

Place of Burial Cotuit Cemetery Mosswood

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

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

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

Social Security No. 021-03-2267 A O. A. 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>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>20 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming _____	<u>25 00</u>	Officiating Clergyman _____	
Washing and Dressing _____		Amount of Bill _____	<u>100 00</u>
Shaving _____		Goods Ordered by _____	
Services <u>Transfer</u> _____	<u>5 00</u>	Bill Charged to <u>O. A. H.</u>	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges _____			
Music _____			
Flowers _____			

100.00 CR.

		<u>Feb 28 1946</u>	<u>Check</u>	<u>100 =</u>
		PAID		
		By <u>Town Treasurer</u>		<u>O. A. H.</u>



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 11

FOR THE FUNERAL OF

Total to date 1821

*Lilla Gavin Turell*

Residence *71 Main* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *N.C.H.* *1 mo 18 days* Wife or Widow of *Edwin S. Turell*

Date of Birth *1 876* *Nov* *29* Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death *19 46* *Feb* *5* Age { *69* Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { *2* Months { Single \_\_\_\_\_  
 { *7* Days { Married \_\_\_\_\_

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

Birth-place *Sondlandery N.H.* Occupation *House work Dunkers*

Name of Father *Clarence N. Gavin* His Birth-place *New Hampshire*

Maiden Name of Mother *Abbie Wilson* Her Birth-place *Sondlandery N.H.*

Cause of Death—Primary *Symphatic* Secondary *Leukemia*

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

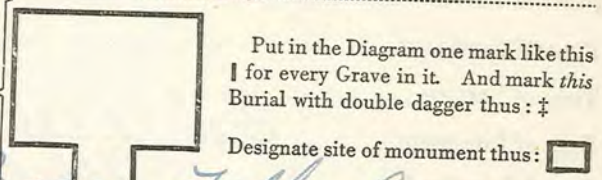
Place of Burial *Rockland Mass* Cemetery *Mt. Pleasant*

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

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

Date of Interment *Feb 11* Section \_\_\_\_\_

Social Security No. *Chester A. Gavin, Bur. Beacon Falls Conn.* Designate site of monument thus:



Casket or Coffin No. <i>9297 mahogany</i>	<i>250 00</i>	Candles	
Size Made by		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <i>Pine</i>	<i>20 00</i>	Automobiles	
Burial Suit		<i>Telegrams for Notices</i>	<i>2 25</i>
Slippers		<i>Newspaper Notices Boston Herald Travel</i>	<i>1 50</i>
Embalming <i>f. Simics</i>	<i>50 00</i>	<i>Hair Dresser</i>	<i>5 00</i>
Washing and Dressing		<i>Permit</i>	<i>5 00</i>
Shaving		<i>Woomer</i>	<i>6 00</i>
Services <i>3 Transfers</i>	<i>15 00</i>	<i>Permit</i>	<i>360 00</i>
Use of Chairs		Transportation Charges <i>by pull</i>	<i>7 46</i>
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>Bond, + Wife.</i>	<i>10 00</i>
Cemetery Charges		Amount of Bill	<i>395 71</i>
Music		Goods Ordered by <i>Chester A. Gavin</i>	<i>395 71</i>
Flowers		Bill Charged to	

DR. *360.00*

CR.

<i>Shipped to</i>		<i>May 21, 1946</i>	<i>Check</i>	<i>395 71</i>
<i>C. A. Rice &amp; Son</i>				
<i>15. Webster St</i>				
<i>Rockland</i>				
<i>tel. Rockland 55</i>				
<i>Chester A. Gavin</i>				
<i>Beacon Falls</i>				
<i>Conn.</i>				
<i>PO Box 308</i>				

## PAID

*By Chester A. Gavin Attorney*

# RECORD AND BILL OF ITEMS

Yearly No. 12

FOR THE FUNERAL OF

Total to date 1822

Baby Boy Barrows

Residence..... Age of husband or wife if alive..... years

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

Date of Birth 1946 Feb 15 (Year) (Month) (Day) Age { 0 Years { Sex ..... { Color or Race  
 Date of Death 1946 Feb 15 (Year) (Month) (Day) { 0 Months { Single .....  
 Maiden Name ..... { 0 Days { Married .....

Birth-place Nantucket Occupation None


Name of Father Alfred A. Barrows His Birth-place Cape Verde Isls.

Maiden Name of Mother Clara M. Correa Her Birth-place Nantucket

Cause of Death—Primary Stillborn Secondary Cause unknown

Certifying Physician Menger Residence.....

Place of Burial Nantucket Cemetery St. Marys Cornea Lot

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 Feb. 19, 1946 Section.....

Social Security No. Alfred A. Barrows

Casket or Coffin No.	<u>10700</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>of interment</u>	<u>10 00</u>	Transportation Charges	
Use of Chairs		Officiating Clergyman	
Church Charges		Amount of Bill	<u>25 00</u>
Cemetery Charges		Goods Ordered by <u>Alfred Barrows</u>	
Music		Bill Charged to	
Flowers			

DR.

25.00

CR.

			<u>Feb 19, 1946</u>	<u>Cash</u>	<u>25 00</u>
<b>PAID</b>					
<u>By Alfred Barrows</u>					

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 13

FOR THE FUNERAL OF

Total to date 1823

Residence Flora Moore Bennett  
Fulton St. Walla Walla Wash. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Henry Hollis Bennett

Date of Birth 1872 Dec 1 (Year) (Month) (Day) Age 73 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1946 Feb 17 (Year) (Month) (Day) Age 2 Months Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Age 16 Days Married \_\_\_\_\_

Birth-place Walla Walla Occupation At Home

Name of Father Charles Moore His Birth-place Wisconsin

Maiden Name of Mother Julia A. Kneen Her Birth-place New York

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

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

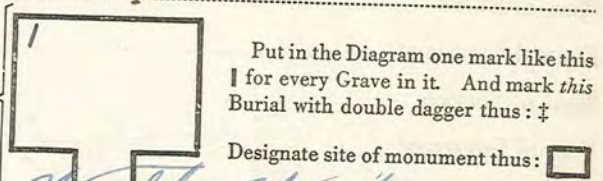
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 107

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

Date of Interment Feb. 25, 1946 Section \_\_\_\_\_

Social Security No. Mrs D. F. Baker Walla Walla Wash.



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.</u>	<u>5 00</u>
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services	<u>15 00</u>	Transportation Charges	
Use of Chairs <u>Trans from Boat</u>	<u>5 00</u>	Officiating Clergyman <u>McKinstry</u>	<u>10 00</u>
Church Charges	<u>25 00</u>	Amount of Bill	<u>75 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by	
Music		Bill Charged to	
Flowers			
DR. <u>60.00</u>		CR.	

		<u>McK</u>	<u>14</u>	<u>1946 Check</u>	<u>75 00</u>
			<u>14</u>	<u>Pd. Allen</u>	<u>5 00</u>
				<u>McKinstry</u>	<u>10 00</u>
					<u>60 00</u>
<b>PAID</b>					

# RECORD AND BILL OF ITEMS

Yearly No. 14

FOR THE FUNERAL OF

Total to date 1925

Residence New St. Sea Sunset Carl Joseph Redding Age of husband or wife if alive..... years

Place of Death Monson State Hospital Wife or Widow of.....

Date of Birth 1910 Feb Age { 32 Years { Sex ..... Color or Race  
(Year) (Month) (Day) { 0 Months { Single .....  
Date of Death 1946 Feb 23 { 9 Days { Married .....  
(Year) (Month) (Day)

Maiden Name ..... Occupation None

Birth-place Lynn Mass His Birth-place Lynn Mass

Name of Father Mendell C. Redding Her Birth-place Lynn Mass

Maiden Name of Mother Emma C. Hill

Cause of Death—Primary Epilepsy Secondary.....

Certifying Physician ..... Residence.....

Place of Burial Nantucket Cemetery St. Marys

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

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

Date of Interment Feb 27 1946 Section.....

Social Security No. Mendell C. Redding



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 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>20 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Burial Suit		<u>Glidden 1</u>	<u>3 00</u>
Slippers <u>Transfer from Boat</u>	<u>5 00</u>	Newspaper Notices	
Embalming		<u>J. J. Loftus 56.02</u>	<u>56 02</u>
Washing and Dressing			
Shaving			
Services			<u>175 00</u>
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Genchy</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>179 02</u>
Music		Goods Ordered by <u>Mendell C. Redding</u>	
Flowers		Bill Charged to	

115.00

DR.

CR.

<u>mch 1</u>	<u>1946 Paid Allan</u>			<u>Feb 28 1946 Check</u>	<u>179 00</u>
<u>" 8</u>	<u>Glidden</u>				
				<b>PAID</b>	
				<u>By Mrs. Redding</u>	

1945-1949


RECORD AND BILL OF ITEMS

Yearly No. 15.

FOR THE FUNERAL OF

Total to date 1925

John L. Jones

Residence 27 Broad St. Age of husband or wife if alive 56 years  
 Place of Death " " " Wife or Widow of Helen R. Manning  
 Date of Birth 1 888 July 26 (Year) (Month) (Day) Age { 57 Years { Sex { Color or Race  
 Date of Death 19 46 Feb 26 (Year) (Month) (Day) { 6 Months { Single {  
 Maiden Name { 30 Days { Married {  
 Birth-place Taunton Mass Occupation Pharmacist  
 Name of Father John Jones His Birth-place Nova Scotia  
 Maiden Name of Mother Mary Hartness Her Birth-place Taunton  
 Cause of Death—Primary Cardiovascular renal disease, Hypertension  
 Certifying Physician Menges Residence  
 Place of Burial Taunton 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 Feb 28, 1946 Section  
 Social Security No. Helen R. Jones

Casket or Coffin No. 8497 Mhq	375 00	Candles	
Size Made by		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault away Vault	125 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming J. Services	50 00		
Washing and Dressing			
Shaving			
Services			
Use of Chairs Condelaha etc	10 00	Transportation Charges	
Church Charges Funeral	25 00	Officiating Clergyman Fr. Donchy & Sons	
Cemetery Charges	15 00	Amount of Bill	600 00
Music		Goods Ordered by Mrs Jones	
Flowers		Bill Charged to	

DR.

600.00

CR.

Serial No. A. S. NO. 1671876	Apr 4	1946 Cash	600 00
Inducted as Private at Taunton			
Sept 20, 1917 Co. F 302, rd Inf.			
Discharged June 13, 1919 a			
Sergent, 1/c. Hq. Co. 144th Inf			
		PAID	
		By Mrs Jones	

# RECORD AND BILL OF ITEMS

Yearly No. 16 FOR THE FUNERAL OF Ernest C. Folger Total to date 1826

Residence 94 Orange St Age of husband or wife if alive          years  
Place of Death " " " Wife or Widow of Amanda Johnson  
Date of Birth 1876 Sept. 9 Age 69 Years { Sex Separated } Color or Race  
(Year) (Month) (Day)  
Date of Death 1946 Feb. 26 Age 6 Months { Single }  
(Year) (Month) (Day)  
Maiden Name          Age 17 Days { Married }  
Birth-place Nantucket Occupation U. S. Navy  
Name of Father Joseph M. Folger Jr. His Birth-place Nantucket  
Maiden Name of Mother Elizabeth A. Thomas Her Birth-place Nantucket  
Cause of Death—Primary Coronary thrombosis Secondary arterio sclerosis & Hypertension  
Certifying Physician Collins Residence           
Place of Burial Nantucket Cemetery P.H.  
Funeral Service at          Lot No. 578   
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 March 1946 Section          Designate site of monument thus:   
Social Security No. Hattie C. Sawyer, Gardner, Mass

Casket or Coffin No. <u>7155</u>	<u>100 00</u>	Candles	
Size <u>        </u> Made by <u>        </u>		Gloves	
Lining and Pillow Set No. <u>        </u>		Bearers or Porters	
Handles <u>        </u>		Hearse to <u>        </u>	
Plate <u>        </u>		Removal <u>        </u>	
Outside Box or Vault <u>Pine</u>	<u>20 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Burial Suit <u>        </u>		Newspaper Notices	
Slippers <u>        </u>		Transportation Charges	<u>205 00</u>
Embalming <u>of Service</u>	<u>35 00</u>	Officiating Clergyman <u>Bond &amp; Seignor</u>	
Washing and Dressing <u>        </u>		Amount of Bill	<u>210 00</u>
Shaving <u>        </u>		Goods Ordered by <u>        </u>	
Services <u>Transfer</u>	<u>60 00</u>	Bill Charged to <u>        </u>	
Use of Chairs <u>        </u>			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>15 00</u>		
Music			
Flowers			

DR. 205.00

CR.

<u>World War I. Dates not available July 5</u>		<u>1947 check</u>	
<u>" " " 11. Enlisted May 18, 1942</u>		<u>Veterans Admin.</u>	<u>150 00</u>
<u>Released July 11, 1944.</u>			



RECORD AND BILL OF ITEMS

Yearly No. 18

FOR THE FUNERAL OF

Total to date 1828

*Suey M. Eddy Wood*

Residence *Our Island Home* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *N. C. H. - 12 hrs.* Wife or Widow of *Austin Wood.*

Date of Birth *1863 Feb 9* (Year) (Month) (Day) Age *83* Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Date of Death *1946 Mch 11* (Year) (Month) (Day) Age *1* Months { Single \_\_\_\_\_ } \_\_\_\_\_

Maiden Name \_\_\_\_\_ *2* Days { Married \_\_\_\_\_ } \_\_\_\_\_

Birth-place *Nantucket* Occupation *At Home*

Name of Father *William Ray* His Birth-place *Nantucket*

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

Cause of Death—Primary *Cardiac Decompensation* Secondary *Chronic Myo.*

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

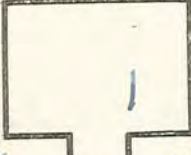
Place of Burial *Nantucket* Cemetery *NH*

Funeral Service at \_\_\_\_\_ Lot No. *693*

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

Date of Interment *Mch 13 1946* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ *Mrs Ethel White Plymouth, 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. _____	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 1.</i>
Burial Suit _____	Newspaper Notices _____
Slippers _____	<i>Funeral Complete</i> <u>100 00</u>
Embalming _____	Transportation Charges _____
Washing and Dressing _____	Officiating Clergyman <i>Faulk</i> <u>100 00</u>
Shaving _____	Amount of Bill _____
Services _____	Goods Ordered by <i>Ethel White.</i>
Use of Chairs _____	Bill Charged to <i>Wilfare Dept.</i>
Church Charges _____	
Cemetery Charges _____	
Music _____	
Flowers _____	

DR.					CR.		
				<i>Apr 5</i>	<i>1946 Check</i>	<i>100 00</i>	



# RECORD AND BILL OF ITEMS

Yearly No. 19

FOR THE FUNERAL OF

Total to date 1829

Susan P. Folger

Residence 128 Main St. Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1855 Jan 1 (Year) (Month) (Day)

Date of Death 1946 Mar 17 (Year) (Month) (Day) Age { 91 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 2 Months { Single  Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 16 Days { Married \_\_\_\_\_

Birth-place Nantucket, Mass Occupation None

Name of Father Thomas S. Folger His Birth-place Nantucket

Maiden Name of Mother Lina Whuy Mary Her Birth-place Nantucket

Cause of Death—Primary Myocarditis Secondary Arteriosclerosis

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

Place of Burial Nantucket Cemetery R.H.

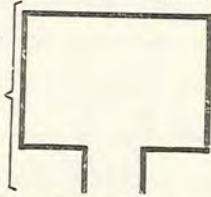
Funeral Service at \_\_\_\_\_ Lot No. 369

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

Date of Interment Mar 19 1946 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ William C. Brock

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>170 12</u>	<u>285 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>Johnson</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>Bond</u>	
Cemetery Charges _____	<u>15 00</u>	Amount of Bill _____	<u>280 00</u>
Music _____		Goods Ordered by <u>Wm C Brock</u>	
Flowers _____		Bill Charged to _____	

DR. 280.00

CR.

		<u>Dec. 14 1946</u>	<u>Check</u>	<u>280 00</u>
			<b>PAID</b>	
			By <u>Wm. C. Brock.</u>	

## RECORD AND BILL OF ITEMS

Yearly No. 20 FOR THE FUNERAL OF Total to date 1830

*Wilbur De Loy*

Residence Polpis Road Age of husband or wife if alive..... years

Place of Death " Wife or Widow of Bell B. Sennick

Date of Birth 1864 Feb 1 Age 82 Years  Single  Married { Color or Race

(Year) (Month) (Day)

Date of Death 1946 Mar 19 Age 1 Months  Single  Married {

(Year) (Month) (Day)

Maiden Name " Birth-place Turo, Mass. Occupation Tinsmith Retired eye.

Name of Father John De Loy His Birth-place Nova Scotia

Maiden Name of Mother Martha Cobb Her Birth-place Cape Cod

Cause of Death—Primary Cerebral Hemm. Secondary Hypertension.

Certifying Physician Folger Residence.....

Place of Burial Beverly Cemetery North Beverly Ceme

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.....

Date of Interment Mar 22 Section..... Designate site of monument thus:

Social Security No. Evelyn D. Maglathlin - Daughter

Casket or Coffin No. <u>7097 mah</u>	<u>375</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.....			Newspaper Notices.....	
Slippers.....			Transportation Charges.....	
Embalming <u>+ Services</u>	<u>35</u>	<u>00</u>	Officiating Clergyman.....	
Washing and Dressing.....			Amount of Bill.....	<u>450</u> <u>00</u>
Shaving.....			Goods Ordered by.....	
Services <u>Transfer</u>	<u>15</u>	<u>00</u>	Bill Charged to.....	
Use of Chairs.....				
Church Charges.....				
Cemetery Charges.....				
Music.....				
Flowers.....				
<u>18486.00</u>				

DR.		CR.
	<u>Shipped to</u>	
	<u>Curtis, Gentlee</u>	
	<u>Beverly</u>	
	<u>July 5, 1946</u>	
	<u>check</u>	<u>450</u> <u>00</u>
<b>PAID</b>		
<u>By Mrs Maglathlin</u>		

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 21

FOR THE FUNERAL OF

Total to date 1931

Ellen M. Arnold

Residence 1 Mich. Street Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Same Wife or Widow of William E. Arnold

Date of Birth 1866 Oct. 4 Age { 89 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1946 Mich. 22 Age { 5 Months { Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age { 18 Days { Married \_\_\_\_\_

Birth-place Malden Occupation None

Name of Father George Stowers His Birth-place Unknown

Maiden Name of Mother Charlotte Hadley Her Birth-place Everett, Mass.

Cause of Death—Primary Cardiac Decompensation Secondary Chronic Myo. of Carcinoma of Rectum

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

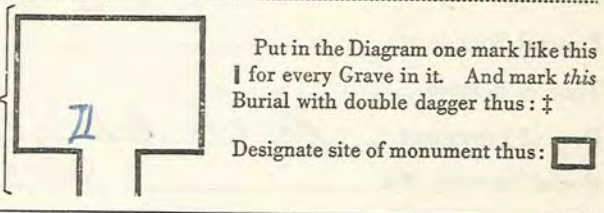
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 741

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

Date of Interment Mich. 24 1946 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Ethel A. Hardy



Casket or Coffin No. <u>170 12</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>20 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			<u>285 00</u>
Services <u>Transfer</u>	<u>5 00</u>	Transportation Charges	
Use of Chairs		Officiating Clergyman <u>McKinstry</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill <u>Ethel A. Hardy</u>	<u>290 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by	
Music		Bill Charged to	
Flowers			
	<u>285.00</u>		

DR.

CR.

		<u>June 3</u>	<u>1946 Check</u>	<u>290 00</u>
		<u>" 4</u>	<u>Pd. Wood</u>	<u>5 00</u>
				<u>285 00</u>
			<b>PAID</b>	
			<u>By Ethel A. Hardy</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to date 1882

Nelson P. Ever

Residence Our Island Home Age of husband or wife if alive..... years

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

Date of Birth 1859 July 7 (Year) (Month) (Day) Age { 86 Years { Sex..... { Color or Race

Date of Death 1946 Mch 25 (Year) (Month) (Day) { 8 Months { Single  {

Maiden Name..... { 18 Days { Married..... {

Birth-place Nantucket Occupation Retired

Name of Father Abraham Ever His Birth-place Nantucket

Maiden Name of Mother Sophia Perry Her Birth-place Cape Cod

Cause of Death—Primary..... Secondary.....

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. ....

Date of Interment Mch 27, 1946 Section..... Designate site of monument thus:

Social Security No. Town Records Welfare Dept

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>Funeral Complete</u>	<u>100 00</u>	
Washing and Dressing.....						
Shaving.....				Transportation Charges.....		
Services.....				Officiating Clergyman <u>Odd Fellows</u>		
Use of Chairs.....				Amount of Bill.....	<u>100 00</u>	
Church Charges.....				Goods Ordered by.....		
Cemetery Charges.....				Bill Charged to.....		
Music.....						
Flowers.....						

DR.				CR.
		<u>Rec Check 1.00 F.</u>	<u>Apr 15.</u>	<u>1946 Co. Check</u>
		<u>" " P.W.</u>	<u>" 19</u>	<u>" " "</u>
				<u>75 00</u>
				<u>25 00</u>
				<u>100 00</u>
				<b>PAID</b>
				<u>By Town Treasurer and</u>
				<u>Odd Fellows</u>

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date 1833

William H. Dennis

Residence 12 Broad St Age of husband or wife if alive 69 years

Place of Death N. C. Hosp. 1 mo Wife or Widow of Frances J. McElwain

Date of Birth 1865 Aug 20 Age { 80 Years { Sex { Color or Race  
 Date of Death 1946 Mich 31 { 7 Months { Single {  
 Maiden Name { 11 Days { Married {

Birth-place Gloucester, Mass Occupation Painter

Name of Father Can not be learned His Birth-place ?

Maiden Name of Mother Frances E. ? Her Birth-place ?

Cause of Death—Primary Mitastie Carcinoma Secondary Arteriosclerosis & Myocarditis

Certifying Physician Collins Residence ?

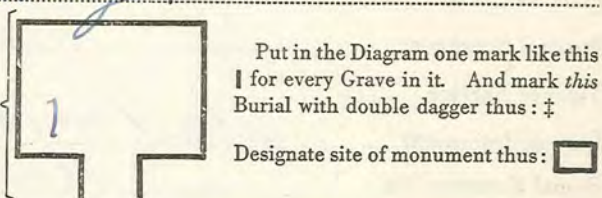
Place of Burial Nantucket Cemetery St. Mary's

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

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

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

Social Security No. Frances J. Dennis



Casket or Coffin No. <u>8697 Wal fin</u>	<u>250 00</u>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal	<u>485 00</u>
Outside Box or Vault _____	<u>125 00</u>	Automobiles <u>Pease 2</u>	<u>10 00</u>
Burial Suit _____		<u>Gladders 1</u>	<u>3 00</u>
Slippers _____		Newspaper Notices	
Embalming <u>of Dennis</u>	<u>35 00</u>	<u>Door Pall</u>	<u>2 00</u>
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>10 00</u>	Transportation Charges	
Use of Chairs <u>Prayer Rail etc</u>	<u>15 00</u>	Officiating Clergyman <u>J. Donohoy</u>	<u>10 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>490 00</u>
Cemetery Charges _____	<u>15 00</u>	Goods Ordered by <u>Mrs Dennis</u>	
Music _____		Bill Charged to _____	
Flowers _____			

DR.

465.00

CR.

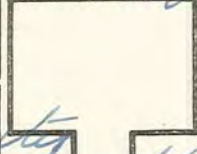
		<u>Apr 19</u>	<u>1946 Cash</u>	<u>425 00</u>
			<u>Due</u>	<u>65 00</u>
				<u>480 00</u>
			<b>PAID</b>	
			By <u>Frances J. Dennis</u>	

RECORD AND BILL OF ITEMS

Yearly No. 27

FOR THE FUNERAL OF

Total to date 1887

Residence 41 Liberty St. *Horace C. Orpin* Age of husband or wife if alive..... years  
 Place of Death N. C. H. 14 days Wife or Widow of Mary A. Scanlon  
 Date of Birth 1866 Sept 26 { 80 Years { Sex ..... { Color or Race  
 (Year) (Month) (Day) Age { 6 Months { Single ..... {  
 Date of Death 1946 Apr 1 { 6 Days { Married ..... {  
 (Year) (Month) (Day)  
 Maiden Name .....  
 Birth-place Nantucket Occupation Fish Merchant  
 Name of Father Williams H. Orpin His Birth-place Nantucket  
 Maiden Name of Mother Mary N. Orpin Her Birth-place Nantucket  
 Cause of Death—Primary Myocarditis Secondary Arteriosclerosis  
 Certifying Physician Menges Residence .....  
 Place of Burial Nantucket Cemetery St. Marys  
 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 April 4, 1946. Section ..... Burial with double dagger thus: †  
 Social Security No. Helen S. Orpin 46 Westland Ave. Boston. Designate site of monument thus:

Casket or Coffin No. <u>7097. Mlg</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>Vault</u>	<u>125 00</u>	Automobiles.....	
Burial Suit .....		Newspaper Notices.....	
Slippers .....		Transportation Charges.....	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Fr. Denehey</u>	
Washing and Dressing .....		Amount of Bill.....	<u>610 00</u>
Shaving .....		Goods Ordered by.....	
Services <u>Transfer</u>	<u>10 00</u>	Bill Charged to .....	
Use of Chairs <u>Prayer Rail etc</u>	<u>10 00</u>		
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges.....	<u>15 00</u>		
Music.....			
Flowers .....			
	<u>610.00</u>		

DR.

CR.

				<u>June 18 1946</u>	<u>Check</u>	<u>600 00</u>
					<b>PAID</b>	
					<u>By Walter G. Liddens adm.</u>	

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 25 FOR THE FUNERAL OF Total to date 1885

Residence 7 Lyon Street Age of husband or wife if alive 48 years

Place of Death Same Wife or Widow of Annice B. Sorvino

Date of Birth 1879 June 17 Age 66 Years Sex Male Color or Race White

Date of Death 1946 Apr 10 Age 9 Months Single Yes

Maiden Name Emily J. Raymond Married Yes 24 Days

Birth-place Nantucket Occupation Carpenter

Name of Father Fredrick W. Alderich His Birth-place Germany

Maiden Name of Mother Emily J. Raymond Her Birth-place Nantucket

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

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

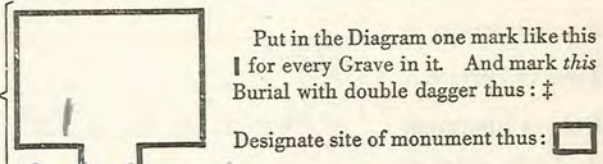
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 781

Time of Service April 13 1946 Grave No. \_\_\_\_\_

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

Social Security No. \_\_\_\_\_ Annice B. Alderich



Casket or Coffin No. <u>8697 Wal fin</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>Services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>5 00</u>	Transportation Charges	
Use of Chairs _____		Officiating Clergyman <u>Strong &amp; Quinn</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill <u>odd follows</u>	<u>350 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by <u>Mrs Alderich</u>	
Music _____		Bill Charged to _____	
Flowers _____			

DR. 350.00 CR.

			<u>June 10 1946</u>	<u>Cash</u>	<u>350 00</u>

PAID  
By Annice B. Alderich

# RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to date 1836

*Thomas H. Griffin*

Residence 14. Hursey St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death Same Wife or Widow of Mary E. Brown  
 Date of Birth 1868 Jan 12 Age 78 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 3 Months { Single \_\_\_\_\_  
 Date of Death 1946 Apr 17 { 2 Days { Married \_\_\_\_\_  
 (Year) (Month) (Day) {  
 Maiden Name \_\_\_\_\_  
 Birth-place Osborne, Sherburne Co. Nova Scotia Occupation Carpenter  
 Name of Father William F. Griffin His Birth-place Nova Scotia  
 Maiden Name of Mother Delia Hayden Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Cardiac Curricular Secondary fibrillation, Chronic Myo  
 Certifying Physician Menges Residence \_\_\_\_\_  
 Place of Burial Wentworth Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 970  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment April 16, 1946 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: †



Casket or Coffin No. <u>170 12</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 _____	125 00	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>of Services</u>	35 00	Officiating Clergyman <u>Bennett &amp; Odd Fellows</u>	
Washing and Dressing _____		Amount of Bill	385 00
Shaving _____		Goods Ordered by _____	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges _____	15 00		
Music _____			
Flowers _____			

DR.

385.00

CR.

	July 1,	1946 Check	385 00
		PAID	
		By <u>Norman P. Griffin Adm.</u>	



## RECORD AND BILL OF ITEMS

Yearly No. 27 FOR THE FUNERAL OF Total to date 1837

Charles Glava Barnes

Residence 52 Old Concord Road Belmont Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Garland Texas Wife or Widow of \_\_\_\_\_

Date of Birth 1920 June 19 Age { 25 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 1946 Apr 16 Age { 9 Months { Single  } \_\_\_\_\_  
(Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Age { 27 Days { Married  } \_\_\_\_\_

Birth-place Albany N. Y. Occupation Aviation Pilot

Name of Father Thurlow Wild Barnes His Birth-place Albany, N. Y.

Maiden Name of Mother Elizabeth Glover Her Birth-place Marblehead Mass

Cause of Death—Primary air plane crash Secondary multiple injuries Head crushed

Certifying Physician chest crushed, Rt leg broken above knee, Rt hand mangled, and ankle, Residence \_\_\_\_\_

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 821 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 Apr 20, 1946 Section Rear Designate site of monument thus: ☐

Social Security No. \_\_\_\_\_ Thurlow Wild Barnes 52 Old Concord Rd



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.</u>			5 00
Burial Suit .....	.....			
Slippers .....	Newspaper Notices.....			75 00
Embalming .....	.....			
Washing and Dressing .....	.....			
Shaving .....	.....			
Services <u>Personal</u>	.....			25 00
Use of Chairs .....	Transportation Charges.....			
Church Charges <u>Funeral</u>	Officiating Clergyman.....			
Cemetery Charges.....	.....			15 00
Music <u>Solemn Service &amp; Hymns</u>	Amount of Bill.....			75 00
Flowers .....	Goods Ordered by .....			
	Bill Charged to .....			
DR. <u>70.00</u>				CR.

	Aug 5, 1946 Check.	75 00
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: auto;"> <p style="font-size: 1.5em; font-weight: bold; margin: 0;">PAID</p> <p style="font-size: 0.8em; margin: 0;">By J. W. Barnes</p> </div>		

# RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF

Total to date 1938

John M. Deley

Residence 1 York Lane Age of husband or wife if alive 65 years

Place of Death M.C.H. 6 days Wife or Widow of Laura M. Deley

Date of Birth 1884 June 24 Age 61 Years Sex Male Color or Race Colored

Date of Death 1946 April 30 Age 10 Months Single  Married

Maiden Name \_\_\_\_\_ Birth-place Portugal Occupation Day laborer

Name of Father Unknown His Birth-place Unknown

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

Cause of Death—Primary Pulmonary Hem. Secondary Unresolved Pneumonia

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

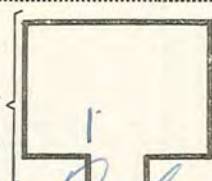
Place of Burial Mantleket Cemetery Newtown

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

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

Date of Interment May 3 1946 Section \_\_\_\_\_

Social Security No. 02-14-3408 Laura M. Deley



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>1155</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 <u>Wood 2</u>	<u>10 00</u>
Burial Suit _____		<u>Pease 1</u>	<u>5 00</u>
Slippers _____		Newspaper Notices	
Embalming <u>Service</u>	<u>35 00</u>		
Washing and Dressing _____			<u>2 00</u>
Shaving _____		Transportation Charges	
Services <u>Transfer</u>	<u>5 00</u>	Officiating Clergyman <u>Faulk</u>	
Use of Chairs _____		Amount of Bill	<u>215 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Goods Ordered by <u>Mrs Deley</u>	
Cemetery Charges	<u>15 00</u>	Bill Charged to _____	
Music _____			
Flowers _____			
<u>200.00</u>			

DR.		CR.
	<u>May 11, 1946</u> <u>Cash</u>	<u>215 00</u>
	<b>PAID</b>	
	<u>By Mrs. Deley</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 30

FOR THE FUNERAL OF

Total to date 1840

*Edward J. Trevoy*

Residence 27 Prospect St Age of husband or wife if alive..... years

Place of Death " " " " " " " " " " " " " " " "

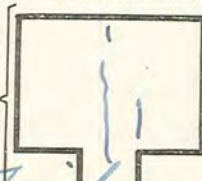
Date of Birth 1868 Aug 4 (Year) (Month) (Day) Age 77 Years Sex ..... Color or Race  
Date of Death 1946 May 2 (Year) (Month) (Day) 8 Months Single  Married .....  
Maiden Name ..... 28 Days

Birth-place Gloucester Occupation Fisherman  
Name of Father Edward Trevoy His Birth-place Gloucester Nova Scotia  
Maiden Name of Mother Alvina? Her Birth-place Gloucester

Cause of Death—Primary Sudden death in bed in our home Presumably Cancer  
Secondary of intestines, chronic hyp. and cardiac decompensation

Certifying Physician Folger Med. Ed. Residence W. Nantucket Cemetery 1st  
Place of Burial Nantucket Cemetery 1st Cardiac decompensation

Funeral Service at ..... Lot No. 1011 Grave No. 11 Section .....  
Time of Service .....  
Date of Interment May 5, 1946 Section .....  
Social Security No. ....  
*Delia J. 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. <u>8627 Halifax</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>Wood 2</u>	<u>10 00</u>
Burial Suit		<u>Pease 1</u>	<u>5 00</u>
Slippers		Newspaper Notices	
Embalming <u>Services</u>	<u>35 00</u>	<u>1/2 Lot No 1011</u>	<u>30 00</u>
Washing and Dressing			
Shaving			<u>250 00</u>
Services <u>2 Transfers</u>	<u>10 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>400 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by <u>Delia J. Fisher</u>	
Music		Bill Charged to <u>Delia</u>	
Flowers			

DR. 355.00 CR.

<u>July 26</u>	<u>Pd. Allen (Cash.) 3</u>	<u>15 00</u>	<u>July 26</u>	<u>1946 Check</u>	<u>400 00</u>

**PAID**  
By Delia Fisher Handy

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 31

FOR THE FUNERAL OF

Total to date 1841

John S. Cross

Residence Our Island Home Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 1 mo. 6 days Wife or Widow of Mary J. Ryan

Date of Birth 1 859 Apr 7 Age { 87 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 0 Months { Single \_\_\_\_\_  
 Date of Death 19 46 May 3 { 26 Days { Married \_\_\_\_\_  
 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Birth-place Mattapoisett Occupation Machinist Retired 10 yrs

Name of Father Unknown His Birth-place Unknown

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

Cause of Death—Primary Chronic Myo. mot. Secondary Rheumatic, Cardiac decompensation

Certifying Physician F. O'Leary Residence \_\_\_\_\_

Place of Burial Nantucket Cemetery St. Marys

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

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

Date of Interment May 4 1946 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:

Welfare Records, Nantucket

Casket or Coffin No.	<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>None</u>	<u>15 00</u>	Automobiles	
Burial Suit	<u>10 00</u>	Newspaper Notices	
Slippers		<u>Funeral Complete</u>	<u>125 00</u>
Embalming	<u>25 00</u>	Transportation Charges	
Washing and Dressing		Officiating Clergyman <u>Fr. Donohy</u>	
Shaving		Amount of Bill	<u>125 00</u>
Services		Goods Ordered by <u>Fr. Griffin</u>	
Use of Chairs		Bill Charged to _____	
Church Charges <u>Interment</u>	<u>25 00</u>		
Cemetery Charges			
Music			
Flowers			
DR. <u>125.00</u>		CR.	

		<u>May 16 1946</u>	<u>Check</u>	<u>100 00</u>
			<u>Gratuity to Church</u>	<u>25 00</u>
<b>PAID</b>				
<u>By Fr. Griffin</u>				

RECORD AND BILL OF ITEMS

Yearly No. 32

FOR THE FUNERAL OF

Total to date 1942

*Ida E. Tice*

Residence *65 Orange St.* Age of husband or wife if alive *67* years

Place of Death *" " "* Wife or Widow of *Edward P. Tice*

Date of Birth *1879 April 3* Age { *67* Years { Sex { Color or Race  
 (Year) (Month) (Day) { *1* Months { Single {  
 Date of Death *1946 May 14* { *11* Days { Married {

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

Birth-place *Nantucket* Occupation *House wife*

Name of Father *Charles N. Long* His Birth-place *Nantucket*

Maiden Name of Mother *Helen Easton* Her Birth-place *Nantucket*

Cause of Death—Primary *Sudden death died in own residence Heart Disease* Secondary \_\_\_\_\_

Certifying Physician *Folger Med. Ex.* Residence *Coronary thrombosis*

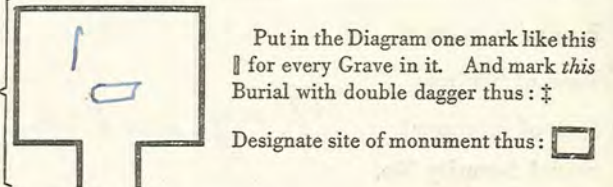
Place of Burial *Nantucket* Cemetery *PH*

Funeral Service at \_\_\_\_\_ Lot No. *422*

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

Date of Interment *May 16* Section \_\_\_\_\_

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



Casket or Coffin No. <i>8297 Mahogany</i>	<i>275 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>125 00</i>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <i>&amp; Services</i>	<i>38 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>Dr. Gardner</i>	
Cemetery Charges	<i>15 00</i>	Amount of Bill	<i>485 00</i>
Music		Goods Ordered by <i>Edw. P. Tice</i>	
Flowers		Bill Charged to <i>" " "</i>	

DR. *500 00* CR. *485 00*

				<i>Sept 5. 1946 Check</i>	<i>485 00</i>
				<b>PAID</b>	
				<i>By Edw. P. Tice</i>	

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 33

FOR THE FUNERAL OF

Total to date 1843

Residence Cliff Road Elizabeth Watts. Age of husband or wife if alive..... years

Place of Death Rose Hawthorne Hathrop Hall <sup>2 mos.</sup> Wife or Widow of James H. Watts

Date of Birth 1 1879 Nov 29 Fall River 72 Years Sex ..... Color or Race  
(Year) (Month) (Day)

Date of Death 19 46 May 16 Age { 5 Months Single .....  
(Year) (Month) (Day) { 17 Days Married .....

Maiden Name ..... Birth-place England Occupation at Home

Name of Father William Langston His Birth-place England

Maiden Name of Mother Elizabeth Blakley Her Birth-place "


Cause of Death—Primary Carcinoma of Secondary Esophagus, 2 yrs. 2 mos.

Certifying Physician ..... Residence .....

Place of Burial Mar. Cemetery P. H.

Funeral Service at ..... Lot No. 968

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

Date of Interment May 20, 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. .... Designate site of monument thus:

Casket or Coffin No. <u>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>Gliddens Priest</u>	<u>3 00</u>
Burial Suit .....		Newspaper Notices.....	
Slippers .....			
Embalming.....			
Washing and Dressing .....			
Shaving <u>Transfer from Boat</u>	<u>5 00</u>		
Services .....		<u>Waring Funeral Home</u>	<u>45 00</u>
Use of Chairs .....		Transportation Charges <u>Express</u>	<u>5 48</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>F. D. Dunshey</u>	<u>135 00</u>
Cemetery Charges .....	<u>15 00</u>	Amount of Bill.....	<u>188 48</u>
Music.....		Goods Ordered by <u>Ethel W. Fisher</u>	
Flowers .....		Bill Charged to .....	
	<u>135 00</u>		

DR.

CR.

<u>June 26</u>	<u>Pd. Glidden</u>	<u>3 00</u>	<u>June 22</u>	<u>1946 Cash</u>	<u>188 00</u>

**PAID**

By Ethel Fisher

# RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 1844

John Roberts

Residence Vesper Lane Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 1 mo. 7 days Wife or Widow of Mary Daley

Date of Birth 1877 July 12 { 68 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death 1946 May 18 Age { 10 Months { Single \_\_\_\_\_ {  
 (Year) (Month) (Day) { 6 Days { Married \_\_\_\_\_ {

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

Birth-place Nantucket Occupation Farmer Retired 1 year

Name of Father David Roberts His Birth-place Ireland

Maiden Name of Mother Ellen Mahoney Her Birth-place Ireland

Cause of Death—Primary H. m. a. h. a. g. i. Secondary left side of face

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

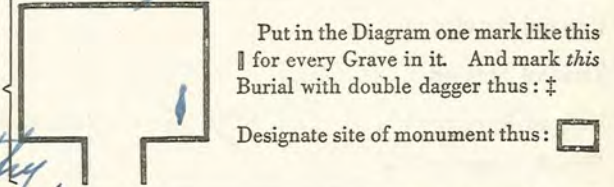
Place of Burial Nantucket Cemetery St. Mary's

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

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

Date of Interment May 20, 1946 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Ruth C. Mc Carthy



Casket or Coffin No. <u>9097</u> <u>M/hg</u>	375 00	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Price</u>	20 00	Automobiles <u>Gliddens Buick</u>	3 00
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>of Services</u>	35 00		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	10 00		
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman <u>Fr. Denshey</u>	
Cemetery Charges	15 00	Amount of Bill	488 00
Music <u>Candelabra etc</u>	5 00	Goods Ordered by <u>Ruth Mc Carthy</u>	
Flowers _____		Bill Charged to _____	
485.00			

DR.

CR.

		Aug 13	1946 Check	488 00
			PAID	
			By <u>Ruth Mc Carthy</u>	
			<u>R. Denshey</u>	



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 35

FOR THE FUNERAL OF

Total to date 1945

Mary E. Roderick or Rodrigues

Residence 156 Orange St. Age of husband or wife if alive 61 years

Place of Death N.C.H. 4 days Wife or Widow of Jose S. Rodrigues

Date of Birth 1892 May 23 (Year) (Month) (Day) Age 53 Years Sex

Date of Death 1946 May 20 (Year) (Month) (Day) Age 11 Months Single Color or Race

Maiden Name Birth-place New Bedford Occupation House Wife

Name of Father Peter Vieira His Birth-place Brava Cape Verde

Maiden Name of Mother Rosa F. De Bago Her Birth-place Brava

Cause of Death—Primary Sudden death Secondary Syncope while under

Certifying Physician Folger Med. Ex. Residence Anesthesia

Place of Burial Nantucket Cemetery St. Marys

Funeral Service at Lot No.

Time of Service Grave No.

Date of Interment May 23, 1946 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: †

Designate site of monument thus:

Casket or Coffin No. 2007 12	275 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 Gliddens Trust	3 00
Burial Suit		Newspaper Notices	
Slippers			
Embalming Services	35 00		
Washing and Dressing			
Shaving			
Services Transfers	10 00		
Use of Chairs		Transportation Charges	
Church Charges Funeral	25 00	Officiating Clergyman Fr. Donohue	
Cemetery Charges	15 00	Amount of Bill	388 00
Music Candelabra etc	5 00	Goods Ordered by	
Flowers		Bill Charged to	

DR.

385.00

CR.

June 26	Pd Gliddens	3 00	June 25, 1946	Cash	388 00
<b>PAID</b> By Mr. Roderick					

## RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 1846

Arthur B Collins

Residence Our Island Home Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N.C.H. 8 days Wife or Widow of Catherine Gildea  
 Date of Birth 1823 Jan 27 Age { 83 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)  
 Date of Death 1946 May 21 { 3 Months { Single \_\_\_\_\_  
 (Year) (Month) (Day) { 27 Days { Married \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket Occupation Carpenter Retired  
 Name of Father Barnard Collins His Birth-place Ireland  
 Maiden Name of Mother Rosanna Riley Her Birth-place "  
 Cause of Death—Primary Central Heart Secondary Arteriosclerosis & Hypertension  
 Certifying Physician Collins Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St. Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 24 1946 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Grace C. Oddo  
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>1152</u>	135 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>Glidden's Parent</u>	3 00
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	35 00	Officiating Clergyman <u>Fr. Denehy</u>	
Washing and Dressing _____		Amount of Bill	208 00
Shaving _____		Goods Ordered by <u>Grace C. Oddo</u>	
Services <u>Transfers</u>	10 00	Bill Charged to <u>Arthur Collins</u>	
Use of Chairs _____			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	15 00		
Music _____			
Flowers _____			

DR.

\$ 208.00

CR.

		Aug 30	1946 Check	208 00
			<b>PAID</b>	
			By <u>Arthur Collins</u>	

1945-1949

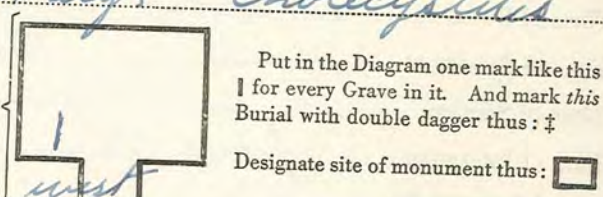
# RECORD AND BILL OF ITEMS

Yearly No. 37

FOR THE FUNERAL OF

Total to date 1847

Residence 58 Atlantic Ave  
 Place of Death N.C.H. 28 days Age of husband or wife if alive 50 years  
 Date of Birth 1 (Year) Sept (Month) 11 (Day) Wife or Widow of Ernest S. Lema  
 Date of Death 1946 (Year) May (Month) 24 (Day) Age { 50 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 8 Months { Single \_\_\_\_\_ {  
 Birth-place Provincetown Occupation House wife { 13 Days { Married \_\_\_\_\_ {  
 Name of Father Alves Almeida His Birth-place Azores  
 Maiden Name of Mother Mary ? Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Chronic Myo. Secondary not rheumatic Cardiac  
 Certifying Physician F. Olga Residence decompensation Diabetes Mellitus  
 Place of Burial Nantucket Cemetery St Marys Cholecystitis  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 26 1946 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



Casket or Coffin No. <u>4357</u> <sup>12</sup>	<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>Vault</u>	<u>125 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>of Service</u>	<u>35 00</u>	Officiating Clergyman <u>Fr Donohue</u>	
Washing and Dressing		Amount of Bill	<u>515 00</u>
Shaving		Goods Ordered by <u>Ernest S. Lema</u>	
Services <u>Transp</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 <u>candelabra etc</u>	<u>5 00</u>		
	<u>915.00</u>		

DR.

CR.

		<u>June 16.</u>	<u>1946 Cash.</u>	<u>510 00</u>
			<u>Disc</u>	<u>5 00</u>
				<u>510 00</u>
			<b>PAID</b>	
			<u>By Ernest S. Lema</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 38

FOR THE FUNERAL OF

Total to date 1848

Melvin Hardy

Residence 147 Main Age of husband or wife if alive 64 years

Place of Death N.C.H. 5 days Wife or Widow of Ethel A. Burns

Date of Birth 1865 May 6 (Year) (Month) (Day) Age { 81 Years { Sex { } Color or Race

Date of Death 1946 June 1 (Year) (Month) (Day) Age { 0 Months { Single { } Color or Race

Maiden Name { 26 Days { Married { } Color or Race

Birth-place Allandale, Shelby Co. Miss. Seta Occupation Carpenter Retired 15 yrs

Name of Father Robert Hardy His Birth-place Allandale, N. S.

Maiden Name of Mother Mary F. Lynn Her Birth-place Halifax, N. S.

Cause of Death—Primary Coronary thrombosis Secondary Hypertension

Certifying Physician F. Older Residence \_\_\_\_\_

Place of Burial Nant Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 811

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

Date of Interment June 4. 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>170 12</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>	20 00	Automobiles - <u>Wood 3</u>	15 00
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>4 Services</u>	35 00		
Washing and Dressing _____			290 00
Shaving _____			
Services <u>Transfer 2</u>	10 00		
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman <u>Bond of Masons</u>	
Cemetery Charges _____	15 00	Amount of Bill	305 00
Music _____		Goods Ordered by <u>Ethel A. Hardy</u>	
Flowers _____		Bill Charged to <u>P. N. Bank Adm'g</u>	
DR. <u>290 00</u>		CR.	

				Feb. 1.	1947 Check	305 00			
				"	Pd. Hebert	15 00			
						290 00			
					PAID				
					By P. N. Bank				


# RECORD AND BILL OF ITEMS

Yearly No. 39

FOR THE FUNERAL OF

Total to date 1949

Fred F. Green

Residence 1197 Mayflower Rd. New Rochelle, N.Y. Age of husband or wife if alive..... years  
 Place of Death enroute to N. C. in Ambulance Wife or Widow of Harriett J. Evans  
 Date of Birth 1 (Year) June (Month) 7 (Day) Age { 86 Years { Sex ..... { Color or Race  
 Date of Death 1946 (Year) June (Month) 7 (Day) { ..... Months { Single .....  
 Maiden Name ..... { ..... Days { Married .....  
 Birth-place Philadelphia Occupation Hat Manufacturer Retired 40 yrs  
 Name of Father William Green His Birth-place England  
 Maiden Name of Mother Sarah Daniels Her Birth-place England  
 Cause of Death—Primary Died in Ambulance enroute to Hospital Secondary Heart disease presumably coronary thrombosis  
 Certifying Physician Folger Med Es. Residence Danbury Conn  
 Place of Burial Danbury Conn Cemetery Wooster  
 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 June 10. Section .....  
 Social Security No. Gladys Lee, Niece. Sea Scout

Casket or Coffin No. <u>435<sup>12</sup></u>	<u>258 00</u>	Candles .....	
Size..... Made by.....		Gloves .....	
Lining and Pillow Set No.....		Bearers or Porters.....	
Handles .....		Hearse to .....	
Plate .....		Removal.....	
Outside Box or Vault <u>Pine + hals</u>	<u>25 00</u>	Automobiles.....	
Burial Suit .....		Newspaper Notices.....	
Slippers .....		<u>Thomlinson Funeral Home</u>	<u>184 00</u>
Embalming <u>of Service</u>	<u>50 00</u>	<u>Thomlinson Home</u>	<u>335 00</u>
Washing and Dressing .....		Transportation Charges <u>Exp. to Danbury</u>	<u>24 26</u>
Shaving .....		Officiating Clergyman.....	
Services <u>Transfer</u>	<u>10 00</u>	Amount of Bill.....	<u>543 26</u>
Use of Chairs .....		Goods Ordered by <u>Gladys Lee</u>	
Church Charges.....		Bill Charged to .....	
Cemetery Charges .....			
Music.....			
Flowers .....			

DR.

335.00

CR.

	<u>Shipped to</u>			<u>Oct 24</u>	<u>1946 Check</u>	<u>543 26</u>
	<u>Wm. F. Tomlinson</u>					
	<u>326 Main St.</u>					
	<u>Danbury Conn.</u>					
<u>Aug 10.</u>	<u>Pd. W. F. Tomlinson</u>	<u>184 00</u>				

**PAID**

By Gladys Lee

# RECORD AND BILL OF ITEMS

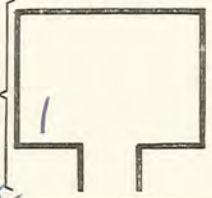
Yearly No. 40

FOR THE FUNERAL OF

Total to date 1960

Harriet E. Parker

Residence 1 Stone Alley Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 4 Wife or Widow of Clinton Parker  
 Date of Birth 1864 Oct 4 Age { 81 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 8 Months { Single \_\_\_\_\_ {  
 Date of Death 1946 June 7 { 3 Days { Married \_\_\_\_\_ {  
 (Year) (Month) (Day) Maiden Name \_\_\_\_\_  
 Birth-place Nantucket Occupation House work own home  
 Name of Father David B. Andrews His Birth-place Nantucket  
 Maiden Name of Mother Almira Easton Her Birth-place Nantucket  
 Cause of Death—Primary Sudden death in Secondary own residence Presumably carcinoma  
 Certifying Physician F. Olger M.D. Jr. Residence of large intestines, Hemorrhage  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 482  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment June 9 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



Casket or Coffin No. <u>115<sup>12</sup> Bd loom</u>	<u>125</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 _____			Newspaper Notices		
Slippers _____					
Embalming <u>of Services</u>	<u>35</u>	<u>00</u>			
Washing and Dressing _____					
Shaving _____			Transportation Charges		
Services <u>Transfer</u>	<u>5</u>	<u>00</u>	Officiating Clergyman <u>Folk</u>		
Use of Chairs _____			Amount of Bill	<u>225</u>	<u>00</u>
Church Charges <u>Funeral</u>	<u>25</u>	<u>00</u>	Goods Ordered by _____		
Cemetery Charges _____	<u>15</u>	<u>00</u>	Bill Charged to _____		
Music _____					
Flowers _____					

DR.

225.00

CR.

			<u>July 3</u>	<u>1946 Check</u>		<u>225</u>	<u>00</u>
				<b>PAID</b>			
				<u>By Mrs James Andrews</u>			

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 41

FOR THE FUNERAL OF

Total to date 1851

Residence 45 Orange St. Sarah J. Wright Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " Wife or Widow of Abel Wright

Date of Birth 1870 Aug 16 (Year) (Month) (Day) Age { 75 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1946 June 7 (Year) (Month) (Day) Age { 9 Months { Single \_\_\_\_\_ { \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age { 22 Days { Married \_\_\_\_\_ { \_\_\_\_\_

Birth-place Caanan N.H. Occupation House work

Name of Father Levi John Mooney His Birth-place Caanan N.H.

Maiden Name of Mother Katherine Wheeler Her Birth-place N.H.

Cause of Death—Primary Myocarditis Secondary Hypertension, Hemiplegia

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

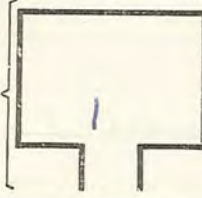
Place of Burial Wahtruck Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 582

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

Date of Interment July 10, 1946 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>170<sup>12</sup></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>None</u>	<u>20 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	<u>35 00</u>	Officiating Clergyman <u>McKinstry</u>	
Washing and Dressing _____		Amount of Bill	<u>308 00</u>
Shaving _____		Goods Ordered by <u>Cybil Ross</u>	
Services <u>Transfer</u>	<u>05 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>308.00</u>		

DR.

CR.

	<u>Aug 6.</u>	<u>1946 Check</u>	<u>300 00</u>
<b>PAID</b>			
<u>Cybil Ross.</u>			

# RECORD AND BILL OF ITEMS

Yearly No. 42

FOR THE FUNERAL OF

Total to date 1952

Charles E. Lamb

Residence 7 Gay Street Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1 855 Aug 6 (Year) (Month) (Day) Age 90 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 19 46 June 17 (Year) (Month) (Day) Age 10 Months Single  Married \_\_\_\_\_

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

Birth-place Nantucket Occupation Wart

Name of Father Samuel Lamb His Birth-place Day labour Ret. 15 yrs

Maiden Name of Mother Maria C. Spencer Her Birth-place Chatham

Cause of Death—Primary Sudden death in bed Secondary in own residence Heart disease

Certifying Physician Folger, Med Ex. Residence Chronic Myo. Cardiac decompensation

Place of Burial Nantucket Cemetery Newtown

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

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

Date of Interment June 19 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Margaret A. Lamb



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		<u>Funeral Complete</u>	<u>100 00</u>
Shaving			
Services			
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman <u>Bennett</u>	
Cemetery Charges		Amount of Bill	<u>100 00</u>
Music		Goods Ordered by <u>Joseph Lamb</u>	
Flowers		Bill Charged to <u>Old Age Inst</u>	

DR.

CR.

		<u>July 11</u>	<u>1946 Check</u>	<u>100 00</u>
<b>PAID</b>				
By <u>Town Treasurer</u> O. H. H.				



# RECORD AND BILL OF ITEMS

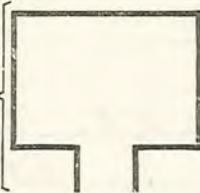
Yearly No. 43

FOR THE FUNERAL OF

Total to date 1953

Robert Henry Mc Carlson

Residence Greenville So Carolina Age of husband or wife if alive 38 years  
 Place of Death N. C. H. Wife or Widow of Claudia Mackins Mc Carlson  
 Date of Birth 1900 Mch 12 Age 46 Years Sex Male Color or Race colored  
 Date of Death 1946 June 17 Age 3 Months Single Yes  
 Maiden Name          Age 5 Days Married Yes  
 Birth-place Abbyville So Carolina Occupation Servant, Private Family  
 Name of Father John Mc Carlson His Birth-place unknown  
 Maiden Name of Mother Sarah ? Her Birth-place Abbyville So Carolina  
 Cause of Death—Primary General Peritonitis Secondary Perforated Appendix  
 Certifying Physician Gillpatrick Residence           
 Place of Burial Greenville So Carolina Cemetery           
 Funeral Service at          Lot No.           
 Time of Service          Grave No.           
 Date of Interment Shipped June 19 Section           
 Social Security No. 250-12-7901



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>170 12</u>	<u>185 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>Pine &amp; hdl</u>	<u>25 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>of Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			<u>255 00</u>
Services <u>2 Transfers</u>	<u>10 00</u>	<u>telegram to So Carolina</u>	<u>2 28</u>
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	<u>257 28</u>
Music		Goods Ordered by <u>Mrs Mc Carlson</u>	
Flowers		Bill Charged to <u>        </u>	

DR.

255 00

CR.

<u>Shipped to</u>	<u>Aug 17</u>	<u>1946 Check</u>	<u>257 28</u>
<u>S. C. Franks</u>			
<u>700 Anderson St</u>			
<u>Greenville S. C.</u>			
		<b>PAID</b>	
		By <u>Mrs Mc Carlson</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to date 1854

Baby Girl Rollston

Residence \_\_\_\_\_ Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. E. H. Wife or Widow of \_\_\_\_\_

Date of Birth 1946 June 21 Age { Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

(Year) (Month) (Day) { Months { Single \_\_\_\_\_

Date of Death 1946 June 21 { Days { Married \_\_\_\_\_

(Year) (Month) (Day)

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

Birth-place Nantucket Occupation None

Name of Father Charles A. Rollston His Birth-place St. Louis Mo

Maiden Name of Mother Mary E. Rice Her Birth-place Bangor Me

Cause of Death—Primary Prematurity 4 1/2 mos fetus Secondary \_\_\_\_\_

Certifying Physician Menges Residence S.

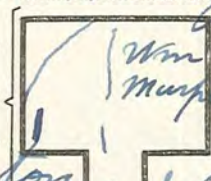
Place of Burial Nantucket Cemetery St. Marys

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

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

Date of Interment June 22, 1946 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Charles A. Rollston, U. S. Coast Guard.



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>No Charge</u>	
Washing and Dressing		Transportation Charges	
Shaving		Officiating Clergyman	
Services		Amount of Bill	
Use of Chairs		Goods Ordered by	
Church Charges		Bill Charged to	
Cemetery Charges			
Music			
Flowers			

DR.			CR.		

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 45

FOR THE FUNERAL OF

Total to date 1855

*Isabella Niven Wilder*

Residence 50 Dupwood Drive, Hamden 14, Conn. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 1 day Wife or Widow of Amos Parker Wilder

Date of Birth 1 (Year) 1 (Month) 1 (Day) Age { 73 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1946 June 29 (Year) June (Month) 29 (Day) Months \_\_\_\_\_ Single \_\_\_\_\_

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

Birth-place Dobbs Ferry, N. Y. Occupation House work own home

Name of Father Thomton M. Niven His Birth-place Unknown

Maiden Name of Mother Charlotte Lewis Her Birth-place New York

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

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

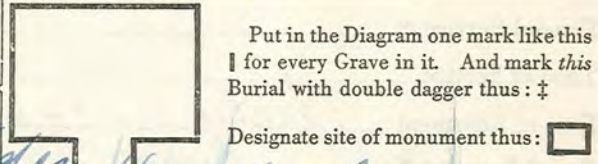
Place of Burial Hamden Conn. Cemetery Mt. Carmel

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

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

Date of Interment Shipped July 1. Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Thomton M. Wilder Hamden Conn



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, Painted</u>	<u>25 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>10 00</u>		<u>410 00</u>
Use of Chairs _____		Transportation Charges <u>to Hamden Conn</u>	<u>17 86</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Bond</u>	
Cemetery Charges _____	<u>+</u>	Amount of Bill	<u>427 86</u>
Music _____		Goods Ordered by <u>Thomton M. Wilder</u>	
Flowers _____		Bill Charged to _____	

DR.

410.00

CR.

<u>Shipped to</u>	<u>July 5.</u>	<u>1946 Check.</u>	<u>427 86</u>
<u>Beecher &amp; Bennett</u>			
<u>Broadway &amp; Howe St.</u>			
<u>New Haven Conn.</u>			
		<b>PAID</b>	
		<u>By</u>	
		<u>Thomton M. Wilder</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 46

FOR THE FUNERAL OF

Total to date 1856

*Virginia Guild Sharp*

Residence 2 Goshams Court Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 29 Fair St Wife or Widow of Benjamin Sharp

Date of Birth 1858 May 24 Age { 88 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 1946 July 2 Age { 1 Months { Single \_\_\_\_\_ {  
(Year) (Month) (Day)

Maiden Name \_\_\_\_\_ { 8 Days { Married \_\_\_\_\_ {

Birth-place Bangor Me. Occupation At Home

Name of Father Abner P. Guild His Birth-place Dedham, Mass.

Maiden Name of Mother Rebecca Holmes Her Birth-place Thomaston, Me.

Cause of Death—Primary Cardiac decompensation Secondary 6 yrs Chronic Myo. 6 yrs

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

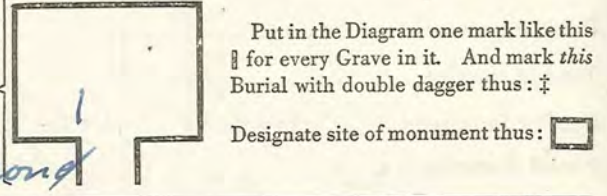
Place of Burial Nantucket Cemetery P. H.

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

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

Date of Interment July 5, 1946 Section \_\_\_\_\_

Social Security No. Dorothy S. Richmond



Casket or Coffin No. <u>435-12</u>	250 00	Candles _____	
Size _____ Made by _____		Gloves _____	
Lining and Pillow Set No. _____		Bearers or Porters _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	125 00	Automobiles <u>Wood 3</u>	16 00
Burial Suit _____		<u>Sub Bentley</u>	5 00
Slippers _____		Newspaper Notices _____	
Embalming <u>Services</u>	50 00		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer to Church</u>	5 00		470 00
Use of Chairs _____		Transportation Charges _____	
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman <u>Mc Kinstey</u>	
Cemetery Charges _____	15 00	Amount of Bill _____	470 00
Music _____		Goods Ordered by <u>Dorothy &amp; Carl</u>	
Flowers _____		Bill Charged to _____	

DR. 470.00 CR.

		Nov 23	1946 Check	470 00
			PAID	
			By B. Doyensy Baker	
			15 State St	
			Boston	

1945-1949

RECORD AND BILL OF ITEMS

Yearly No. #47

FOR THE FUNERAL OF

Total to date 1857

Residence 2 Lynwood Rd. Scarsdale N.Y. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Presbyterian Hosp. N.Y. Wife or Widow of Gertrude Darling Benchley

Date of Birth 1 28 89 Sept 15 (Year) (Month) (Day)

Date of Death 19 45 Nov 21 (Year) (Month) (Day)

Age { 56 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 2 Months { Single \_\_\_\_\_  
 { 6 Days { Married ✓

Maiden Name \_\_\_\_\_ Occupation Doctor

Birth-place Worcester, Mass. His Birth-place Worcester

Name of Father Charles H. Benchley Her Birth-place Oxford, Mass.

Maiden Name of Mother Jane Morgan Cause of Death—Primary Natural Causes Secondary \_\_\_\_\_

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

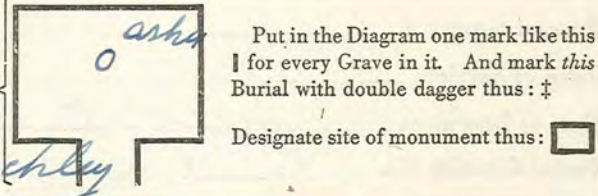
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 1146

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

Date of Interment July 6, 1946 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Gertrude D. Benchley



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

DR.

CR.

.....	.....	.....	<u>July 20, 1946 Check</u>	<u>10 00</u>
.....	.....	.....	<b>PAID</b>	
.....	.....	.....	By <u>Gertrude D. Benchley</u>	
.....	.....	.....	.....	
.....	.....	.....	.....	

# RECORD AND BILL OF ITEMS

Yearly No. 48

FOR THE FUNERAL OF

Total to date 1858

Franklin Bailey Atwood

Residence Nantucket Age of husband or wife if alive 52 years  
 Place of Death 5224 - 28th St. Burlington Wife or Widow of Gertrude Veyre  
 Date of Birth 1900 Jan 20 (Year) (Month) (Day) Age 46 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1946 July 14 (Year) (Month) (Day) { 5 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 24 Days { Married   
 Birth-place Nantucket Occupation Representative for Construction  
 Name of Father Isaac Atwood His Birth-place Willsheep Finance Co.  
 Maiden Name of Mother Ida Amelia Fisher Her Birth-place Nantucket  
 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 July 18, 1946 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_  
Gertrude V. Atwood



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 1</u>	<u>5 00</u>
Burial Suit <u>&amp; Underclothes</u>	<u>18 00</u>	Newspaper Notices	
Slippers _____		<u>West Funeral Home</u>	<u>164 24</u>
Embalming _____			<u>88 00</u>
Washing and Dressing _____			<u>2 90</u>
Shaving _____			
Services _____	<u>25 00</u>	<u>Gold Calls</u>	
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Bond</u>	
Cemetery Charges _____	<u>15 00</u>	Amount of Bill	<u>\$ 260 14</u>
Music <u>Transfer from Boat</u>	<u>5 00</u>	Goods Ordered by <u>Mrs Atwood</u>	
Flowers _____		Bill Charged to _____	
	<u>88.00</u>		

DR.

88.00

CR.

Aug 12	1946 Pd West Funeral Home	164 24	Dec 16	1947 check	260 14

PAID

By Jas A. Backus Jr. Adm.

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 4450

FOR THE FUNERAL OF

Total to date 1859

Mabel Virginia Etchingham

Residence 425 E. 86th St. N.Y. City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Hill St. Sea & Coast Wife or Widow of John B. Etchingham

Date of Birth 1906 Jan 12 Age 40 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1946 July 26 Age 6 Months Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age 14 Days Married \_\_\_\_\_

Birth-place New York City Occupation Housewife

Name of Father Richard Heist City His Birth-place New York City

Maiden Name of Mother Mabel Hayes Her Birth-place New York City

Cause of Death—Primary Sudden death in bed Secondary in own residence at Heart Disease

Certifying Physician Folger Med. Co. Residence Presumably Coronary thromb.

Place of Burial New York City Cemetery Calvary

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

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

Date of Interment July 31, 1946 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>4110 B</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>+ handles</u>	<u>25.00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____			
Embalming <u>+ Services</u>	<u>45.00</u>	Transportation Charges _____	
Washing and Dressing _____		Officiating Clergyman <u>F. Dinehy</u>	
Shaving _____		Amount of Bill <u>140.00</u>	
Services <u>Transfer</u>	<u>20.00</u>	Goods Ordered by <u>Ms. Etchingham</u>	
Use of Chairs _____		Bill Charged to <u>Mrs. Bulkley</u>	
Church Charges _____			
Cemetery Charges _____			
Music _____			
Flowers _____			

DR.

140.00

CR.

<u>Shipped to</u>	<u>Aug 31</u>	<u>1946 check</u>	<u>140.00</u>
<u>J. Annis Redden</u>	<u>July 28</u>		
<u>326 W. 14th St. N.Y. City</u>			
<u>Tel. Chelsea 86966</u>			
		<b>PAID</b>	
		<u>By Mrs. Bulkley</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 51

FOR THE FUNERAL OF

Total to date 1860

Clara Ann Winslow Norton

Residence 19 Pearl or India Age of husband or wife if alive \_\_\_\_\_ years  
Place of Death 5 Gay St 12 hrs Wife or Widow of James G. Norton  
Date of Birth 1 1857 April 6 Age 89 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
Date of Death 19 1946 July 28 { 3 Months { Single \_\_\_\_\_  
Maiden Name \_\_\_\_\_ { 22 Days { Married \_\_\_\_\_  
Birth-place Nantucket Occupation House work own home  
Name of Father Joseph Winslow His Birth-place Nantucket  
Maiden Name of Mother Susan Squague Her Birth-place Nantucket  
Cause of Death—Primary Internal Hemorrhage Secondary Malignancy of G. C.  
Certifying Physician Casaday Residence \_\_\_\_\_  
Place of Burial \_\_\_\_\_ Cemetery Prospect Hill  
Funeral Service at \_\_\_\_\_ Lot No. 454  
Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
Date of Interment July 30, 1946 Section \_\_\_\_\_  
Social Security No. \_\_\_\_\_ Emily Bunker



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>170 12</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>20 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers 2</u>	<u>10 00</u>		
Use of Chairs _____		Transportation Charges	
Church Charges _____		Officiating Clergyman <u>Bond</u>	
Cemetery Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>290 00</u>
Music _____	<u>15 00</u>	Goods Ordered by <u>Isabel Riddell</u>	
Flowers _____		Bill Charged to _____	
	<u>290.00</u>		

DR.

CR.

		<u>Oct 7, 1946 Check</u>	<u>290 00</u>

**PAID**  
By Emily Bunker



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to date 1961

Henry Emerson Tuttle

Residence 271 Park St. New Haven, Conn. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death New Haven Hosp. Wife or Widow of Isabel Holister

Date of Birth 1 (Year) 1 (Month) 8 (Day) Age { 55 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1946 (Year) March (Month) 8 (Day) { 2 Months { Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 26 Days { Married

Birth-place Lake Forest, Ill. Occupation Master, Davenport College

Name of Father Henry Nelson Tuttle His Birth-place Chicago, Ill. Marale University

Maiden Name of Mother Fanny Farwell Her Birth-place Lake Forest, Ill.

Cause of Death—Primary Chronic Nephritis Secondary Uremia, Pericarditis

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

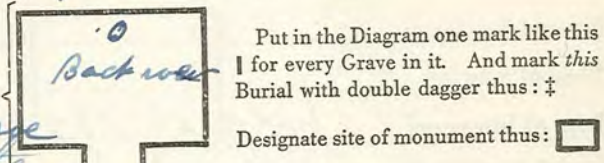
Place of Burial Nantucket Cemetery Old North

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

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

Date of Interment July 29 1946 Section Back

Social Security No. \_\_\_\_\_ Isabel H. Tuttle



Casket or Coffin No.	Candles	
Size	Gloves	
Made by	Bearers or Porters	
Lining and Pillow Set No.	Hearse to	
Handles	Removal	
Plate	Automobiles	
Outside Box or Vault	Newspaper Notices	
Burial Suit	Interment of Ashes	8.00
Slippers	Transportation Charges	
Embalming	Officiating Clergyman	
Washing and Dressing	Amount of Bill	
Shaving	Goods Ordered by	
Services	Bill Charged to	
Use of Chairs		
Church Charges		
Cemetery Charges		
Music		
Flowers		

DR.	CR.
	Sept. 20 1946. Check 5.00
	<b>PAID</b>
	By _____ Trust Co.

DETACH THIS STUB BEFORE DEPOSITING

ACCOUNT NAME: Estate Henry Emerson Tuttle

DESCRIPTION: Interment of ashes and setting tablet - Funeral

EXPENSE: expense of ashes and setting tablet - Funeral

ACCOUNT NUMBER: 343hgw

PRINCIPAL CASH INVESTMENT



1945-1949

63

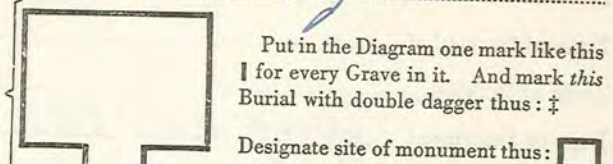
# RECORD AND BILL OF ITEMS

Yearly No. 53

FOR THE FUNERAL OF

Total to date 1863

Residence 700 West 179th St. N.Y. City  
Place of Death Main St. Sea Scout, N.Y. City Age of husband or wife if alive \_\_\_\_\_ years  
Date of Birth 1 Jan 6 (Year) (Month) (Day) Wife or Widow of Florence Brooks Downing  
Date of Death 1946 Aug 10 (Year) (Month) (Day) Age 65 Years 7 Months 4 Days Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
Maiden Name \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_  
Birth-place Liverpool, England Occupation Custom Taylor, Retired  
Name of Father Unknown His Birth-place \_\_\_\_\_  
Maiden Name of Mother Unknown Her Birth-place \_\_\_\_\_  
Cause of Death—Primary Heart disease Secondary Coronary thrombosis  
Certifying Physician Julian Med. Ex. Residence \_\_\_\_\_  
Place of Burial Chatham, N.Y. Cemetery Forest Downing St.  
Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
Time of Service Entombed Aug 13 Grave No. \_\_\_\_\_  
Date of Interment Shipped Aug 26 Section \_\_\_\_\_  
Social Security No. William Wilson Barrett Bayone N.Y. \_\_\_\_\_



Casket or Coffin No. <u>7097</u>	<u>400 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>Hermetic</u>	<u>75 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Burial Suit _____		<u>Pianist</u>	<u>10 00</u>
Slippers _____		Newspaper Notices <u>Church Service</u>	<u>5 00</u>
Embalmg <u>Services</u>	<u>50 00</u>	<u>Aug 26. Express Chgs</u>	<u>21 77</u>
Washing and Dressing _____		<u>Transfer to Boat</u>	<u>10 00</u>
Shaving <u>Transfer</u>	<u>20 00</u>	<u>Use of Tomb</u>	<u>10 00</u>
Services _____			<u>570 00</u>
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Strong</u>	
Cemetery Charges _____		Amount of Bill	<u>631 77</u>
Music _____		Goods Ordered by <u>Wm. Wilson Barrett</u>	
Flowers _____		Bill Charged to _____	

DR. 570.00

CR.

<u>Shipped to E.B. Stifford, Jr. April 10.</u>	<u>136 Main St.</u>	<u>Chatham, N.Y.</u>	<u>Tel. Chatham 391</u>	<u>1947 Recon acct.</u>	<u>300 00</u>

# RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

Total to date 1864

Minna A. Schlicker

Residence 417 East 81st St. New York City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Polpis Road 3 ms 17 days Wife or Widow of Christian Schlicker

Date of Birth 1 875 9 27 71 Sex Female Color or Race \_\_\_\_\_  
(Year) (Month) (Day) (Years)

Date of Death 19 46 Aug 17 Age 4 21 Single Divorced Married  
(Year) (Month) (Day) (Months) (Days)

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

Birth-place Michelstadt Germany Occupation House Keeper, Cook

Name of Father Robert Weisprecht His Birth-place Germany

Maiden Name of Mother Charlotte Reubold Her Birth-place Germany

Cause of Death—Primary Sudden death in residence, Heart disease Secondary \_\_\_\_\_

Certifying Physician Folger Med. Co. Residence Coronary thrombosis

Place of Burial Wahantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 732

Time of Service \_\_\_\_\_ Grave No. front single grave 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 20 1946 Section \_\_\_\_\_

Social Security No. Taken from papers of the deceased Designate site of monument thus:

Casket or Coffin No. <u>1102</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>20 00</u>	Automobiles		
Burial Suit _____		Newspaper Notices		
Slippers _____				
Embalming <u>of Services</u>	<u>35 00</u>			
Washing and Dressing _____				
Shaving _____				<u>180 00</u>
Services <u>Transfer</u>	<u>10 00</u>	<u>Grave in P. H. Cemetery</u>		<u>15 00</u>
Use of Chairs _____	<u>25 00</u>	Transportation Charges		
Church Charges <u>Funeral</u>	<u>15 00</u>	Officiating Clergyman <u>Bond</u>		<u>5 00</u>
Cemetery Charges _____		Amount of Bill		<u>200 00</u>
Music _____		Goods Ordered by _____		
Flowers _____		Bill Charged to _____		

**DR.** 180.00 **CR.**

		<u>Apr. 29</u>	<u>1947. Check</u>	<u>200 00</u>
		<u>30</u>		
<b>PAID</b>				
By Public Admin. New York, N.Y.				

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date 1865

Margaret M. Craig

Residence 140 Montrose Ave. So. Orange, N.J. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Beachside Wife or Widow of Alexander M. Craig

Date of Birth 1892 Jan 30 Age { 54 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 6 Months { Single \_\_\_\_\_  
 Date of Death 1946 Aug 27 (Year) (Month) (Day) { 27 Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation At Home

Birth-place Ture Haute, Indiana His Birth-place Ture Haute, Indiana

Name of Father Charles Minshall Her Birth-place York, Ill.

Maiden Name of Mother Emily Richardson Cause of Death—Primary Malignant Secondary Hypertension, Hyperadrenalinism

Certifying Physician Gillpatrick Residence Adrenal tumor

Place of Burial Nantucket Cemetery North

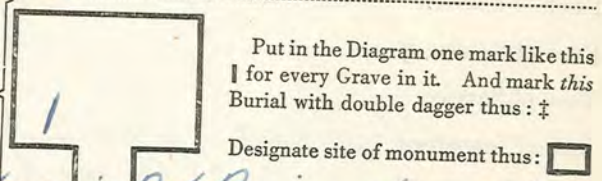
Funeral Service at \_\_\_\_\_ Lot No. 110

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

Date of Interment Aug 29, 1946 Section \_\_\_\_\_

Social Security No. Alexander M. Craig Jr. 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>7097</u>	<u>385 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>125 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Strong</u>	
Washing and Dressing _____		Amount of Bill	<u>615 00</u>
Shaving _____		Goods Ordered by <u>A. M. Craig Jr.</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>25 00</u>		
Music _____			
Flowers _____			
<b>DR.</b>	<b>615.00</b>		<b>CR.</b>

		<u>Sel 1. 1946 Check</u>	<u>615 00</u>
<b>PAID</b>			
<u>By A. M. Craig Jr.</u>			

# RECORD AND BILL OF ITEMS

Yearly No. 56

FOR THE FUNERAL OF

Total to date 1866

Benjamin S. Belt Jr.

Residence Madison Ave. at 187th St N.Y.C. Age of husband or wife if alive 30 years

Place of Death Shell St. Secout Wife or Widow of Alice Burt Belt

Date of Birth 1 (Year) 1 (Month) 1 (Day) Age 38 Years { Sex { Color or Race

Date of Death 1946 Aug 27 (Year) 27 (Month) 27 (Day) } Months { Single

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

Birth-place New York City Occupation Trustee

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

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

Cause of Death—Primary Sudden death in bed Secondary Presumably Heart disease

Certifying Physician Folger Med. Ex Residence Coronary thrombosis

Place of Burial New York City Cemetery \_\_\_\_\_

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

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

Date of Interment Shipped Aug 29 Section \_\_\_\_\_

Social Security No. S. D. Belt, 283 Wyoming Ave. Maplewood N.J. Designate site of monument thus:

Casket or Coffin No. <u>J 30</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>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>15 00</u>	<u>Toll of Tel.</u>	<u>2 72</u>
Use of Chairs		Transportation Charges <u>Express Chgs</u>	<u>22 23</u>
Church Charges		Officiating Clergyman	<u>120 00</u>
Cemetery Charges		Amount of Bill	<u>144 95</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

120.00

CR.

<u>Shipped to.</u>		<u>Oct 31, 1946 Check</u>	<u>144 95</u>
<u>Frank E. Campbell</u>			
<u>Madison Ave at 81.21 St.</u>			
<u>N.Y. City</u>			
		<b>PAID</b>	
		<u>Alice B. Belt</u>	

1945-1949

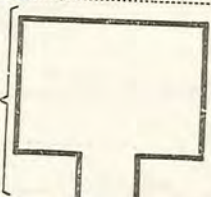
# RECORD AND BILL OF ITEMS

Yearly No. 57

FOR THE FUNERAL OF

Total to date 1867

Residence Agnes MacVicar  
Hammock Pond Rd Sys.  
 Place of Death " Age of husband or wife if alive " years  
 Date of Birth 1 (Year) 1946 (Month) Aug (Day) 28 (Day)  
 Date of Death 1946 (Year) Aug (Month) 28 (Day)  
 Maiden Name " Age 82 Years { Sex " } Color or Race "  
 Birth-place Nova Scotia Occupation At Home  
 Name of Father John Brown His Birth-place Nova Scotia  
 Maiden Name of Mother Margaret Creelman Her Birth-place Nova Scotia  
 Cause of Death—Primary Chronic Myo Secondary Cardiac Decompensation  
 Certifying Physician Folger Residence "  
 Place of Burial Merigobish N.S. Cemetery Point  
 Funeral Service at " Lot No. "  
 Time of Service " Grave No. " Section "  
 Date of Interment Shipped Aug 29  
 Social Security No. Hugh B MacVicar



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 &amp; hells</u>	<u>25 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		<u>J. S. Waterman &amp; Sons</u>	<u>15 00</u>
Embalming <u>&amp; Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>15 00</u>		<u>175 00</u>
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman <u>Bond</u>	
Cemetery Charges		Amount of Bill	<u>190 00</u>
Music		Goods Ordered by <u>Hugh B MacVicar</u>	
Flowers		Bill Charged to <u>"</u>	
	<u>175 00</u>		

DR. 175 00 CR.

		<u>Sept 4</u>	<u>1946 Cash</u>	<u>190 00</u>
			<b>PAID</b>	
			<u>By</u>	
			<u>Hugh B MacVicar</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 58

FOR THE FUNERAL OF

Total to date. 1868

Henry A. Williamson

Residence 240 Goodman St North, Rochester N.Y. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 1 day Wife or Widow of Pauline Weller

Date of Birth 1871 Oct 1 (Year) (Month) (Day) Age { 74 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1946 Aug 28 (Year) (Month) (Day) { 10 Months { Single \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ { 27 Days { Married \_\_\_\_\_ {

Birth-place Rochester N.Y. Occupation Publication Businessman

Name of Father William A. Williamson His Birth-place Rochester N.Y. Retired

Maiden Name of Mother Hattie Bull Her Birth-place Rochester N.Y.

Cause of Death—Primary Carcinoma Prostrate Secondary Secondary Hemorrhage

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

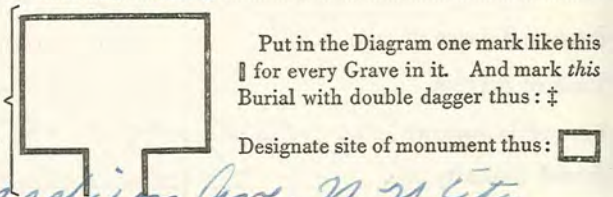
Place of Burial Rochester N.Y. Cemetery Riverside

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

Time of Service Shipped Aug 29 Grave No. \_\_\_\_\_

Date of Interment Aug 31 Section \_\_\_\_\_

Social Security No. Mrs Gordon Williamson 1055 Madison Ave. N.Y. City



Casket or Coffin No. <u>1097 42</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 10	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____			
Embalming <u>of Service</u>	50 00		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	10 00	<u>Telegram</u>	91
Use of Chairs _____		<u>Express</u>	38 89
Church Charges _____		Officiating Clergyman _____	435 00
Cemetery Charges _____		Amount of Bill _____	474 80
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR.

435.00

CR.

<u>Shipped to.</u>		<u>Jan. 3,</u>	<u>1947. Check</u>		<u>474 80</u>
<u>Margie Nagel.</u>					
<u>137 Chestnut St</u>					
<u>Rochester N.Y.</u>					
<u>tel Stone 1117</u>					
			<b>PAID</b>		
			<u>By Gordon Williamson</u>		
			<u>1055 Madison Ave.</u>		
			<u>N.Y. City.</u>		



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 59

FOR THE FUNERAL OF

Total to date 1869

*Betha Williams*

Residence 46 Fair St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Cliff Road 240 Wife or Widow of \_\_\_\_\_

Date of Birth 1 8 78 (Year) Apr (Month) 4 (Day) Age { 68 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 19 46 (Year) Aug (Month) 30 (Day) { 4 Months { Single  {

Maiden Name \_\_\_\_\_ { 26 Days { Married \_\_\_\_\_ {

Birth-place Nantucket Occupation House work

Name of Father Joseph F. Williams His Birth-place Nantucket

Maiden Name of Mother Sarah E. Swain Her Birth-place Nantucket

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

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

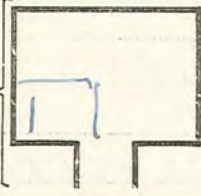
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 595

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

Date of Interment Sept. 1, 1946 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Oscar F. Williams



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 1</u>	<u>5 00</u>
Burial Suit		<u>Pease 1</u>	<u>5 00</u>
Slippers		Newspaper Notices	<u>100 00</u>
Embalming			
Washing and Dressing		<u>Sept. 2 Rec. Cash</u>	<u>10 00</u>
Shaving			
Services			
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman <u>Folau</u>	
Cemetery Charges		Amount of Bill	<u>200 00</u>
Music		Goods Ordered by <u>Oscar F. Williams</u>	
Flowers		Bill Charged to <u>O.A.A.</u>	

DR.

CR.

<u>Sept 2</u>	<u>Paid Wood</u>	<u>5 00</u>	<u>Sept. 30</u>	<u>1946 Check</u>	<u>100 00</u>
<u>" "</u>	<u>" Pease</u>	<u>5 00</u>			
				<b>PAID</b>	
				<u>By O. A. A.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to date 1870

William B. Austin

Residence 347 East 138th St. N.Y. City Bronx Age of husband or wife if alive 31 years

Place of Death Presumably near yacht club landing Wife or Widow of Catherine Rodriguez

Date of Birth 1 912 (Year) (Month) (Day) Years { Sex { Color or Race

Date of Death 19 46 Aug 29 (Year) (Month) (Day) Age { Months { Single {

Maiden Name last seen alive on Aug 29 Days { Married {

Birth-place Brooklyn N.Y. Occupation Captain on Private Yacht

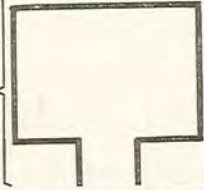
Name of Father William B. Austin His Birth-place Unknown

Maiden Name of Mother Unknown Her Birth-place Holland

Cause of Death—Primary Drowning Secondary sea water, presumably in ocean off

Certifying Physician Folan Med Exp New York City Residence Nantucket Yacht Club Float

Place of Burial New York City Cemetery Accidental

Funeral Service at Shipped Sept 3 Lot No. 

Time of Service Shipped Sept 3 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 Sept 3 Section  Designate site of monument thus:

Social Security No. 071-12-6559

Casket or Coffin No. <u>110</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>25 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming	<u>25 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>5 00</u>	<u>Discount on Bill 5 00</u>	<u>125 00</u>
Use of Chairs		<u>Ticket to N.Y.</u>	<u>11 11</u>
Church Charges		Transportation Charges	
Cemetery Charges		Officiating Clergyman	
Music		Amount of Bill	<u>136 11</u>
Flowers		Goods Ordered by	
		Bill Charged to	

DR.

130 00.

CR.

<u>Found by Police Sept 1, 1946</u>	<u>Sept 2</u>	<u>1946 Rec Cash</u>	<u>136 11</u>
<u>between steamboat landing and</u>			
<u>Wallace Boat house</u>		<b>PAID</b>	
<u>Autopsy Sept 1, by</u>		<u>By</u>	
<u>Dr. Walter Pettis</u>		<u>Mrs. Catherine Austin</u>	
<u>Shipped to Cooks Funeral Home</u>			
<u>347 East Willis Ave. N.Y. City</u>			

1945-1949

RECORD AND BILL OF ITEMS

Yearly No. 61 FOR THE FUNERAL OF Total to date 1871

Residence: 72 Main Street. Name: William Wallace. Date of Death: 1946. Cause of Death: Sudden death. Occupation: Maine Insurance Broker. Includes a diagram for grave location.

Table with columns for item description and price. Items include Casket (265.00), Outside Box or Vault (125.00), Embalming (50.00), Church Charges (Funeral, 25.00), and Cemetery Charges (15.00). Total DR. 480.00.

Table showing payments: Feb 1, 1947, Pd Wood 5.00; Jan 15, 1947, Check 480.00. Includes a large 'PAID' stamp and signature of Joseph E. Fellows.

# RECORD AND BILL OF ITEMS

Yearly No. 62

FOR THE FUNERAL OF

Total to date 1872

Frank M. Jones

Residence 6. Flora Street Age of husband or wife if alive..... years

Place of Death 6. " " Wife or Widow of Lizzie A. Hussey

Date of Birth 1 865 Feb 13 Age { 81 Years { Sex { Color or Race

Date of Death 1946 Sept 14 { 7 Months { Single {

Maiden Name { 1 Days { Married {

Birth-place Nantucket Occupation Mason Retired 20 yrs

Name of Father Asa E. Jones His Birth-place Nantucket

Maiden Name of Mother Susan Meader Her Birth-place Nantucket

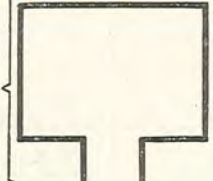
Cause of Death—Primary Chronic Mya Secondary not rheumatic, Cardiac decompensation

Certifying Physician Foley Residence Brockton

Place of Burial Brockton Cemetery Melrose

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

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

Date of Interment Sept 18, 1946 Section ..... 

Social Security No. Frank M. Jones Jr. Designate site of monument thus:

Casket or Coffin No. <u>175. I</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>	25 00	Automobiles.....	
Burial Suit .....		Newspaper Notices.....	
Slippers .....			
Embalming <u>Service</u>	35 00		
Washing and Dressing .....			
Shaving .....			
Services <u>Transfer</u>	15 00	Transportation Charges <u>Tickets</u>	18 38
Use of Chairs .....		Officiating Clergyman <u>Bond</u>	175 00
Church Charges <u>Funeral</u>		Amount of Bill.....	193 38
Cemetery Charges .....		Goods Ordered by .....	
Music.....		Bill Charged to .....	
Flowers .....			
175.00			

DR.

CR.

<u>Shipped to Lorne Powers</u>		<u>Oct. 19</u>	<u>1946 Cash</u>	<u>193 38</u>
			<u>Tickets</u>	<u>18 38</u>
				<u>175 00</u>
			<b>PAID</b>	
			<u>By Frank M. Jones Jr.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 63

FOR THE FUNERAL OF

Total to date 1873

*Katherine Ellen Mulvey*

Residence 42 Oak Street Meriden Conn. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death M. C. H. 7 days Wife or Widow of \_\_\_\_\_

Date of Birth 1 about 63 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death 1946 Sept 18 Age { Months \_\_\_\_\_ } Single  Married \_\_\_\_\_  
 (Year) (Month) (Day)

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

Birth-place New Haven Conn Occupation House keeper

Name of Father Patrick Mulvey His Birth-place New Haven Conn

Maiden Name of Mother Mary? Her Birth-place Unknown

Cause of Death—Primary Coronary thrombosis Secondary Cholecystitis

Certifying Physician M. J. Gals Residence \_\_\_\_\_

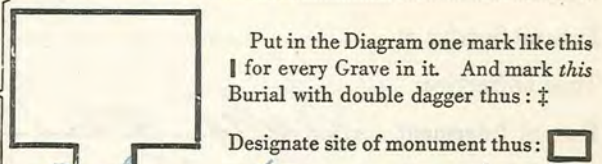
Place of Burial Meriden Conn. Cemetery St. Patricks

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

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

Date of Interment Sept. 21, 1946 Section \_\_\_\_\_

Social Security No. 013-18-5920 Mrs. Flavia B. Seranton, Niece



Casket or Coffin No. <u>170<sup>12</sup></u>	<u>185 00</u>	Candles <u>1 Yale One. Meriden Conn.</u>	
Size _____ Made by _____		Gloves _____	
Lining and Pillow Set No. _____		Bearers or Porters _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine &amp; hells</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>10 00</u>		
Use of Chairs _____		Transportation Charges <u>Tickets</u>	<u>17 82</u>
Church Charges _____		Officiating Clergyman _____	<u>255 00</u>
Cemetery Charges _____		Amount of Bill _____	<u>272 82</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR.

255.00

CR.

<u>Shipped to</u>	<u>Oct 9</u>	<u>1946. Check</u>	<u>272 82</u>
<u>John Feungelson</u>		<u>tickets</u>	<u>17 82</u>
<u>88 East Main St</u>			<u>255 00</u>
<u>Meriden, Conn.</u>		<b>PAID</b>	
<u>tel 41</u>		<u>By</u>	
		<u>John H. Mulvey Adm.</u>	
		<u>42 Oak St</u>	
		<u>Meriden Conn.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 64

FOR THE FUNERAL OF

Total to date 1874

Jacob Parkinson

Residence Madaket Age of husband or wife if alive 64 years

Place of Death on beach at Tuckernuck Wife or Widow of Bertude A. Beau

Date of Birth 1 1877 Aug 6 (Year) (Month) (Day) Age { 69 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 46 Sept 20 (Year) (Month) (Day) { 1 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 14 Days { Married \_\_\_\_\_ Retired 7 yrs

Birth-place Hebden, England Occupation Communication Messenger

Name of Father James Parkinson His Birth-place England N. E. F. & F.

Maiden Name of Mother Jane Wolfenden Her Birth-place England.

Cause of Death—Primary Sudden death on beach Secondary Heart disease, Coronary throm.

Certifying Physician F. Olger, M.D. E. Residence \_\_\_\_\_

Place of Burial W. Antucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 691

Time of Service \_\_\_\_\_ Grave No. 2

Date of Interment Sept 22, 1946 Section \_\_\_\_\_

Social Security No. 011-05-2619 Bertude A. Parkinson



Casket or Coffin No. <u>115 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>20 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Burial Suit		<u>Pease 1</u>	<u>5 00</u>
Slippers		Newspaper Notices	<u>210 00</u>
Embalming <u>of Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving		Transportation Charges	
Services <u>Transfer</u>	<u>15 00</u>	Officiating Clergyman <u>Odd Fellows</u>	
Use of Chairs		Amount of Bill	<u>220 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Goods Ordered by	
Cemetery Charges	<u>15 00</u>	Bill Charged to	
Music			
Flowers			
<b>DR. 210.00</b>		<b>CR.</b>	

		<u>Oct 20 1947 Check</u>	<u>220 00</u>
		<b>PAID</b>	
		By <u>Poy Sanguinetta Admfr.</u>	

1945-1949

75

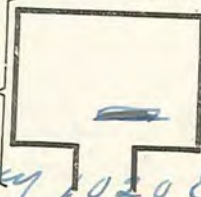
# RECORD AND BILL OF ITEMS

Yearly No. 65

FOR THE FUNERAL OF

Total to date 1875

Residence 224 Commonwealth Ave. Boston Hosp  
 Place of Death Boston Hosp Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth 1 Wife or Widow of \_\_\_\_\_  
 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_  
 Date of Death 1944 Oct 28 Age { 52 Years { Sex \_\_\_\_\_  
 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Months { Single \_\_\_\_\_  
 Days { Married \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Occupation Psychologist  
 Birth-place Boston His Birth-place Philadelphia  
 Name of Father William E. Mackay Her Birth-place Salem Mass  
 Maiden Name of Mother Helen Esthu Baker  
 Cause of Death—Primary Coronary Thrombosis Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 Place of Burial Nantucket Residence Removed from W. W. Mass  
 Cemetery North  
 Funeral Service at \_\_\_\_\_ Lot No. 145  
 Time of Service Sept 24, 1946 Grave No. \_\_\_\_\_  
 Date of Interment " " " " Section \_\_\_\_\_  
 Social Security No. Mrs Catherine Woodbury Mackay 2020 E Ave, Coronado Calif



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		Transportation Charges	
Shaving		Officiating Clergyman	
Services	<u>25.00</u>	Amount of Bill	<u>45.00</u>
Use of Chairs		Goods Ordered by <u>J.S. Waterman &amp; Sons</u>	
Church Charges		Bill Charged to " " "	
Cemetery Charges	<u>20.00</u>		
Music			
Flowers			
DR.	<u>45.00</u>		

DR.		CR.
	<u>Sept 24</u>	<u>1946 Cash</u>
		<u>45.00</u>
		<b>PAID</b>
		<u>By J.S. Waterman &amp; Sons</u>
		<u>Ms. Babak</u>

# RECORD AND BILL OF ITEMS

Yearly No. *66*

FOR THE FUNERAL OF

Total to date *1876*

*Gertrude L. J. Pratt.*

Residence *3731 Oak View Terrace Washington D.C.* Age of husband or wife if alive *56* years

Place of Death *St. Elizabeths Hosp 1ma* Wife or Widow of *Edward Pratt*

Date of Birth *1876 Dec 12* { *69* Years } Sex { } Color or Race { }  
 (Year) (Month) (Day)                  Age { *9* Months } Single { }  
 Date of Death *1946 Sept 22* { *10* Days } Married { }  
 (Year) (Month) (Day)

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

Birth-place *Hackettstown N. J.* Occupation *House Wife*

Name of Father *Isaac Trifant* His Birth-place *Maine*

Maiden Name of Mother *Sarah* Her Birth-place *Unknown*

Cause of Death—Primary *Pul. Embolus* Secondary \_\_\_\_\_

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

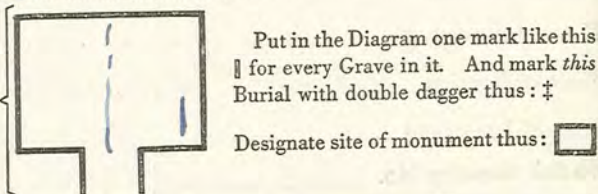
Place of Burial *Nantucket* Cemetery *P. H.*

Funeral Service at \_\_\_\_\_ Lot No. *706*

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

Date of Interment *Sept. 25, 1946* Section *front*

Social Security No. *Edward Pratt*



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 <i>Transfer from Boat</i>		Transportation Charges _____	
Use of Chairs <i>Boyt Cemetery</i>	<i>10 00</i>	Officiating Clergyman <i>Bond</i>	
Church Charges <i>Funeral</i>	<i>25 00</i>	Amount of Bill _____	<i>50 00</i>
Cemetery Charges _____	<i>15 00</i>	Goods Ordered by <i>Edu. Pratt</i>	
Music _____		Bill Charged to _____	
Flowers _____			

DR.

*50 00*

CR.

			<i>Sept 25 1946 Checks</i>	<i>50 00</i>

**PAID**  
*By Edward Pratt*



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 67

FOR THE FUNERAL OF

Total to date 1877

William Parker Turner

Residence 5 Milk St. 144 4 mos Age of husband or wife if alive 1877 years

Place of Death 5 Milk St.

Date of Birth 1 (Year) Oct (Month) 2 (Day)

Date of Death 1946 (Year) Oct (Month) 2 (Day)

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

Birth-place Glasco, Scotland

Name of Father William Turner

Maiden Name of Mother Ann Moore

Cause of Death—Primary Sudden death

Certifying Physician Folger Med. Co.

Place of Burial Nantucket

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

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

Date of Interment Oct. 5, 1946

Social Security No. Jennie Emery

Wife or Widow of Harrett Chadwick

Age { 83 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 { \_\_\_\_\_ Months { Single \_\_\_\_\_ }  
 { \_\_\_\_\_ Days { Married \_\_\_\_\_ }

Occupation Bookkeeper Retired 6 yrs

His Birth-place Glasco, Scotland

Her Birth-place \_\_\_\_\_

Secondary Heart disease, Coronary thrombosis

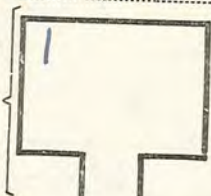
Residence \_\_\_\_\_

Cemetery P.H. M.V.

Lot No. 30

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 Walpin</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	<u>2 80</u>
Slippers _____		Telegrams	<u>1 80</u>
Embalming <u>Services</u>	<u>35 00</u>		<u>380 00</u>
Washing and Dressing _____		Transportation Charges	
Shaving <u>Transfers</u>	<u>10 00</u>	Officiating Clergyman <u>Bond</u>	
Services _____		Amount of Bill	<u>333 80</u>
Use of Chairs _____		Goods Ordered by _____	
Church Charges <u>Funeral</u>	<u>25 00</u>	Bill Charged to _____	
Cemetery Charges _____	<u>15 00</u>		
Music _____			
Flowers _____			
DR. <u>J.M.</u>	<u>330 00</u>		

DR. <u>J.M.</u>	<u>330 00</u>	CR.	
<u>Mrs Blanche B. Pinkney Jan. 11, 1947</u>	<u>Check</u>	<u>333 80</u>	
<u>Culver Lake, N.J.</u>			
<u>Branchville, N.J.</u>			
	<b>PAID</b>		
	<u>By</u>		
	<u>Went. Inst. for Savings</u>		

RECORD AND BILL OF ITEMS

Yearly No. 68

FOR THE FUNERAL OF

Total to date 1878

Ida Berthe Morin

Residence 63 Pleasant St. Age of husband or wife if alive 54 years

Place of Death N.C.H. 2 rooms Wife or Widow of Samuel Morin

Date of Birth 1902 May 11 (Year) (Month) (Day) Age 44 Years Sex Female Color or Race White

Date of Death 1946 Oct 2 (Year) (Month) (Day) Age 6 Months Single Married

Maiden Name Ida Berthe Morin Married 4 Days

Birth-place Waukegan, Ill. Occupation Housewife

Name of Father Paul Berthe His Birth-place Waukegan, Ill.

Maiden Name of Mother Sarah Bellinger Her Birth-place " "

Cause of Death—Primary Cranio-Cerebral injury Secondary Fractured skull, Brain laceration

Certifying Physician Folger, Med. Ed. Residence Hemorrhage, struck on head by

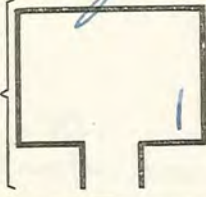
Place of Burial Nantucket Cemetery St. Mary's (Propeller of plane at air port)

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

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

Date of Interment Oct. 5th. Section \_\_\_\_\_

Social Security No. Samuel Morin



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. <u>4157 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>125 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Burial Suit		<u>Pease 1</u>	<u>5 00</u>
Slippers		Newspaper Notices <u>Gliddens 1</u>	<u>3 00</u>
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>5 00</u>	Transportation Charges	
Use of Chairs <u>Candelabra etc.</u>	<u>5 00</u>	Officiating Clergyman <u>J. Denehy</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>538 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by	
Music		Bill Charged to	
Flowers			

DR.

525 00

CR.

		<u>Autopsy Oct. 3, 1946</u>		<u>Nov 1, 1946</u>	<u>Cash</u>	<u>538 00</u>
		<u>By Dr. Fisher of Boston</u>				
					<b>PAID</b>	
<u>Nov 2</u>		<u>Pd Pease</u>	<u>5 00</u>		<u>By Daughter</u>	
<u>" 8</u>		<u>" Herbut</u>	<u>5 00</u>			

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 69

FOR THE FUNERAL OF

Total to date 1879.

Residence Helen Judge Hoitt  
13 Milk St Age of husband or wife if alive 41 years

Place of Death " Wife or Widow of Frederick D. Hoitt

Date of Birth 1897 Oct. 5. (Year) (Month) (Day) Age { 49 Years { Sex ..... { Color or Race  
Date of Death 1946 Oct. 6. (Year) (Month) (Day) { 0 Months { Single ..... {  
Maiden Name ..... { 1. Days { Married 5 {

Birth-place Worcester, Mass Occupation Housewife  
Name of Father Patrick Judge His Birth-place Groton, Mass  
Maiden Name of Mother Marie S. Croft Her Birth-place Southbridge, Mass  
Cause of Death—Primary Adeno Carcinoma Secondary ascending colon  
Certifying Physician Folger Residence .....  
Place of Burial Cremation Cemetery Forest Hills

Funeral Service at ..... Lot No.   
Time of Service ..... Grave No.   
Date of Interment Cremation Oct. 10. Section   
Social Security No. Frederick D. Hoitt 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. <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 &amp; hds</u>	<u>25 00</u>	Automobiles	
Burial Suit		<u>telegrams</u>	<u>2 56</u>
Slippers		Newspaper Notices	<u>4 50</u>
Embalming <u>services</u>	<u>35 00</u>	<u>J. S. Waterman &amp; Sons</u>	<u>98 00</u>
Washing and Dressing			
Shaving <u>Transfer</u>	<u>10 00</u>		
Services			<u>1 70</u>
Use of Chairs		Transportation Charges <u>to Boston</u>	<u>9 26</u>
Church Charges		Officiating Clergyman <u>Strong</u>	
Cemetery Charges		Amount of Bill	<u>284 32</u>
Music		Goods Ordered by <u>Frederick Hoitt</u>	
Flowers		Bill Charged to	

DR.

8170.00

CR.

		<u>Oct 25 1946 Cash</u>	<u>280 00</u>
		<u>Due</u>	<u>4 32</u>
		<b>PAID</b>	
		<u>By Frederick D. Hoitt</u>	

## RECORD AND BILL OF ITEMS

Yearly No. 70

FOR THE FUNERAL OF

Total to date 1880

Residence 11 Milk Mary J. Johnson Age of husband or wife if alive..... years

Place of Death 11 Milk Wife or Widow of.....

Date of Birth 1882 June 29 (Year) (Month) (Day) { 64 Years { Sex .....

Date of Death 1946 Oct. 13 (Year) (Month) (Day) Age { 4 Months { Single

Maiden Name ..... { 16 Days { Married .....

Birth-place Nantucket Occupation.....

Name of Father William Johnson His Birth-place Nantucket

Maiden Name of Mother Mary P. Johnson Her Birth-place.....

Cause of Death—Primary Central Hem. Secondary.....

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 Oct. 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>113</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>26 00</u>	Automobiles <u>Gliddens 1</u>	<u>3 00</u>
Burial Suit <u>Grey 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>15 00</u>	Amount of Bill.....	<u>218 00</u>
Music.....		Goods Ordered by.....	
Flowers <u>Candelabra Etc.</u>	<u>5 00</u>	Bill Charged to .....	
	<u>215 00</u>		

DR.

215.00

CR.

					<u>Nov 12. 1946</u>	<u>Cash</u>	<u>218 00</u>

PAID

By Sadie Johnson

1945-1949

## RECORD AND BILL OF ITEMS

Yearly No. 71 FOR THE FUNERAL OF Total to date 1881

*Mary Ellen Weymouth*

Residence Sia Sunset Rd Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Frank J. Weymouth

Date of Birth 1 June 4 Age 77 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 1946 Oct. 15 Age 4 Months Single \_\_\_\_\_  
(Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Age 11 Days Married \_\_\_\_\_

Birth-place Derby, England Occupation Housewife

Name of Father Samuel Piggott His Birth-place Derby, England

Maiden Name of Mother Ellen Taylor Her Birth-place \_\_\_\_\_

Cause of Death—Primary Fall, May 7th. fractured hip & cerebral hemorrhage Secondary \_\_\_\_\_

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

Place of Burial Boston Cemetery Cedar Grove

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

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

Date of Interment Oct 18 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Mrs. Edward Davis 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</u> <sup>12</sup>	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; hells</u>	25	00	Automobiles		
Burial Suit <u>Dress</u>	18	00	<u>telegram</u>		1 18
Slippers _____			Newspaper Notices		1 00 00
Embalming <u>services</u>	35	00			
Washing and Dressing _____					
Shaving _____			Transportation Charges <u>To Boston</u>		9 26
Services <u>Transfus</u>	15	00	Officiating Clergyman		1 93 00
Use of Chairs _____			Amount of Bill		2 04 44
Church Charges _____			Goods Ordered by _____		
Cemetery Charges _____			Bill Charged to _____		
Music _____					
Flowers _____					

DR. 193.00 CR.

			<u>Sept. 10</u>	<u>1947 Check</u>	204 44
<b>PAID</b>					
<u>By Thomas W. Hoag, Atty.</u>					
<u>210. Sevin Hill Ave.</u>					
<u>Boston 25. Mass</u>					

# RECORD AND BILL OF ITEMS

Yearly No. 72

FOR THE FUNERAL OF

Total to date 1882

*Florence Folger Webster*

Residence 112 Main St. Age of husband or wife if alive..... years

Place of Death " " " Wife or Widow of William A. Webster

Date of Birth 1865 Oct 14 { 81 Years { Sex ..... { Color or Race  
(Year) (Month) (Day)

Date of Death 1946 Oct 24 { 0 Months { Single ..... {  
(Year) (Month) (Day) Age { 10 Days { Married ..... {

Maiden Name ..... Occupation Housework own home

Birth-place Chicopee Mass His Birth-place Nantucket

Name of Father Franklin Folger Her Birth-place " "

Maiden Name of Mother Elizabeth Hall Cause of Death—Primary Chronic Myo. Secondary Cardiac Static Pneumonia

Certifying Physician Lewis Residence .....

Place of Burial Nantucket Cemetery P.H.

Funeral Service at ..... Lot No. 52

Time of Service ..... Grave No. 1 Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Date of Interment Oct-26-1946 Section..... Designate site of monument thus:

Social Security No. Franklin Webster; 31 Eaglecroft Rd

Westfield, N.J.

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>Price</u>	<u>20 00</u>	Automobiles <u>Wood 2</u>	<u>10 00</u>
Burial Suit.....			<u>370 00</u>
Slippers.....		Newspaper Notices.....	
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing.....			
Shaving.....			
Services <u>Transp.</u>	<u>10 00</u>	Transportation Charges.....	
Use of Chairs.....		Officiating Clergyman <u>Strong</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill.....	<u>380 00</u>
Cemetery Charges.....	<u>15 00</u>	Goods Ordered by <u>Franklin Webster</u>	
Music.....		Bill Charged to.....	
Flowers.....			
<u>370 00</u>			

DR. CR.

				Feb 12 1947	check	380	00
PAID							
By <u>Franklin Webster</u>							

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 73

FOR THE FUNERAL OF

Total to date 1883

Sapratore Carroll

Residence 20 Centre St Age of husband or wife if alive 54 years

Place of Death Louise De. Merillac Hosp. Wife or Widow of Evelyn F. Murray

Date of Birth 1888 Feb 2 Buffalo, N.Y. 58 Years Sex Female Color or Race White

Date of Death 1946 Oct 27 Age 58 Months 8 Single Yes

Maiden Name Italy Occupation Restaurant Proprietor

Birth-place Italy His Birth-place Italy

Name of Father Martiano Carroll Her Birth-place Italy

Maiden Name of Mother Sarah Moilli Cause of Death—Primary Massive Pulmonary Secondary Embolus

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

Place of Burial Nantucket Cemetery St. Marys

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

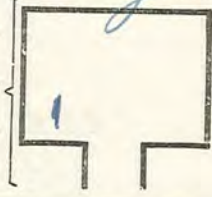
Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

Date of Interment Oct 29 1946 Section \_\_\_\_\_

Social Security No. Evelyn J. Carroll

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>Gliddens 1</u>	<u>3 00</u>
Burial Suit			<u>80 00</u>
Slippers		Newspaper Notices	
Embalming			
Washing and Dressing			
Shaving			
Services <u>Personal</u>	<u>25 00</u>		
Use of Chairs <u>Transfer</u>	<u>10 00</u>	Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Shawton</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>83 00</u>
Music <u>Prayer Rail etc</u>	<u>5 00</u>	Goods Ordered by	
Flowers		Bill Charged to	
DR. <u>80.00</u>		CR.	

<u>Evelyn Paid Mrs Terry</u>	<u>3 00</u>	<u>Jan 22 1947</u>	<u>Check</u>	<u>80 00</u>
<b>PAID</b>				
By: <u>Evelyn J. Carroll</u>				

# RECORD AND BILL OF ITEMS

Yearly No. 74

FOR THE FUNERAL OF

Total to date 1884.

*Alice Ryan Thompson*

Residence 376 Broadway Newport R.I. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " Wife or Widow of Samuel's Thompson

Date of Birth 14 (Year) 19 (Month) 28 (Day) Age { 77 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 9 Months { Single \_\_\_\_\_ {  
 { 27 Days { Married \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ Birth-place Newport R.I. Occupation Housework

Name of Father Unknown His Birth-place Unknown

Maiden Name of Mother " Her Birth-place "

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

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

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 424

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

Date of Interment Oct. 31, 1946 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Miss Almira B. Coffin



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 <u>376 Broadway</u>			
Size _____ Made by _____	Gloves <u>Newport R.I.</u>			
Lining and Pillow Set No. _____	Bearers or Porters _____			
Handles _____	Hearse to <u>Cemetery in Boat</u>		<u>25 00</u>	
Plate _____	Removal <u>Cemetery Chgs</u>		<u>15 00</u>	
Outside Box or Vault _____	Automobiles <u>Wood 10</u>		<u>5 00</u>	
Burial Suit _____	Newspaper Notices _____			
Slippers _____	Transportation Charges _____			
Embalming _____	Officiating Clergyman <u>Mc Kenzie</u>		<u>5 00</u>	
Washing and Dressing _____	Amount of Bill _____		<u>50 00</u>	
Shaving _____	Goods Ordered by _____			
Services _____	Bill Charged to _____			
Use of Chairs _____				
Church Charges _____				
Cemetery Charges _____				
Music _____				
Flowers _____				

DR.

CR.

<u>Justin Valina</u>		<u>Dec 3</u>	<u>1946 Check</u>		<u>50 00</u>
			<u>Pd Wood</u>	<u>5 00</u>	
<u>Billed to</u>					
<u>Charles A. Hambley</u>		<u>F.D.</u>			
<u>16 Mann Ave</u>					
<u>Newport R.I.</u>					
			<b>PAID</b>		
			<u>By</u>		
			<u>Almira B. Coffin</u>		
			<u>Daughter</u>		



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 76

FOR THE FUNERAL OF

Total to date 1885

Arthur D. Chase

Residence 5 Vestal Age of husband or wife if alive 53 years

Place of Death 5 Vestal Wife or Widow of Charlotte F. Hawkins

Date of Birth 1886 Feb 4 (Year) (Month) (Day) Age 60 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Date of Death 1946 Nov 4 (Year) (Month) (Day) Age 9 Months { Single \_\_\_\_\_ } \_\_\_\_\_

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

Birth-place Nantucket Occupation Manager A + P Chain Store

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

Maiden Name of Mother Sarah Chase Her Birth-place Nantucket

Cause of Death—Primary Cancer of Secondary Duodenum

Certifying Physician F. J. Quinn Residence \_\_\_\_\_

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 876

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

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

Social Security No. 021-01-4466 Charlotte 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:

Casket or Coffin No. <u>8397 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	
Burial Suit _____		Newspaper Notices	
Slippers _____		<u>Set No 876 at P.H.</u>	<u>60 00</u>
Embalming <u>Services</u>	<u>50 00</u>		<u>370 00</u>
Washing and Dressing	<u>35 00</u>		<u>355 00</u>
Shaving _____			<u>5 00</u>
Services <u>Transfer</u>	<u>10 00</u>	Transportation Charges	
Use of Chairs _____		Officiating Clergyman <u>Strong &amp; O'Leary</u>	<u>315 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>430 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by _____	
Music _____		Bill Charged to _____	
Flowers _____			

DR. 370 00  
355 00

CR.

<u>Jan 8</u>	<u>Pd P.H. CA Set</u>	<u>60 00</u>	<u>Jan 6</u>	<u>1947 Check</u>	<u>415 00</u>
					<u>60 00</u>
					<u>355 00</u>
				<b>PAID</b>	
				<u>Jan 7, 1947</u>	
				<u>By Irene L. Chase</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 76

FOR THE FUNERAL OF

Total to date 1886

Christop Duce

Residence Cliff Road Age of husband or wife if alive 43 years

Place of Death N. C. H. 11 days Wife or Widow of Olga L. Wilke

Date of Birth 1872 Feb 7 (Year) (Month) (Day) Age 74 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Date of Death 1946 Nov 18 (Year) (Month) (Day) Age 9 Months { Single \_\_\_\_\_ } \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age 11 Days { Married  } \_\_\_\_\_

Birth-place Lavia Russia Occupation Carpenter

Name of Father Fitz Duce His Birth-place Lavia Russia

Maiden Name of Mother Callin Minksi Her Birth-place Lavia Russia

Cause of Death—Primary Hypostatic Pneum. Secondary Cerebral Hem., Hypertension

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

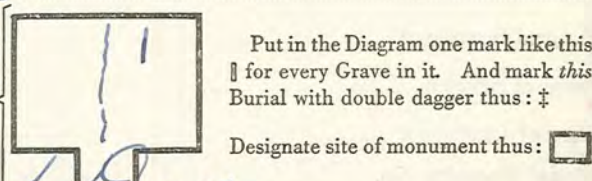
Place of Burial N. entulket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 668

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

Date of Interment Nov 21, 1946 Section \_\_\_\_\_

Social Security No. 021-03-2273 Olga L. Duce



Casket or Coffin No. <u>9897 Walpin</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>Pine</u>	20 00	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	50 00	Officiating Clergyman <u>Bond.</u>	
Washing and Dressing _____		Amount of Bill	375 00
Shaving _____		Goods Ordered by <u>Mrs Duce</u>	
Services <u>Transfers</u>	10 00	Bill Charged to _____	
Use of Chairs <u>Candels</u>	5 00		
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	15 00		
Music _____			
Flowers _____			
<b>DR. 375.00</b>		<b>CR.</b>	

			Feb.	12	1947. Cash	375 00
					PAID	
					By Mrs Duce.	

# RECORD AND BILL OF ITEMS

Yearly No. 77

FOR THE FUNERAL OF

Total to date 1887

*Martha C. Douglass*

Residence 50 Lake St. Auburn, Me. 2046 Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Central Maine General Hosp.  Wife or  Widow of Stephen A. Douglass

Date of Birth 1859 Jan 7 (Year) (Month) (Day) Age { 87 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1946 Nov 15 (Year) (Month) (Day) { 10 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 11 Days { Married \_\_\_\_\_ {

Birth-place Nantucket Occupation Retired

Name of Father George W. Swain His Birth-place Nantucket

Maiden Name of Mother Emira V. Burdett Her Birth-place Nantucket

Cause of Death—Primary Broncho Pneumonia Secondary due to aspiration of gastric contents.

Certifying Physician \_\_\_\_\_ Residence Fracture of left hip.

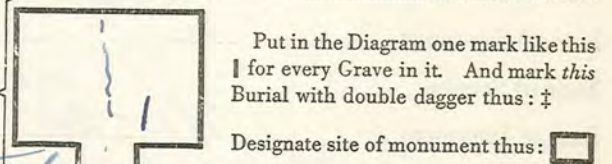
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 545

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

Date of Interment Nov. 22, 1946 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 _____		Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming _____		Officiating Clergyman <u>Bond.</u>	
Washing and Dressing _____		Amount of Bill <u>Maud Winslow</u>	<u>50 00</u>
Shaving <u>Trans. from Boat</u>	<u>15 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 _____			
Flowers _____			
<b>DR. <u>50 00</u></b>		<b>CR.</b>	

				<u>Jan. 11, 1947</u>	<u>Cash</u>	<u>50 00</u>			
				<b>PAID</b>					
				<u>By Maud Winslow</u>					

# RECORD AND BILL OF ITEMS

Yearly No. 78

FOR THE FUNERAL OF

Total to date 1888

*Baby Girl Mac Donald*

Residence N. C. H. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. Wife or Widow of \_\_\_\_\_

Date of Birth 1 946 Nov. 19 (Year) (Month) (Day)

Date of Death 19 46 " 19 (Year) (Month) (Day) Age { Years { Sex \_\_\_\_\_  
 { Months { Single \_\_\_\_\_  
 { Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Color or Race \_\_\_\_\_

Birth-place Nantucket Occupation None

Name of Father John G. Mac Donald His Birth-place Pennac

Maiden Name of Mother Emma M. Sabarie Her Birth-place Leicester

Cause of Death—Primary Sudden Death Secondary presumably due to asphyxia

Certifying Physician J. G. M. M. D. E. J. P. G. M. Residence \_\_\_\_\_

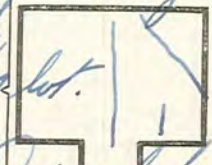
Place of Burial Nant Cemetery St Marys

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

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

Date of Interment Nov. 22. 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		Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services <u>of Interment</u>	<u>10 00</u>	Transportation Charges	
Use of Chairs		Officiating Clergyman	
Church Charges		Amount of Bill	<u>10 00</u>
Cemetery Charges		Goods Ordered by	
Music		Bill Charged to	
Flowers			

DR. 10.00 CR.

				<u>Jan 24 1947</u>	<u>check</u>	<u>10 00</u>

PAID  
By J. G. Mac Donald.

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 79 FOR THE FUNERAL OF Frank Lopez Total to date 1889

Residence Nantucket Cranberry Bog Age of husband or wife if alive ? years  
 Place of Death N. C. H. 4 days  Wife or Widow of Romeld ?  
 Date of Birth 1  Sex ?  
 Date of Death 1946 Nov. 24  Age about 63 Years  Single  Color or Race Colored  
 Maiden Name ?  Days  Married   
 Birth-place Bravo Occupation Day laborer  
 Name of Father Paul Lopez His Birth-place Bravo  
 Maiden Name of Mother Mary ? Her Birth-place "  
 Cause of Death—Primary Hepatic Pneum Secondary Chronic Myo. Cardiac  
 Certifying Physician J. Folger Residence Nantucket  
 Place of Burial Nantucket Cemetery St. Marys Back low. decompensation  
 Funeral Service at St. Marys Lot No. 1104  
 Time of Service Nov. 26. 1946 Grave No. ? Put in the Diagram one mark like this  
 Date of Interment Nov. 26. 1946 Section ? | for every Grave in it. And mark this  
 Social Security No. Mike Lopez 119 Old North St. Burial with double dagger thus: †  
 Designate site of monument thus: □

Casket or Coffin No. <u>80</u>	<u>50 00</u>	Candles <u>New Bedford</u>	
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>clothes</u>	<u>5 00</u>	Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	<u>30 00</u>	Officiating Clergyman <u>Fr. Shorelton</u>	
Washing and Dressing		Amount of Bill	<u>160 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. 165.00

CR.

Nov 25	Rec from P.M. Bank	145 00	Nov. 25	1946 Cash for Bank	145 00
	Ad.		Feb 1	47 - P.O. Savings	15 00
Feb 1/47	Hospital Bill	30 00			
" 4/47	Dr. Folger "	21 00			

PAID

# RECORD AND BILL OF ITEMS

Yearly No. 80

FOR THE FUNERAL OF

Total to date 1890

Isma Sheppard Harps

Residence 4 Academy Lane Age of husband or wife if alive 70 years

Place of Death 4 Academy Lane Wife or Widow of Harry M. Harps

Date of Birth 1874 9 (Month) 1 (Day)

Date of Death 1946 Nov (Month) 27 (Day) Age { 72 Years { Sex { Color or Race

Maiden Name { 0 Months { Single {

Birth-place Elizabeth, N. J. Occupation House wife Married { 26 Days {

Name of Father D. V. S. Sheppard His Birth-place New Jersey

Maiden Name of Mother Matie L. Wilson Her Birth-place London, England


Cause of Death—Primary Coronary thrombosis Secondary

Certifying Physician F. Otter Residence

Place of Burial Wanucket Cemetery P.H.

Funeral Service at Lot No. 621

Time of Service Grave No.

Date of Interment Nov 30 Section 

Social Security No. Harry M. Harps 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</u> <sup>12</sup>	<u>265.00</u>	Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Vault</u>	<u>125.00</u>	Automobiles	
Burial Suit		Transportation Charges	
Slippers		Office of Clergyman <u>Dr. Gardner</u>	
Embalming <u>Services</u>	<u>50.00</u>	Amount of Bill	<u>497.94</u>
Washing and Dressing		Goods Ordered by <u>Wood, 1 con.</u>	<u>6.00</u>
Shaving		Bill Charged to	<u>502.94</u>
Services <u>Transfers</u>	<u>10.00</u>		
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25.00</u>		
Cemetery Charges	<u>15.00</u>		
Music			
Flowers			

DR.

490.00

CR.

<u>9mch 14</u>	<u>Pd Hubert</u>	<u>5.00</u>	<u>Inst</u>	<u>12</u>	<u>1947 Check</u>	<u>502.94</u>
			<u>mch</u>	<u>12</u>		

PAID  
By Harry M. Harps

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 81

FOR THE FUNERAL OF

Total to date 1891

Manuel S Santos

Residence 4 Williams St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 4 Williams St. Wife or Widow of Catherine Neves

Date of Birth 1 Jan 26 Age { 73 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1946 Jan 15 Age { 10 Months { Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age { 19 Days { Married \_\_\_\_\_

Birth-place Gracias Azores Occupation Famer

Name of Father Manuel S Santos His Birth-place Gracias Azores

Maiden Name of Mother Florinda Antins Her Birth-place \_\_\_\_\_

Cause of Death—Primary Myocarditis Secondary Arteriosclerosis

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

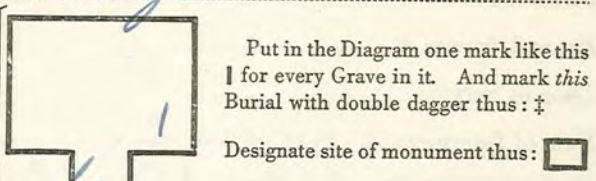
Place of Burial Nantucket Cemetery St Mary's

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

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

Date of Interment Dec 18 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Philip Marks



Casket or Coffin No. <u>4357<sup>12</sup> Felt</u>	325 00	Candles	
Size..... Made by.....		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	125 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	50 00	Officiating Clergyman <u>Fr. Shovelton</u>	
Washing and Dressing		Amount of Bill	555 00
Shaving		Goods Ordered by	
Services <u>Transfer</u>	75 00	Bill Charged to <u>Carrie C Miller</u>	
Use of Chairs			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	15 00		
Music <u>Prayer Rail etc</u>	25 00		
Flowers			
<b>DR.</b>	<b>565.00</b>	<b>CR.</b>	

		<u>Jan 7</u>	<u>1947 check</u>	<u>555 00</u>
			<b>PAID</b>	
			By <u>Carrie C Miller</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 82

FOR THE FUNERAL OF

Total to date 1892

*Franklin B. Worth*

Residence *26 West Chester St*

Place of Death *M. C. Hospital, Weymouth* Wife or Widow of *Elizabeth V. Bailey* Age of husband or wife if alive *49* years

Date of Birth *1875 Jan 17*

Date of Death *1946 Dec 18* Age *71* Years { Sex ..... } Color or Race .....  
 { *11* Months } Single .....  
 { *6* Days } Married .....

Maiden Name *Clinton, Conn.* Occupation *Dispenser of Public Welfare*

Birth-place *Clinton, Conn.* His Birth-place *Nantucket*

Name of Father *Benjamin F. Worth* Her Birth-place *Wareham*

Maiden Name of Mother *Mary H. Washburn*


Cause of Death—Primary *Cerebral Hem.* Secondary .....

Certifying Physician *F. Olger* Residence .....

Place of Burial *Nantucket* Cemetery *Worth*

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

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

Date of Interment *Dec 21* 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. *029-05-8955* Designate site of monument thus:  *Elizabeth B. Worth East*

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 <i>Bond</i>
Washing and Dressing .....	Amount of Bill <i>290 00</i>
Shaving .....	Goods Ordered by <i>Mrs Worth</i>
Services .....	Bill Charged to .....
Use of Chairs .....	
Church Charges .....	
Cemetery Charges .....	
Music .....	
Flowers .....	

DR.	CR.
	<i>Feb 14 1947 check 290 00</i>
	<b>PAID</b>
	<i>By Elizabeth B. Worth</i>



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 83

FOR THE FUNERAL OF

Total to date 1893

Laura L. Williams

Residence 3 Farmer St Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 3 Plumb Lane Wife or Widow of Edward Williams

Date of Birth 1860 Sept. 9 { 86 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

(Year) (Month) (Day) Date of Death 1946 Dec. 19 { 3 Months { Single \_\_\_\_\_

(Year) (Month) (Day) Maiden Name \_\_\_\_\_ { 10 Days { Married \_\_\_\_\_

Birth-place Prince Edward Isls. Occupation None

Name of Father Joseph Mugridge His Birth-place Gibraltar

Maiden Name of Mother Ellen B. Cornell Her Birth-place Prince Edward Isls.

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

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

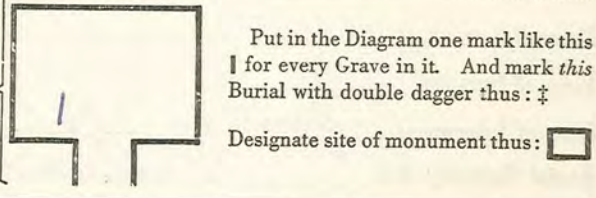
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 1025

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

Date of Interment Dec. 21. 1946 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Ethel W. Blair



Casket or Coffin No. <u>1157</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>of Services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfus</u>	<u>10 00</u>	Transportation Charges	
Use of Chairs _____		Officiating Clergyman <u>Strong</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>255 00</u>
Cemetery Charges <u>Funeral</u>	<u>25 00</u>	Goods Ordered by	
Music _____		Bill Charged to	
Flowers _____			

DR.

\$ 255 00

CR.

		<u>June 14</u>	<u>1948 Check</u>	<u>255 00</u>
<h2>PAID</h2>				
By <u>Thomas Williams</u>				

RECORD AND BILL OF ITEMS

Yearly No. # 1

FOR THE FUNERAL OF

Total to date 1894

Emily B. Robinson

Residence 4 Martins Lane Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death " " " Wife or Widow of \_\_\_\_\_  
 Date of Birth 1 856 Aug 19 (Year) (Month) (Day) Age { 90 Years { Sex \_\_\_\_\_ { Color or Race  
 Date of Death 19 47 Jan 8 (Year) (Month) (Day) { 7 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 20 Days { Married \_\_\_\_\_  
 Birth-place Nantucket Occupation At Home  
 Name of Father Charles H. Robinson His Birth-place Nantucket  
 Maiden Name of Mother Susan H. Chase Her Birth-place Nantucket  
 Cause of Death—Primary Found dead in our residence Secondary Sudden death Heart  
 Certifying Physician Folger Med Ex. Residence Nantucket disease Coronary thrombosis  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 506  
 Time of Service \_\_\_\_\_ Grave No. [Diagram] Put in the Diagram one mark like this  
 Date of Interment Jan. 11, 1947 Section [Diagram] for every Grave in it. And mark this  
 Social Security No. William E. Gardner Designate site of monument thus:

Casket or Coffin No. 7457 <sup>12</sup>	375 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 J. H. Wood 2	10 00 505 00
Burial Suit		Newspaper Notices	
Slippers			
Embalming of Services	50 00		
Washing and Dressing			
Shaving			
Services Transfers	10 00	Transportation Charges Bond	
Use of Chairs		Officiating Clergyman	
Church Charges Funeral	25 00	Amount of Bill	515 00
Cemetery Charges	25 00	Goods Ordered by	
Music		Bill Charged to	
Flowers			

DR.

505.00

CR.

				Aug 9	1947 Check	515 00

PAID  
By William E. Gardner Adm.

## RECORD AND BILL OF ITEMS

Yearly No. 2

FOR THE FUNERAL OF

Total to date 1895

*Arison V. Hull.*

Residence 60 Centre St. Age of husband or wife if alive 71 years

Place of Death " " " " Wife or Widow of Margaret E. Cooney

Date of Birth 1873 Nov. 9 73 Years Sex                      Color or Race                       
(Year) (Month) (Day)

Date of Death 1947 Jan. 10 Age 2 Months Single                       
(Year) (Month) (Day)

Maiden Name                      Days Married                     

Birth-place Nantucket Occupation Manager of Motion Picture Theatre

Name of Father Alvin Hull His Birth-place Nantucket

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

Cause of Death—Primary lung abscess Right Secondary Pneumonia Right, Diabetes Mellitus

Certifying Physician Collins Residence                     

Place of Burial Nantucket Cemetery P. H.

Funeral Service at                      Lot No. 699

Time of Service                      Grave No. 1

Date of Interment Jan 12, 1947 Section                     

Social Security No.                      *Rita Hull.*

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. mkg</u>	<u>400 00</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>	<u>125 00</u>	Automobiles <u>Wood 3</u>	<u>15 00</u>
Burial Suit <u>                    </u>		Newspaper Notices <u>                    </u>	
Slippers <u>                    </u>			
Embalmng <u>Services</u>	<u>50 00</u>		
Washing and Dressing <u>                    </u>			
Shaving <u>                    </u>			
Services <u>Transfus</u>	<u>10 00</u>	<u>M.M. True organist</u>	<u>625 00</u>
Use of Chairs <u>                    </u>			<u>5 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Transportation Charges <u>                    </u>	
Cemetery Charges <u>                    </u>	<u>15 00</u>	Officiating Clergyman <u>Bond</u>	<u>5 00</u>
Music <u>                    </u>		Amount of Bill <u>                    </u>	<u>650 00</u>
Flowers <u>                    </u>		Goods Ordered by <u>                    </u>	
		Bill Charged to <u>                    </u>	
<b>DR. 625 00</b>			

	<b>CR.</b>	
		<u>650 00</u>
	<u>Mich 22, 1947 Cash</u>	
	<u>PAID</u>	
	<u>By Rita Hull, Adm.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 3

FOR THE FUNERAL OF

Total to date 1896

*Walter M. Ramsdell*

Residence 24 Green St. Brockton Age of husband or wife if alive..... years

Place of Death Veterans Adm Hosp W. Roybury Wife or Widow of.....

Date of Birth 1 (Year)..... (Month)..... (Day)..... Age { 54 Years { Sex..... Color or Race

Date of Death 19 47 Jan. 15 (Year)..... (Month)..... (Day)..... Age { 6 Months { Single

Maiden Name..... Age { 29 Days { Married.....

Birth-place Nantucket Occupation Truck Driver

Name of Father James Ramsdell His Birth-place Nantucket

Maiden Name of Mother Clara Fisher Her Birth-place Nantucket

Cause of Death—Primary Broncho Pneum. Secondary Carcinoma Liver, Pulmonary

Certifying Physician..... Residence Thomboro

Place of Burial..... Cemetery.....

Funeral Service at..... Lot No.

Time of Service..... Grave No.

Date of Interment Jan. 17, 1947 Section..... Designate site of monument thus:

Social Security No. Vets. Adm. Hospital Records W. Roybury

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 Charges</u>	<u>15 00</u>
Outside Box or Vault		Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services			
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman <u>Legion</u>	
Cemetery Charges		Amount of Bill	<u>40 00</u>
Music		Goods Ordered by <u>Louise Lake</u>	
Flowers		Bill Charged to	

DR.						CR.
				<u>Mch 17</u>	<u>1947 Cash</u>	<u>40 00</u>

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 4

FOR THE FUNERAL OF

Total to date 1897

*Frederick A. Dwyer*

Residence *Upper Vestal Street* Age of husband or wife if alive .....

Place of Death .....

Date of Birth *1916 Nov 20* (Year) (Month) (Day)

Date of Death *1947 Jan 28* (Year) (Month) (Day) Age {  
..... Years { Sex ..... }  
..... Months { Single ..... }  
..... Days { Married ..... } Color or Race

Maiden Name ..... Birth-place *Nantucket* Occupation *None*

Name of Father *James M. Dwyer* His Birth-place *New Bedford*

Maiden Name of Mother *Evelyn Gibbs* Her Birth-place *Brockton*

Cause of Death—Primary *F. H. Gen Med Ex* Secondary .....

Certifying Physician ..... Residence .....

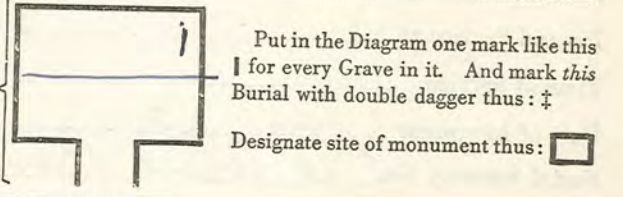
Place of Burial *Nantucket* Cemetery *P.H.*

Funeral Service at ..... Lot No. *688*

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

Date of Interment *Jan 21* Section .....

Social Security No. *James M. Dwyer*



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 .....	
Washing and Dressing .....		Amount of Bill .....	
Shaving .....		Goods Ordered by .....	
Services <i>of Interment</i> ..... <i>15 00</i>		Bill Charged to .....	
Use of Chairs .....			
Church Charges ..... <i>00 00</i>			
Cemetery Charges .....			
Music .....			
Flowers .....			

DR.

CR.

Jan 19	at 10-30 AM.	June 7.	1947 Cash	5 00
	<i>Autopsy By Dr. Fisher</i>			

# RECORD AND BILL OF ITEMS

Yearly No. 6 FOR THE FUNERAL OF Total to date 1898

*James C. Wilmot*

Residence 1 Chestnut Street 10 rms Age of husband or wife if alive 83 years

Place of Death 1 Chestnut St. Wife or Widow of A. Alice Benton Wilmot

Date of Birth 1 Oct. (Year) (Month) (Day) Age { 81 Years { Sex ..... Color or Race

Date of Death 1947 Jan. 18 (Year) (Month) (Day) { 3 Months { Single ..... Married

Maiden Name ..... Occupation Interior Decorator Retired

Birth-place Indianapolis, Ind His Birth-place Unknown

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

Maiden Name of Mother Unknown Cause of Death—Primary Sudden death Secondary Coronary thrombosis

Certifying Physician Folger Med Co Residence .....

Place of Burial Cleveland Ohio Cemetery .....

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. 22 Section .....

Social Security No. A. Alice Benton Wilmot

Casket or Coffin No. <u>1097<sup>Bch</sup> Mhg</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>Oak</u>	60 00	Automobiles .....	
Burial Suit .....		<u>Telegram for D.M.</u>	1 44
Slippers .....		Newspaper Notices .....	3 50
Embalming <u>Services</u>	50 00	<u>Foll. Call.</u>	3 45
Washing and Dressing .....			
Shaving .....			
Services <u>Transfer</u>	15 00		
Use of Chairs .....		Transportation Charges .....	55 66
Church Charges .....		Officiating Clergyman .....	470 00
Cemetery Charges .....		Amount of Bill .....	539 00
Music .....		Goods Ordered by .....	
Flowers .....		Bill Charged to .....	

DR. 475.00 CR.

<u>Shipped to</u>		<u>Feb 20</u>	<u>Rec Check</u>	<u>539 00</u>
<u>De Vard Funeral Home</u>				
<u>11130 Euclid Ave.</u>				
<u>Cleveland Ohio.</u>				
			<b>PAID</b>	
			<u>194</u>	
			<u>Don &amp; Mary</u>	
			<u>1975 Union Commerce Building</u>	
			<u>Cleveland 14 Ohio.</u>	

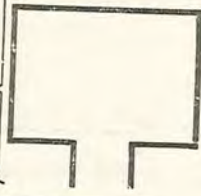
1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 6

FOR THE FUNERAL OF

Total to date 1899

Residence 38 Centre Street Bessie E Rancour  
 Place of Death N. C. H. 4 hrs Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_  
 Date of Death 19 27 (Year) Jan 20 (Month) (Day)  
 Maiden Name \_\_\_\_\_ Age { 80 Years { Sex \_\_\_\_\_  
 Birth-place Flushing L.I. N.Y. { \_\_\_\_\_ Months { Single \_\_\_\_\_  
 Name of Father Unknown { \_\_\_\_\_ Days { Married \_\_\_\_\_  
 Occupation Dressmaker  
 His Birth-place Unknown  
 Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Coronary Occlusion Secondary Arteriosclerosis, Senility  
 Certifying Physician Gillpatrick Residence \_\_\_\_\_  
 Place of Burial New York City Cemetery Woodlawn Cemetery  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. Ethel E Mackiegan  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>7157 12</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>25 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		<u>Burr Davis Sons N.Y.</u>	<u>94 35</u>
Embalming <u>of Services</u>	<u>50 00</u>	<u>toll calls</u>	<u>2 20</u>
Washing and Dressing _____		Transportation Charges <u>to New York</u>	<u>24 64</u>
Shaving _____		Officiating Clergyman <u>Mr Strong</u>	<u>10 00</u>
Services <u>Transfers</u>	<u>10 00</u>	Amount of Bill	<u>285 00</u>
Use of Chairs _____		Goods Ordered by <u>Miss Mackiegan</u>	<u>416 19</u>
Church Charges <u>15 00</u>		Bill Charged to _____	
Cemetery Charges _____			
Music _____			
Flowers _____			
<b>DR.</b>	<b>285.00</b>		

DR.		CR.	
		<u>Jan 7 1947</u>	<u>Check</u>
			<u>416 19</u>
		<b>PAID</b>	
		<u>Ethel E. Mackiegan</u>	
		<u>Adm.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 7

FOR THE FUNERAL OF

Total to date 1900

Evelde M. Seger

Residence 4 Summer Street Age of husband or wife if alive 48 years

Place of Death N. C. H. 5-hs Wife or Widow of Edmund J. Seger

Date of Birth 1 Aug 31 (Year) (Month) (Day) Age 43 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Date of Death 1947 Feb 3 (Year) (Month) (Day) { 5 Months } { Single \_\_\_\_\_ } \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 3 Days } { Married \_\_\_\_\_ } \_\_\_\_\_

Birth-place Fisher ville Mass Occupation Housewife

Name of Father Goel, Richard His Birth-place New Brunswick Ca

Maiden Name of Mother Alma Goslin Her Birth-place \_\_\_\_\_

Cause of Death—Primary Presumably due to shock following severe burns clothes Secondary \_\_\_\_\_

Certifying Physician F. J. Seger, Med. Ex. Residence became ignited from gas stove

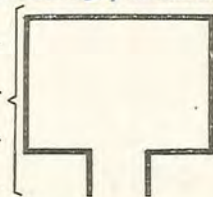
Place of Burial New Bedford Cemetery Sacred Heart

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

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

Date of Interment Feb. 6, 1947 Section \_\_\_\_\_

Social Security No. Edmund J. Seger



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>170 12</u>	<u>195 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; hells</u>	<u>25 00</u>	Automobiles _____	
Burial Suit <u>Grey Dress</u>	<u>15 00</u>	Newspaper Notices _____	
Slippers _____			
Embalming <u>J. Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>10 00</u>	Transportation Charges <u>Woods Hole to New Bedford</u>	<u>295 00</u>
Use of Chairs _____		Officiating Clergyman _____	<u>7 96</u>
Church Charges _____		Amount of Bill _____	<u>302 96</u>
Cemetery Charges _____		Goods Ordered by _____	
Music _____		Bill Charged to _____	
Flowers _____			

DR.

295.00

CR.

<p><u>Shipped to</u> <u>Williams Payette &amp; Sons</u> <u>2034 Acushnet Ave.</u> <u>New Bedford</u></p>	<p><u>March 15, 1947</u></p>	<p><u>Cash</u></p>	<p><u>300 00</u></p>
PAID			
		By <u>Edmund Seger</u>	





# RECORD AND BILL OF ITEMS

Yearly No. 9

FOR THE FUNERAL OF

Total to date 1902

*Mary J. Small*

Residence 129 Main St. Age of husband or wife if alive 83 years

Place of Death N. C. H. Wife or Widow of Asa W. Small

Date of Birth 1 863 Feb 20 (Year) (Month) (Day) Age { 83 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 47 Feb 19 (Year) (Month) (Day) { 11 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 30 Days { Married \_\_\_\_\_

Birth-place Nantucket Occupation At Home

Name of Father Owen Holland His Birth-place Ireland

Maiden Name of Mother Bridget Cunningham Her Birth-place Ireland

Cause of Death—Primary Chronic Myo. Secondary not Rheumatic Cardiac

Certifying Physician Folger Residence Decompensation

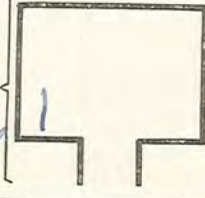
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 536

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

Date of Interment Feb 22, 1947 Section \_\_\_\_\_

Social Security No. Mulford A. Small



Casket or Coffin No. <u>110 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</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. Shovelton</u>	
Washing and Dressing _____		Amount of Bill _____	<u>175 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>F</u>	<u>15 00</u>		
Music _____			
Flowers _____			
DR. <u>175.00</u>			CR.

			<u>Oct. 8, 1947</u>	<u>check</u>	<u>175 00</u>

# RECORD AND BILL OF ITEMS

Yearly No. 10.

FOR THE FUNERAL OF

Total to date 1903.

*David W. Swain*

Residence 191 Sound View Ave White Plains, N.Y. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death White Plains Hosp. Wife or Widow of Marjorie Hallett.

Date of Birth \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) Age { 57 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1947 Feb 24 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) Age { 7 Months { Single \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) Age { 1 Days { Married

Birth-place Brooklyn N.Y. Occupation Lawyer

Name of Father Sylvester Swain His Birth-place Nantucket

Maiden Name of Mother Emice Barney Her Birth-place Nantucket

Cause of Death—Primary Acute Myocarditis Secondary Enteritis

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

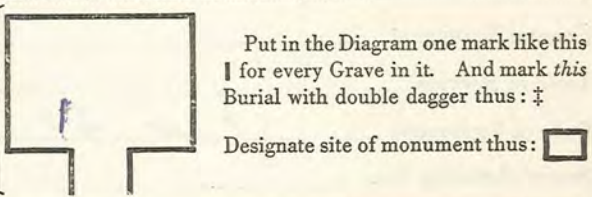
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 69

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

Date of Interment Feb 27 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Marjorie H. Swain



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 3</u>	<u>15 00</u>
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services <u>Personal Service</u>	<u>25 00</u>	Transportation Charges	<u>65 00</u>
Use of Chairs		Officiating Clergyman <u>McKinstry</u>	<u>10 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>90 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by	
Music		Bill Charged to	
Flowers			

DR.

65.00

CR.

			<u>June 14 1947 check</u>	<u>90 00</u>
			<b>PAID</b>	
			By <u>R.C. Otherman</u>	
			<u>55 Liberty St. N.Y. City.</u>	



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 12

FOR THE FUNERAL OF

Total to date 1905

Residence 119 Orange Street Abraham C. Huyser

Place of Death 119 " " Age of husband or wife if alive 81 years

Date of Birth 1872 Jan 23 Wife or Widow of Cornelia DeYoung Huyser

Date of Death 1947 Mar 3 Age { 75 Years { Sex { } Color or Race {  
 (Year) (Month) (Day) { 1 Months { Single { }  
 (Year) (Month) (Day) { 8 Days { Married { }

Maiden Name .....  
 Birth-place Holland Occupation Florist, retired 3 yrs  
 Name of Father Unknown His Birth-place Holland  
 Maiden Name of Mother Pietji ? Her Birth-place Holland  
 Cause of Death—Primary Sudden death in Secondary residence Arteriosclerotic Heart  
 Certifying Physician Folan Med Ex Residence disease  
 Place of Burial Nahantucket Cemetery P.H.  
 Funeral Service at ..... Lot No. 1209  
 Time of Service ..... Grave No. 1  
 Date of Interment March 6 1947 Section .....  
 Social Security No. Garrett A. Huyser 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.....	
Outside Box or Vault .....		Automobiles.....	
Burial Suit .....		Newsaper Notices.....	
Slippers .....			
Embalming.....			
Washing and Dressing .....		Transportation Charges.....	
Shaving .....		Officiating Clergyman <u>Binnett</u>	
Services .....		Amount of Bill.....	
Use of Chairs .....		Goods Ordered by .....	
Church Charges.....		Bill Charged to .....	
Cemetery Charges.....			
Music.....			
Flowers .....			

DR. CR.

<u>Mch 5.</u>	<u>Autopsy By Dr. Fisher</u>	<u>June 9 1947</u>	<u>Cash.</u>	<u>150</u>	<u>00</u>
			<b>PAID</b>		
			By <u>Garrett A. Huyser</u>		

ISSUED BY CORNTEE CASKET CO., BOSTON, MASS. 1918

RECORD AND BILL OF ITEMS

Yearly No. 13

FOR THE FUNERAL OF

Total to date 1906

*Cornelia Huyser*

Residence *119 Orange Street* Age of husband or wife if alive *75* years

Place of Death *119 Orange St.* Wife or Widow of *Abraham C. Huyser*

Date of Birth *1865 Apr 28* Age *81* Years { Sex { Color or Race

Date of Death *1947 Mar 3* { *10* Months { Single

Maiden Name { *3* Days { Married

Birth-place *Holland* Occupation *House wife*

Name of Father *Arnold De Young* His Birth-place *Holland*

Maiden Name of Mother *Unknown* Her Birth-place *Holland*

Cause of Death—Primary *Sudden death* Secondary *in own residence Arteriosclerosis*

Certifying Physician Residence *Heart disease*

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

Funeral Service at Lot No. *1209*

Time of Service Grave No. *1*

Date of Interment *March 6, 1947* Section

Social Security No.  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 <i>Bennett</i>
Washing and Dressing	Amount of Bill
Shaving	Goods Ordered by
Services	Bill Charged to
Use of Chairs	
Church Charges	
Cemetery Charges	
Music	
Flowers	

DR.				CR.			
<i>Mar 5</i>	<i>Autopsy By</i>			<i>June 9</i>	<i>1947 Cash</i>	<i>150</i>	<i>00</i>
	<i>Dr. Fisher</i>						
					<b>PAID</b>		
					<i>By Garrett A. Huyser</i>		

# RECORD AND BILL OF ITEMS

Yearly No. 14 FOR THE FUNERAL OF John H. Bartlett Total to date 1907

Residence Bartlett Road June 1, 1946  
 Place of Death N.C.H. 8 days Wife or Widow of Nannie Sooney Age of husband or wife if alive 79 years  
 Date of Birth 1864 June 20 (Year) (Month) (Day) Age { 82 Years { Sex ..... Color or Race  
 Date of Death 1947 March 12 (Year) (Month) (Day) { 9 Months { Single .....  
 Maiden Name ..... { 20 Days { Married  .....  
 Birth-place Nantucket Occupation Farmer Retired 2 yrs  
 Name of Father Albert C. Bartlett His Birth-place Nantucket  
 Maiden Name of Mother Avis M. Hussey Her Birth-place Nantucket  
 Cause of Death—Primary Myocarditis Secondary Arteriosclerosis Chronic Nephritis  
 Certifying Physician Menges Residence .....  
 Place of Burial Nantucket Cemetery P.H.M.V.  
 Funeral Service at ..... Lot No. 16  
 Time of Service ..... Grave No. ....  
 Date of Interment ..... Section .....  
 Social Security No. Nannie L. Bartlett



Casket or Coffin No. <u>115<sup>B</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 .....		Transportation Charges.....	
Embalming <u>of Services</u>	<u>35 00</u>	Officiating Clergyman <u>Bond.</u>	
Washing and Dressing .....		Amount of Bill.....	<u>255 00</u>
Shaving .....		Goods Ordered by <u>Helen Bartlett</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. 255.00 CR.

				<u>July 10, 1947 Check</u>	<u>255 00</u>
				<b>PAID</b>	
				By <u>Helen Bartlett Adams</u>	

RECORD AND BILL OF ITEMS

Yearly No. 15.

FOR THE FUNERAL OF

Total to date 1908.

Residence *Josephine Drew Barney*  
*Angell Road, Cumberland R.I.* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of *Walter H. Barney*

Date of Birth \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) Age *81* Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death *1947* (Year) *Feb.* (Month) *21* (Day) Age *2* Months { Single \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ *20* Days { Married \_\_\_\_\_ }

Birth-place *Unknown* Occupation *None*

Name of Father *Gideon Perkins* His Birth-place *Plymouth*

Maiden Name of Mother *Deborah Wright* Her Birth-place *Plymouth*

Cause of Death—Primary *Massive tumor* Secondary *of abdomen.*

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

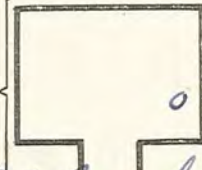
Place of Burial \_\_\_\_\_ Cemetery \_\_\_\_\_

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

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

Date of Interment *March 14, 1947* Section \_\_\_\_\_

Social Security No. *Richard C. Waterman* \_\_\_\_\_



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

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

DR.						CR.	
				<i>July 2</i>	<i>1947</i>	<i>check</i>	<i>5 00</i>

PAID

*By D. W. Bellows.*



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 16

FOR THE FUNERAL OF

Total to date 1909

*Arthur C. Dunham*

Residence 3 Eagle Lane Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " " Wife or Widow of Mary A. Raymond

Date of Birth 1863 July 21 Age 83 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 7 Months { Single \_\_\_\_\_  
 (Year) (Month) (Day) { 20 Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birth-place Nantucket Occupation Fisherman Retired 15 yrs

Name of Father Loring A. Dunham His Birth-place Nantucket

Maiden Name of Mother Elizabeth Harlow Her Birth-place Nantucket

Cause of Death—Primary Myocarditis Secondary Arteriosclerosis Senility

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

Place of Burial Nantucket Cemetery Newtown

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

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

Date of Interment March 15 Section \_\_\_\_\_

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



Casket or Coffin No. <u>4 Boy</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 _____		Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming _____	25 00	Transportation Charges	
Washing and Dressing _____		Officiating Clergyman <u>Folk.</u>	
Shaving _____		Amount of Bill	100 00
Services _____		Goods Ordered by _____	
Use of Chairs _____		Bill Charged to <u>Town of Nantucket</u>	
Church Charges _____			
Cemetery Charges <u>Interment</u>	25 00		
Music _____			
Flowers _____			
	<u>100 00</u>		

DR.

100.00

CR.

		<u>May 24</u>	<u>1947 check</u>	<u>100 00</u>
			PAID	
			<u>By</u> <u>Town Treasurer</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 17

FOR THE FUNERAL OF

Total to date 1910.

George E. Reith

Residence 24 New Street Age of husband or wife if alive 48 years  
 Place of Death 24 New Street Wife or Widow of Grace E. Butler  
 Date of Birth 1896 Sept 5 Age { 50 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 6 Months { Single \_\_\_\_\_ {  
 Date of Death 1947 March 29 { 24 Days { Married  {  
 (Year) (Month) (Day) Maiden Name \_\_\_\_\_  
 Birth-place Brockton Occupation Gasoline Attendant  
 Name of Father Edward E. Reith His Birth-place Nantucket  
 Maiden Name of Mother Eliza A. Crocker Her Birth-place Bridgewater  
 Cause of Death—Primary found dead in bed in own residence Secondary Coronary thromb.  
 Certifying Physician Folger Med. Co. Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery R.A.  
 Funeral Service at \_\_\_\_\_ Lot No. 801  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment April 1, 1947 Section front  
 Social Security No. 013-01-7823 Grace E. Reith



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>0</sup></u>	135 <sup>00</sup>	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>	2000	Automobiles <u>Wood '1</u>	500
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>Services</u>	4000		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	1000		
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	2500	Officiating Clergyman	
Cemetery Charges	1500	Amount of Bill	24500
Music _____		Goods Ordered by	24500
Flowers _____		Bill Charged to	24500
DR. <u>245.00</u>		CR.	

George E. Reith. 577964.		May 16	1947	Cash	245 00
Private 1c. Reg. Co. 55. Reg CAC.		July 21		Check V.A.	100 00
W.W.I. Coast Artillery Corps					
Enlisted Dec 11, 1917 at Ft. Andrews Mass.					
Disch. Feb. 9, 1919. at New York.					
PAID					
By Mrs Reith					
Veterans Administration					

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 18

FOR THE FUNERAL OF

Total to date 1911

Beatrice H. Adams

Residence 711 Summer Ave Springfield Mass Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of John J. Adams

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

Date of Death 1947 (Year) March (Month) 28 (Day) \_\_\_\_\_ Age { \_\_\_\_\_ Months { Single \_\_\_\_\_

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

Birth-place Nantucket Occupation Home, own home

Name of Father Patrick Keane His Birth-place Ireland

Maiden Name of Mother Elyzabeth ? Her Birth-place Ireland

Cause of Death—Primary Uremia Secondary Obesity

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

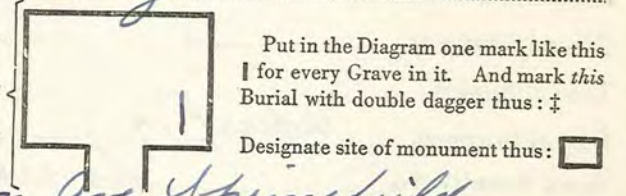
Place of Burial Nantucket Cemetery St. Marys

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

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

Date of Interment March 30, 1947 Section \_\_\_\_\_

Social Security No. Edwin E. Adams, Son 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>Wood. 1.</u>	<u>5.00</u>
Burial Suit _____	<u>Car for Priest</u>	<u>3.00</u>
Slippers _____	Newspaper Notices _____	
Embalming _____		
Washing and Dressing _____		
Shaving _____		
Services _____		
Use of Chairs _____	Transportation Charges <u>1st. Funeral</u>	
Church Charges _____	Officiating Clergyman <u>F. Fitzgerald</u>	
Cemetery Charges _____	Amount of Bill _____	<u>48.00</u>
Music _____	Goods Ordered by _____	
Flowers _____	Bill Charged to _____	

DR.

CR.

<u>Edwin E. Adams</u>	<u>April 11, 1947</u>	<u>Check</u>	<u>48.00</u>
<u>Springfield Nat. Bank Bld</u>			
<u>1537 Main St Room 206</u>			
<u>Springfield, Mass</u>			
		<b>PAID</b>	
		<u>Bq</u>	
		<u>Edwin E. Adams</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 19

FOR THE FUNERAL OF

Total to date 1912

Berest H. Ray

Residence Quidnet Age of husband or wife if alive 71 years

Place of Death \_\_\_\_\_ Wife or Widow of Louise W. Ploe

Date of Birth 1876 June 4 (Year) (Month) (Day) Age { 70 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1947 Apr. 12 (Year) (Month) (Day) Age { 10 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 8 Days { Married

Birth-place Nantucket Occupation Carpenter

Name of Father Joseph Ray His Birth-place Nantucket

Maiden Name of Mother Elizabeth Sybrans Her Birth-place \_\_\_\_\_

Cause of Death—Primary Sudden death in garage Secondary Heart disease, coronary thrombosis

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

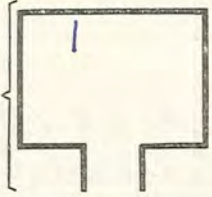
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 586

Time of Service \_\_\_\_\_ Grave No. 2

Date of Interment April 14 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Louise W. Ray



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>	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>	20 00	Automobiles _____		
Burial Suit _____		Newspaper Notices _____		
Slippers _____				
Embalming <u>of Services</u>	50 00			
Washing and Dressing _____				
Shaving _____				
Services <u>Transfer</u>	15 00			
Use of Chairs _____		Transportation Charges _____		
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman <u>Strong</u>		
Cemetery Charges _____	15 00	Amount of Bill _____	290 00	
Music _____		Goods Ordered by <u>Mrs Ray</u>		
Flowers _____		Bill Charged to _____		
DR. <u>290 00</u>		CR.		

				Aug 15 1947	Checks				290 00
				PAID					
				By <u>Mrs. Ray</u>					

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 20

FOR THE FUNERAL OF

Total to date 1913

## Florence M. Ray

Residence 34 Union St.

Place of Death " " Age of husband or wife if alive 58 years

Date of Birth 1 888 Mich 20 Wife or Widow of Le Baron S. Ray

Date of Death 1947 Apr 20 Age { 59 Years { Sex { Color or Race

Maiden Name { 1 Months { Single {

Birth-place Jamaica Plain Occupation House Wife Days { Married {

Name of Father Benjamin Barnes His Birth-place Boston

Maiden Name of Mother Mary B Williams Her Birth-place Nantucket

Cause of Death—Primary Sudden death Secondary Heart disease Coronary Thrombosis

Certifying Physician Folger Med Ex Residence

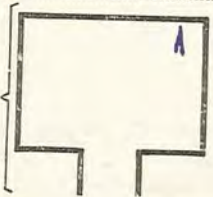
Place of Burial Nantucket Cemetery P.H.

Funeral Service at Lot No. 563

Time of Service Grave No.

Date of Interment April 23 Section

Social Security No. Le Baron S. Ray



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>A1787 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>None</u>	<u>20 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>of Services</u>	<u>35 00</u>	Officiating Clergyman <u>Dr. Gardner</u>	
Washing and Dressing		Amount of Bill	<u>245 00</u>
Shaving		Goods Ordered by <u>Le Baron Ray</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.	<u>245. 00</u>		

DR.		CR.	
		<u>Aug 1. 1947 Cash</u>	<u>50 00</u>
		<u>May 3 1963 Bill donated Aug</u>	<u>100 00</u>
		<u>1963</u>	
		<u>May 3/63</u>	

# RECORD AND BILL OF ITEMS

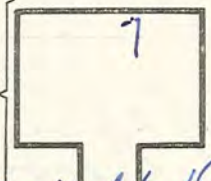
Yearly No. 21

FOR THE FUNERAL OF

Total to date 1914.

Eugene M. Perry

Residence 4 Liberty Age of husband or wife if alive 82 years  
 Place of Death N. C. H. 12 days Wife or Widow of Annie M. Nevins  
 Date of Birth 1874 Apr 18 Age 73 Years Sex Male Color or Race White  
 Date of Death 1947 Apr 21 Age 0 Months Single Married  
 Maiden Name \_\_\_\_\_ Days \_\_\_\_\_  
 Birth-place St. Michaels Azores Occupation Proprietor Motion picture theatre  
 Name of Father Joseph Perry His Birth-place St. Michaels  
 Maiden Name of Mother Margaret? Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Chronic Mys Secondary Cardiac Decompensation  
 Certifying Physician Folger Residence \_\_\_\_\_  
 Place of Burial St Marys Cemetery \_\_\_\_\_  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 1. Apr. 24. Section \_\_\_\_\_  
 Social Security No. Catherine C. Flanagan 31 Mayfair St. Dorchester



Casket or Coffin No. <u>7097</u> <u>Mkg</u>	<u>400 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>Vault</u>	<u>125 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Service</u>	<u>50 00</u>	Officiating Clergyman <u>F. Shoniton.</u>	
Washing and Dressing _____		Amount of Bill	<u>635 00</u>
Shaving _____		Goods Ordered by <u>Mrs Perry</u>	
Services <u>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 <u>Candilabra etc.</u>	<u>10 00</u>		
Flowers _____			
	<u>635 00</u>		

DR.

CR.

May 14. 1947 Check 635 00

**PAID**

By Mrs Perry

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to date 1915

Mary B. Corcia

Residence 32 Winslow St. Roxbury 7 yrs Age of husband or wife if alive 37 years

Place of Death Peter Bent Brigham Hosp. Wife or Widow of Antone Corcia

Date of Birth 1 (Year) Apr (Month) 27 (Day) Age 30 Years Sex Female Color or Race Colored  
Date of Death 1947 (Year) Apr (Month) 27 (Day) Months Single Married

Maiden Name Nantucket Birth-place Nantucket Occupation Waitress, Various Places

Name of Father John Barros His Birth-place Portugal, C.V. Isles

Maiden Name of Mother Margaret Ferreira Her Birth-place " " "

Cause of Death—Primary Hemorrhage, sub Secondary Arachnoid Pulmonary Pericardial

Certifying Physician " " " Residence Myocardial

Place of Burial Nantucket Cemetery St Marys

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

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

Date of Interment May Section " " "

Social Security No. 013-15-6507 Henry F. Arnold Friend

Casket or Coffin No.		Candles	<u>592 Main St. Hyannis</u>
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	<u>Car for Priest 3 00</u>
Burial Suit		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services		Transportation Charges	
Use of Chairs	<u>Prayer Rail etc</u>	Officiating Clergyman	<u>F. M. Carthy</u>
Church Charges	<u>Funeral</u>	Amount of Bill	<u>83 00</u>
Cemetery Charges		Goods Ordered by	
Music	<u>Transfus</u>	Bill Charged to	<u>Bernard N. Vernon</u>
Flowers			

DR. 80 00 CR.

<u>Bernard N. Vernon</u>	<u>Jan. 13 1948</u>	<u>Check</u>	<u>83 00</u>
<u>541-542 Tremont St Bldg.</u>			
<u>73 Tremont St.</u>			
<u>Boston.</u>			
		<b>PAID</b>	
		<u>By Bernard N. Vernon Adm.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date 1916

## Sandra Foster

Residence \_\_\_\_\_ Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Tilton General Hosp. Fort Dix N.J. Wife or Widow of \_\_\_\_\_

Date of Birth 1 27 Feb 2 (Year) (Month) (Day) Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1947 Apr 29 (Year) (Month) (Day) Age { 2 Months { Sex \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 27 Days { Color or Race \_\_\_\_\_

Birth-place Fort Dix N.J. Occupation None

Name of Father Oscar Foster His Birth-place High Park Mass.

Maiden Name of Mother  Louise Burton Her Birth-place Wantuckst

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

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

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

Funeral Service at \_\_\_\_\_ Lot No. 572 { \_\_\_\_\_

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

Date of Interment May 1 Section \_\_\_\_\_ { \_\_\_\_\_

Social Security No. \_\_\_\_\_ Medical 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. ....	Candles .....	
Size .....	Gloves .....	
Made by .....	Bearers or Porters .....	
Lining and Pillow Set No. ....	Hearse to .....	
Handles .....	Removal .....	
Plate .....	Automobiles .....	
Outside Box or Vault .....	Newspaper Notices .....	
Burial Suit .....	Transportation Charges .....	
Slippers .....	Officiating Clergyman <u>Fr. Shovelton</u>	
Embalmg .....	Amount of Bill .....	<u>15 00</u>
Washing and Dressing .....	Goods Ordered by <u>Oscar Foster</u>	
Shaving .....	Bill Charged to .....	
Services .....		
Use of Chairs .....		
Church Charges <u>Funeral from Boat</u> <u>10 00</u>		
Cemetery Charges <u>5 00</u>		
Music .....		
Flowers .....		

DR. 15.00 CR.

					<u>June 16 to Paddy 14. Pd.</u>	<u>15 00</u>
<b>PAID</b>						
<u>By Oscar Foster</u>						



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 24

FOR THE FUNERAL OF

Total to date 1917

Frederick W. Schmalz

Residence Sankaty Rd. Sea Scout Age of husband or wife if alive 72 years

Place of Death " Wife or Widow of Mrs. M. Brue

Date of Birth 1872 Nov. 11 Age 74 Years Sex " Color or Race "

Date of Death 1947 May 7 Age 5 Months Single "

Maiden Name " 26 Days Married ✓

Birth-place Germany Occupation Sabara

Name of Father Augustus Schmalz His Birth-place Germany

Maiden Name of Mother Caroline Dutz Her Birth-place "

Cause of Death—Primary Coronary Occlusion Secondary Chronic Myo. Hypertension

Certifying Physician F. O. O'Connell Residence "

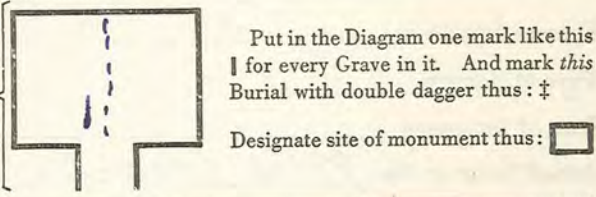
Place of Burial Nantucket Cemetery P.H.

Funeral Service at " Lot No. 1048

Time of Service " Grave No. "

Date of Interment May 11 Section "

Social Security No. Meta M. Schmalz



Casket or Coffin No. <u>110<sup>13</sup></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>20 00</u>	Automobiles <u>Wood 1.</u>	<u>5 00</u>
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>of Services</u>	<u>50 00</u>		
Washing and Dressing		<u>1/2 Set No 1048.</u>	<u>30 00</u>
Shaving			
Services <u>Transfer</u>	<u>15 00</u>	Transportation Charges	<u>25 00</u>
Use of Chairs		Officiating Clergyman <u>Strong &amp; Ode, Fellows</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>285 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by <u>Mrs. Schmalz</u>	
Music		Bill Charged to <u>"</u>	
Flowers			

DR. 250.00 CR.

<u>Sept 12</u>	<u>pd Wood</u>	<u>5 00</u>	<u>May 24</u>	<u>1947 Cash</u>	<u>285 00</u>
	<u>pd PHCA</u>	<u>30 00</u>			
				<b>PAID</b>	
				<u>By Mrs. Schmalz</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 25

FOR THE FUNERAL OF

Total to date 1918

*Sarah Elizabeth Defiez*

Residence 537 Washington St. Brookline

Place of Death " " " Age of husband or wife if alive 90 years

Date of Birth 1856 Apr 29 (Year) (Month) (Day) Wife or Widow of William P. Defiez

Date of Death 1947 Mar 26 (Year) (Month) (Day) Age 90 Years { Sex \_\_\_\_\_ }  
10 Months { Single \_\_\_\_\_ } Color or Race \_\_\_\_\_  
25 Days { Married \_\_\_\_\_ }

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

Birth-place Woban Mass His Birth-place Nashua N.H.

Name of Father William Barron Her Birth-place Burlington Mass

Maiden Name of Mother Sarah H. Reed

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

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

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 627

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

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

Social Security No. Mrs Charles C. Gray Cambridge



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 of Ashes</u>	<u>10 00</u>
Embalming		Transportation Charges	
Washing and Dressing		Officiating Clergyman <u>McKinstry</u>	
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>Sept 4</u>	<u>1947 Check</u>	<u>10 00</u>
			<b>PAID</b>	
			<u>By Charles H. Sutton</u>	
			<u>10 State St.</u>	
			<u>Boston 9. Mass.</u>	

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to date. 1919

Sarah F. Folger

Residence 6 Lyon St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Edmund W. Folger

Date of Birth 1872 Apr 2 Age 75 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 1947 May 21 Age 0 Months Single \_\_\_\_\_  
(Year) (Month) (Day)

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

Birth-place Nantucket Occupation House work own home

Name of Father John Sylvia His Birth-place Azores

Maiden Name of Mother Nancy S. Mendall Her Birth-place New Bedford

Cause of Death—Primary Sudden death Secondary Carcinoma of neck Basal cell

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 May 24 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Bill Charged to \_\_\_\_\_



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>110<sup>12</sup></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>20 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>Transfers</u>	<u>10 00</u>	Officiating Clergyman <u>F. Mc. Carthy</u>	
Washing and Dressing _____		Amount of Bill	<u>230 00</u>
Shaving _____		Goods Ordered by <u>Mary Furlong</u>	
Services <u>of embalming</u>	<u>35 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. 230.00 CR.

		<u>July 24 1947 Check</u>	<u>230 00</u>
PAID			
By <u>Mary Furlong</u>			

# RECORD AND BILL OF ITEMS

Yearly No. 27

FOR THE FUNERAL OF

Total to date 1920

Burton Swallow

Residence 72 Merrymount Rd Quincy 67th Age of husband or wife if alive 47 years

Place of Death Mass Gen. Hosp. 1 mo 10 days Wife or Widow of Helen A Lamb

Date of Birth 1 (Year) 19 (Month) 25 (Day) Age { 52 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { \_\_\_\_\_ Months { Single \_\_\_\_\_ {  
 { \_\_\_\_\_ Days { Married \_\_\_\_\_ {

Date of Death 1947 May 25

Maiden Name \_\_\_\_\_ Birth-place Rockland Mass. Occupation Retired Electrician Beth. Hosp. emp. 42

Name of Father Alfred Swallow His Birth-place England

Maiden Name of Mother Elizabeth Dyson Her Birth-place England

Cause of Death—Primary Carcinoma of lung. Secondary \_\_\_\_\_

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

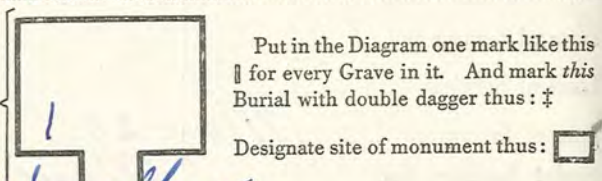
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 841

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

Date of Interment May 31 Section \_\_\_\_\_

Social Security No. 029-1648151 Mrs. Burton Swallow



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 _____		25 00			
Use of Chairs <u>Transfers</u>		10 00	Transportation Charges _____		
Church Charges <u>Funeral</u>		25 00	Officiating Clergyman <u>Strong</u>		
Cemetery Charges _____		15 00	Amount of Bill _____		75 00
Music _____			Goods Ordered by _____		
Flowers _____			Bill Charged to _____		

DR.	75 00		CR.
		June 9, 1947. Check	75 00
		PAID	
		By <u>Dennis A. Sweeney</u>	
		74 Lynn St	
		Quincy.	

# RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF

Total to date 1921.

Nannie A. Bartlett

Residence Bartlett Road Age of husband or wife if alive \_\_\_\_\_ years

Place of Death M. C. H. 2 days Wife or Widow of John H. Bartlett

Date of Birth 1967 June 1. (Year) (Month) (Day) Age { 29 Years } Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_ }  
 Date of Death 1947 May 30. (Year) (Month) (Day) Age { 11 Months } Single \_\_\_\_\_ { \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ Age { 29 Days } Married \_\_\_\_\_

Birth-place Washington, D.C. Occupation House wife

Name of Father William Loney His Birth-place Ireland

Maiden Name of Mother Catherine Stollard Her Birth-place Ireland

Cause of Death—Primary Chronic Myo. Secondary Cardiac decompensation

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

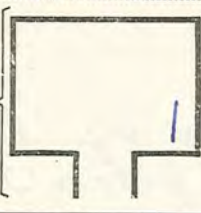
Place of Burial Nantucket Cemetery P.H.M.V.

Funeral Service at \_\_\_\_\_ Lot No. 16

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

Date of Interment June 2 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Helen Bartlett



Casket or Coffin No. <u>115<sup>B</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>James</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>Bond</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>255 00</u>
Music		Goods Ordered by <u>Helen Bartlett</u>	
Flowers		Bill Charged to _____	
<b>DR. <u>255.00</u></b>			<b>CR.</b>

	Aug 9, 1947 check <u>255 00</u>
PAID	
By <u>Helen Bartlett Secy.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 29

FOR THE FUNERAL OF

Total to date 1922

*Josephine Lee Taylor*

Residence 151 East Delaware Place Chicago Ill. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Benj. F. Taylor

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

Date of Death 1947 Jan. 17 \_\_\_\_\_ Age 72 Years 10 Months 24 Days  
(Year) (Month) (Day) Single \_\_\_\_\_ Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation At Home

Birth-place St. Louis, Mo. His Birth-place ?

Name of Father Isaac N. Mark Her Birth-place New Orleans La.

Maiden Name of Mother Ursula Butler

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

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

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. F22

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

Date of Interment May 31, 1947 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ John F. Church 4753 Broadway Chicago 40 Ill.



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 1</u>	<u>5 00</u>
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	<u>70 00</u>
Embalming _____		Officiating Clergyman <u>Strong</u>	
Washing and Dressing _____		Amount of Bill _____	<u>75 00</u>
Shaving _____		Goods Ordered by <u>John F. Church</u>	
Services _____ <u>25 00</u>		Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges _____	<u>20 00</u>		
Music _____			
Flowers _____			
<b>DR. 70.00</b>		<b>CR.</b>	

Sept 12	Pd Wood	5 00	Aug 2	1947 Check	75 00
PAID					
By <u>John F. Church</u>					

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 30

FOR THE FUNERAL OF

Total to date 1923

*Florence E. Foley*

Residence *10 Weymouth St.* Age of husband or wife if alive *39* years

Place of Death *M. C. H.* 11 days Wife or Widow of *Martin J. Foley*

Date of Birth *1 892* *Nov 27* (Year) (Month) (Day) Age *54* Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
*6* Months Single  
*5* Days Married

Date of Death *19 47* *June 1* (Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Birth-place *Nantucket* Occupation *Telephone Operator*

Name of Father *Arthur C. Mantel* His Birth-place *Nantucket*

Maiden Name of Mother *Eddie C. Fisher* Her Birth-place *Nantucket*

Cause of Death—Primary *Uremia Arteriosclerosis* Secondary *malignant Hypertension*

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

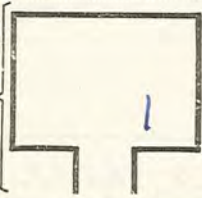
Place of Burial *Nantucket* Cemetery *P. H.*

Funeral Service at \_\_\_\_\_ Lot No. *702*

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

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

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



Casket or Coffin No. <i>7097 Mah</i>	<i>400 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>Vault</i>	<i>135 00</i>	Automobiles <i>Wood 1.</i>	<i>5 00</i>
Burial Suit		Newspaper Notices	
Slippers			
Embalming <i>Services</i>	<i>50 00</i>		
Washing and Dressing			
Shaving			
Services <i>Transfer</i>	<i>10 00</i>	Transportation Charges <i>Bond</i>	
Use of Chairs		Officiating Clergyman	
Church Charges <i>Funeral</i>	<i>25 00</i>	Amount of Bill	<i>640 00</i>
Cemetery Charges	<i>15 00</i>	Goods Ordered by <i>Martin Foley</i>	
Music		Bill Charged to	
Flowers			
	<i>635 00</i>		

DR.

*635.00*

CR.

<i>Sept 12</i>	<i>Pd. Wood</i>	<i>5 00</i>	<i>Sept 5.</i>	<i>1947 Cash</i>	<i>640 00</i>
				<b>PAID</b>	
				<i>By Martin Foley</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 31

FOR THE FUNERAL OF

Total to date 1924

Bernard S. Murphy

Residence 39 Washington St. Age of husband or wife if alive 51 years

Place of Death N. C. H. 10 days Wife or Widow of Mary E. Cashman

Date of Birth 1 1892 Aug 30 (Year) (Month) (Day) Age 54 Years Sex Male Color or Race

Date of Death 19 47 June 2 (Year) (Month) (Day) Age 9 Months Single

Maiden Name  3 Days Married X

Birth-place Noank Conn. Occupation Fisherman

Name of Father James Murphy His Birth-place Conn.

Maiden Name of Mother Jessie B. Hitchcock Her Birth-place Conn.

Cause of Death—Primary Cerebral Hem. Secondary

Certifying Physician Folger Residence

Place of Burial Newtucket Cemetery P-H Single

Funeral Service at  Lot No. 732

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 June 6 Section  Designate site of monument thus: ☐

Social Security No. 021-14-2769 Mary E. Murphy

Casket or Coffin No. <u>2097</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>20 00</u>	Automobiles <u>Wood 2</u>	<u>10 00</u>
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>J. Survies</u>	<u>50 00</u>	Officiating Clergyman <u>J. Shovelton</u>	
Washing and Dressing		Amount of Bill	<u>485 00</u>
Shaving		Goods Ordered by	
Services <u>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 <u>Prayer Rail Etc</u>	<u>5 00</u>		
Flowers			

DR. 475.00 CR.

	<u>Bernard Leon Murphy</u>	<u>Oct. 2</u>	<u>1947 Check V.H.</u>	<u>150 00</u>
<u>No.</u>	<u>1668180. Sargent</u>	<u>May 24</u>	<u>1945 "</u>	<u>200 00</u>
	<u>Enlisted Sept. 18. 1917 Bristol Conn</u>			
	<u>Dis. June 2. 1919. Mitchell Field. L.I. N.Y.</u>			



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 32

FOR THE FUNERAL OF

Total to date 1925

Joseph P. Cullen

Residence 38 No. Warren Ave. Brockton. Age of husband or wife if alive 29 years

Place of Death Nantucket Cranberry bog Wife or Widow of Mary Conroy

Date of Birth 1915 Oct 15 (Year) (Month) (Day) Sex F Color or Race

Date of Death 1947 June 5 (Year) (Month) (Day) Age { 31 Years { Sex F Color or Race  
7 Months { Single  
16 Days { Married ✓

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

Birth-place Brockton, Mass Occupation Air Plane Pilot

Name of Father Henry Cullen His Birth-place Ireland

Maiden Name of Mother Mary McCue Her Birth-place Ireland

Cause of Death—Primary Sudden death Secondary Accidental due to fracture

Certifying Physician Folger Med Es Residence of Cervical spine

Place of Burial Brockton Cemetery Calvary

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

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

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

Social Security No. 025-16-5283 Mrs Mary Cullen Brockton

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>Services, Embalming,</u>
Embalming _____	<u>Casket Box &amp; Transfer</u> <u>100 00</u>
Washing and Dressing _____	Transportation Charges <u>Tickets</u> <u>8 72</u>
Shaving _____	Officiating Clergyman _____
Services _____	Amount of Bill <u>108 72</u>
Use of Chairs _____	Goods Ordered by <u>Charles M. Hickey</u>
Church Charges _____	Bill Charged to _____
Cemetery Charges _____	
Music _____	
Flowers _____	

DR.

CR.

<u>Charles M. Hickey</u>	<u>No. 17 49</u>	<u>Check</u>	<u>108 72</u>
<u>403 Main St.</u>			
<u>Brockton, Md. 345.</u>			
		<b>PAID</b>	
		<u>By Charles M. Hickey</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 33

FOR THE FUNERAL OF

Total to date 1926

*Mary H. Borden*

Residence 7 New Mill Age of husband or wife if alive \_\_\_\_\_ years

Place of Death M.C.H. Wife or Widow of \_\_\_\_\_

Date of Birth 1868 Sept 15 Age { 78 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 9 Months { Single   
 Date of Death 1947 June 25 { 7 Days { Married \_\_\_\_\_  
 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Birth-place Fall River Occupation Dress Maker Retired

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

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

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

Certifying Physician F. Olyer Residence \_\_\_\_\_

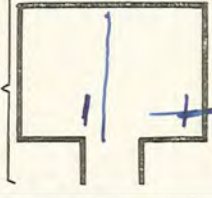
Place of Burial Nant Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 650 1/2

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

Date of Interment June 27 Section \_\_\_\_\_

Social Security No. Old Age 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. _____	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.</u>	<u>5 00</u>
Burial Suit _____	Newspaper Notices _____	
Slippers _____	Embalming <u>Professional</u>	<u>Services, Casket, Home Burial &amp; Interment.</u>
Washing and Dressing _____		<u>150 00</u>
Shaving _____		
Services _____		
Use of Chairs _____	Transportation Charges _____	
Church Charges _____	Officiating Clergyman <u>Frederickson</u>	
Cemetery Charges _____	Amount of Bill _____	<u>155 00</u>
Music _____	Goods Ordered by <u>Roy</u>	
Flowers _____	Bill Charged to <u>Roy Sanguinotto</u>	

DR.

CR.

				<u>Dec 14</u>	<u>1847 Check</u>	<u>155 00</u>
					<b>PAID</b>	
					<u>By Mrs Winifred Wadding</u>	
					<u>Adm.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 1927

William J. Ainsworth

Residence 657 Cottage St New Bedford Age of husband or wife if alive 60 years

Place of Death N. E. H. 6 hrs. Wife or Widow of Ada S. Latus

Date of Birth 1 (Year) July (Month) 16 (Day) Age 73 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1947 (Year) July (Month) 16 (Day) Months { Single \_\_\_\_\_

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

Birth-place Sonsdale R. I. Occupation Paymaster Wamsutta Mills

Name of Father Joshua Ainsworth His Birth-place ?

Maiden Name of Mother Mary Scott Her Birth-place ?

Cause of Death—Primary Cerebral Hem. Secondary Hypertension

Certifying Physician Munroe Residence Oak Grove

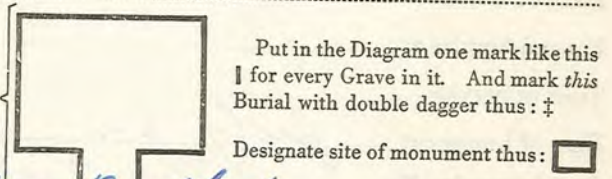
Place of Burial New Bedford Cemetery \_\_\_\_\_

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

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

Date of Interment July 19 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Ada S. Ainsworth New Bedford



Casket or Coffin No. <u>80</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 Halls</u>	<u>25 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>	<u>4. Certified Copies</u>	<u>2 00</u>
Use of Chairs _____		Transportation Charges <u>to N. Bedford</u>	<u>5 97</u>
Church Charges _____		Officiating Clergyman	<u>120 00</u>
Cemetery Charges _____		Amount of Bill	<u>127 97</u>
Music _____		Goods Ordered by <u>Mrs Ainsworth</u>	
Flowers _____		Bill Charged to _____	

DR.

120.00

CR.

					<u>Aug 5, 1947</u>	<u>Check</u>	<u>127 97</u>
						<b>PAID</b>	
						<u>By</u>	
						<u>Mrs Ainsworth</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 35

FOR THE FUNERAL OF

Total to date 1928.

Mary Coffin

Residence 20 Broad St Age of husband or wife if alive..... years

Place of Death N. C. H. 6 days Wife or Widow of Abbott S. Coffin

Date of Birth 1890 Sept 12 (Year) (Month) (Day) Age { 57 Years { Sex ..... Color or Race

Date of Death 1947 July 19 (Year) (Month) (Day) Age { 3 Months { Single ..... Color or Race

Maiden Name ..... Age { 7 Days { Married ..... Color or Race

Birth-place Syracuse Mass Occupation Real Estate Agent

Name of Father Patrick Mc Auliffe His Birth-place Ireland

Maiden Name of Mother Delia Crowley Her Birth-place Ireland

Cause of Death—Primary Heart Disease Secondary .....

Certifying Physician Gilpatrick Residence Oak Grove

Place of Burial Gloucester Cemetery .....

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

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

Date of Interment July 22 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. Victor Gorignon, Chestridge Drive NE, Atlanta Ga. Designate site of monument thus:

Casket or Coffin No. <u>#357<sup>12</sup></u>	300 00	Candles <u>Atlanta Ga.</u>	
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.....	1 00
Slippers .....		Toll Call.....	75
Embalming <u>Services</u>	75 00	" " <u>D. N.</u>	89
Washing and Dressing .....		<u>James C. Greeley</u>	64 02
Shaving .....		Transportation Charges.....	24 89
Services <u>Transfer 4</u>	20 00	Officiating Clergyman <u>Shovelton</u>	420 00
Use of Chairs .....		Amount of Bill.....	510 55
Church Charges.....		Goods Ordered by <u>Mrs Gorignon</u>	
Cemetery Charges.....		Bill Charged to <u>Roy Sanguinetti</u>	
Music.....			
Flowers .....			

DR.

420.00

CR.

<u>Shipped to</u>		<u>Dec 9</u>	<u>1947 Check</u>	<u>510 55</u>
<u>James C. Greeley</u>				
<u>71 Pleasant St</u>				
<u>Gloucester. tel 698</u>				
			<b>PAID</b>	
			<u>By Roy Sanguinetti</u>	
			<u>Adm.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 1929

Richard McCabe

Residence 142 Huntington Ave Boston Age of husband or wife if alive ..... years

Place of Death Commercial Wharf Wife or Widow of cannot be learned

Date of Birth 1  
(Year) (Month) (Day)  
Date of Death 19 47 July 23  
(Year) (Month) (Day)

Age { 49 Years { Sex Divorced }  
            Months { Single ..... } Color or Race  
            Days { Married ..... }

Maiden Name .....

Birth-place Providence R.I.

Occupation Table Waiter

Name of Father Anthony McCabe

His Birth-place Providence

Maiden Name of Mother Elizabeth ?

Her Birth-place .....

Cause of Death—Primary Sudden death

Secondary Coronary thrombosis

Certifying Physician Folger Med Ex

Residence .....

Place of Burial Rumford R.I.

Cemetery Lakeside

Funeral Service at ..... Lot No. [ ]

Time of Service ..... Grave No. [ ]

Date of Interment July 26 Section .....  
Designate site of monument thus: [ ]

Social Security No. 028-09-7992 George Arthur West Newton St. Boston (Friend)

Casket or Coffin No.		Candles	
Size..... Made by.....		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles .....		Hearse to .....	
Plate .....		Removal.....	
Outside Box or Vault .....		Automobiles.....	
Burial Suit .....			
Slippers .....		Newspaper Notices.....	
Embalming.....		<u>Services, Securing permits</u>	
Washing and Dressing .....		<u>Embalming Body Shipping</u>	
Shaving .....		<u>Case of Pine Box Transp.</u>	<u>100 00</u>
Services .....			
Use of Chairs .....		Transportation Charges <u>to New Bedford</u>	<u>2 82</u>
Church Charges.....		Officiating Clergyman.....	
Cemetery Charges.....		Amount of Bill.....	
Music.....		Goods Ordered by.....	
Flowers .....		Bill Charged to .....	

DR.

CR.


# RECORD AND BILL OF ITEMS

Yearly No. 37

FOR THE FUNERAL OF

Total to date 1930

Susan S. Gibbs

Residence 5 Milk Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 5 Milk Wife or Widow of Horace S. Gibbs

Date of Birth 1 856 Feb 16 (Year) (Month) (Day) Age { 91 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 19 47 July 27 (Year) (Month) (Day) { 5 Months { Single \_\_\_\_\_ { \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 11 Days { Married \_\_\_\_\_ { \_\_\_\_\_

Birth-place Nantucket Occupation None

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 Myocarditis Secondary Arteriosclerosis Senility

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

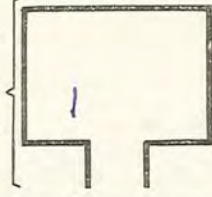
Place of Burial Nantucket Cemetery P. H. M.V.

Funeral Service at \_\_\_\_\_ Lot No. 30

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

Date of Interment July 30 Section \_\_\_\_\_

Social Security No. Jennie Emery



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>4387<sup>12</sup></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>	20 00	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	50 00	Officiating Clergyman <u>Bond</u>	
Washing and Dressing _____		Amount of Bill	420 00
Shaving _____		Goods Ordered by <u>Mrs Emery</u>	
Services <u>Transfers</u>	10 00	Bill Charged to _____	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges <u>Funeral</u>	25 00		
Music _____	15 00		
Flowers _____			
420.00			

DR.

CR.

				Aug 4	1947 Check				420 00
					PAID				
					By <u>Alcon Chadwick</u>				

# RECORD AND BILL OF ITEMS

Yearly No. 38

FOR THE FUNERAL OF

Total to date 19.31

*Else Johanna Shaw*  
 Residence Rosalind Gardens Apts. Dobbs Ferry N.Y. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. Wife or Widow of Joseph Shaw  
 Date of Birth 1 (Year) 71 (Month) \_\_\_\_\_ (Day) Age { 71 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 19 47 (Year) July 29 (Month) \_\_\_\_\_ (Day) Age { \_\_\_\_\_ Months { Single \_\_\_\_\_ { \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Days { \_\_\_\_\_ Days { Married   
 Birth-place Honigsberg Germany Occupation House Wife  
 Name of Father Sethold Monsloff His Birth-place Germany  
 Maiden Name of Mother \_\_\_\_\_ Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Cerebral Hem. & apoplexy Secondary \_\_\_\_\_  
 Certifying Physician Folger Residence \_\_\_\_\_  
 Place of Burial Cremation Cemetery Forest Hills Boston  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment July 31 Section \_\_\_\_\_  
 Social Security No. Joseph Shaw Dobbs Ferry N.Y. Designate site of monument thus:

Casket or Coffin No. <u>80</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 of oak</u>	<u>25 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		<u>Gold Call</u>	<u>90</u>
Embalming <u>of services</u>	<u>50 00</u>	<u>1 certified copy</u>	<u>50</u>
Washing and Dressing _____		<u>J. S. Waterman &amp; Sons</u>	<u>215 00</u>
Shaving _____		Transportation Charges	<u>9 91</u>
Services <u>Transfer</u>	<u>10 00</u>	Officiating Clergyman	<u>160 00</u>
Use of Chairs _____		Amount of Bill	<u>396 31</u>
Church Charges _____		Goods Ordered by <u>Mr. Shaw</u>	
Cemetery Charges _____		Bill Charged to _____	
Music _____			
Flowers _____			

DR.

160.00

CR.

		<u>Aug 26</u>	<u>1947 Check</u>	<u>396 31</u>
			<u>Evon on Waterman</u>	<u>7 00</u>
				<u>389 31</u>
			<b>PAID</b>	
			<u>By Joseph Shaw</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 39

FOR THE FUNERAL OF

Total to date 1932

Frederick Eugene Reinhardt

Residence 1 Beaver St Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 4 mos 26 days Wife or Widow of Dollie May Williams

Date of Birth 1 Mich 27 Age { 66 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 4 Months { Single \_\_\_\_\_ {  
 (Year) (Month) (Day) { 2 Days { Married ✓ {

Maiden Name \_\_\_\_\_ Birth-place Boston Occupation clerical clerk

Name of Father George Reinhardt His Birth-place Germany

Maiden Name of Mother Fredericka ? Her Birth-place \_\_\_\_\_

Cause of Death—Primary Transverse Melitis 7 mos Secondary Decubitus 3 mos

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

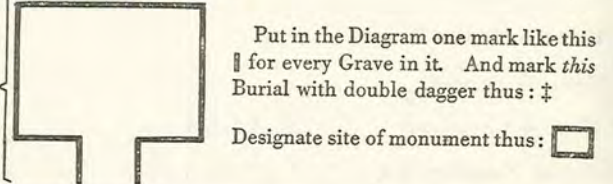
Place of Burial Cremation Cemetery Forest Hills

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

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

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

Social Security No. Dollie M Reinhardt



Casket or Coffin No. <u>A. 110</u>	110	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 of shells</u>	25	00	Automobiles		
Burial Suit _____			Newspaper Notices	2	00
Slippers _____			Telegrams <u>10 M.</u>	1	87
Embalming <u>of Services</u>	35	00	<u>White Shirt</u>	2	95
Washing and Dressing _____					
Shaving _____			Transportation Charges <u>Tickets</u>	10	18
Services <u>Transfer</u>	10	00	Officiating Clergyman	180	00
Use of Chairs _____			Amount of Bill	197	00
Church Charges _____			Goods Ordered by <u>Mrs Reinhardt</u>		
Cemetery Charges _____			Bill Charged to _____		
Music _____					
Flowers _____					

DR.

180.00

CR.

Shipped to A. M. Folsom & Son 63 Belgrade Ave Roslindale			Sept 6.	1947 Check	197 00
PAID					
By Mrs Reinhardt 120 Seymour St. Roslindale					



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to date 1933

Mildred V. Browner

Residence..... Age of husband or wife if alive..... years

Place of Death 7 Winter St Wife or Widow of.....

Date of Birth 1 May 10 (Year) (Month) (Day) Age { 72-73 Years { Sex..... Color or Race

Date of Death 1947 Aug 2 (Year) (Month) (Day) Age { 2 Months { Single  Married.....

Maiden Name..... Days { 23 Days { Married.....

Birth-place Rahway N. J. Occupation School teacher Retired

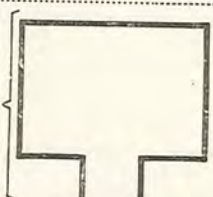
Name of Father John P. Brogner His Birth-place.....?

Maiden Name of Mother Jennie Shann Her Birth-place.....?

Cause of Death—Primary Sudden death Secondary Coronary thrombosis

Certifying Physician Folger Med Ex. Residence.....

Place of Burial..... Cemetery.....

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..... Section..... Designate site of monument thus:

Social Security No. Mrs F. Vonhes Aunt.

Casket or Coffin No. <u>115 12</u>	<u>165 00</u>	Candles.....	
Size..... Made by.....		Gloves.....	
Lining and Pillow Set No.....		Bearers or Porters.....	
Handles.....		Hearse to.....	
Plate.....		Removal.....	
Outside Box or Vault <u>Pine &amp; hells</u>	<u>25 00</u>	Automobiles.....	
Burial Suit.....		Newspaper Notices.....	
Slippers.....			
Embalming <u>of service</u>	<u>50 00</u>		
Washing and Dressing.....			
Shaving.....			
Services <u>Transfers</u>	<u>10 00</u>	<u>2 certified copies</u>	<u>1 00</u>
Use of Chairs.....		Transportation Charges <u>Express</u>	<u>25 34</u>
Church Charges.....		Officiating Clergyman.....	
Cemetery Charges.....		Amount of Bill.....	
Music.....		Goods Ordered by <u>Mrs Vanetta</u>	
Flowers.....		Bill Charged to <u>Mrs Vonhes</u>	

DR. 250.00

CR.

<u>Mrs F. Vonhes</u>	<u>Oct. 28 1947</u>	<u>check</u>	<u>276.34</u>
<u>1449 Munn Ave.</u>			
<u>Hillside N. J.</u>			
<u>Shipped to</u>			
<u>Pettit Funeral Home</u>			
<u>West Milton Ave.</u>			
<u>Rahway N. J.</u>			
		<u>By</u>	
		<u>Fidelity Union Trust Co.</u>	
		<u>755 Broad St</u>	
		<u>Newark N. J.</u>	

RECORD AND BILL OF ITEMS

Yearly No. 41 FOR THE FUNERAL OF Francis Graham Total to date 1934

Residence 21 East 52nd St New York City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. Wife or Widow of Mansfield Graham

Date of Birth 1889 Jan 1 Age { 58 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)  
 Date of Death 1947 Aug 4 { 7 Months { Single \_\_\_\_\_  
 (Year) (Month) (Day) { 3 Days { Married \_\_\_\_\_

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

Birth-place Troy New York Occupation Dress Shop Owner

Name of Father William Ellis His Birth-place England

Maiden Name of Mother Catherine Grogan Her Birth-place Ireland

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

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

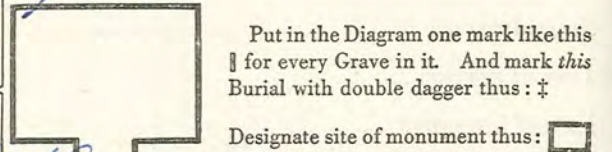
Place of Burial Albany N. Y. Cemetery St. Agnes

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

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

Date of Interment Aug 8 Section \_\_\_\_\_

Social Security No. Mrs John Little 750 West End Ave. N. Y. City



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>Removals, Preparation</u>
Embalming _____	<u>Casket Shipping Case</u>
Washing and Dressing _____	<u>Securing Permits, &amp; all other</u>
Shaving _____	<u>Professional Services</u> 100 00
Services _____	Transportation Charges <u>to New York</u> 23 62
Use of Chairs _____	Officiating Clergyman _____
Church Charges _____	Amount of Bill 123 62
Cemetery Charges _____	Goods Ordered by <u>Frank Campbell</u>
Music _____	Bill Charged to _____
Flowers _____	

DR.				CR.		
<u>Frank Campbell</u>	<u>Funeral Home</u>	<u>Aug 5</u>	<u>1947</u>	<u>Check</u>	<u>123</u>	<u>62</u>
<u>Madison Ave. &amp; 81st St</u>	<u>New York City</u>			<b>PAID</b>		
				<u>By</u>		
				<u>Frank Campbell</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 42 FOR THE FUNERAL OF Total to date 1935

William F. Folsom

Residence 112 Centre St. Fairhaven Age of husband or wife if alive 59 years

Place of Death 112 Centre St. Wife or Widow of Alice Smith

Date of Birth 1886 Aug 3 Age { 61 Years Sex { Single Color or Race {

Date of Death 1947 Aug 6 } 0 Months { 3 Days } Married

Maiden Name Somerville Occupation Book keeper

Birth-place Somerville Occupation Book keeper

Name of Father William F. Folsom His Birth-place Sweden

Maiden Name of Mother Mary Lane Her Birth-place Somerville

Cause of Death—Primary Coronary Occlusion Secondary

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

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 926

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

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

Social Security No. 026-09-2838 Alice Folsom



Casket or Coffin No.....	Candles.....	
Size..... Made by.....	Gloves.....	
Lining and Pillow Set No.....	Bearers or Porters.....	
Handles.....	Hearse to.....	
Plate.....	Removal.....	
Outside Box or Vault.....	Automobiles.....	
Burial Suit.....	Newspaper Notices.....	
Slippers.....	<u>Funeral from Boat.</u> <u>35.00</u>	
Embalming.....	<u>Cemetery Chgs</u> <u>15.00</u>	
Washing and Dressing.....		
Shaving.....		
Services.....	Transportation Charges.....	
Use of Chairs.....	Officiating Clergyman <u>Strong</u>	
Church Charges.....	Amount of Bill..... <u>50.00</u>	
Cemetery Charges.....	Goods Ordered by <u>E. J. Wilson</u>	
Music.....	Bill Charged to.....	
Flowers.....		

CR.	DR.	Description	CR.
3 62		Aug 27 1947 check	50 00
		<b>PAID</b>	
		By <u>E. J. Wilson</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 43

FOR THE FUNERAL OF

Total to date 1936

*Dolores Douglas*

Residence 89 Sterling Ave. Providence R.I. Age of husband or wife if alive..... years

Place of Death Wanquet Harbor, Colton section Wife or Widow of.....

Date of Birth 1 (Year) Sept (Month) 25 (Day) Age { 17 Years { Sex ..... Color or Race  
 Date of Death 1947 (Year) Aug (Month) 23 (Day) { 10 Months { Single   
 Maiden Name ..... { 29 Days { Married

Birth-place Dorchester Mass Occupation employee Card Manufacture

Name of Father Fredrick P. Douglas His Birth-place Paris Ill. Sample dept.

Maiden Name of Mother Adelaide Roggen Her Birth-place Providence R.I.

Cause of Death—Primary Accidental Drowning Secondary.....

Certifying Physician F. Roger med. Ex. Residence.....

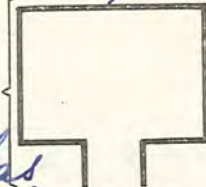
Place of Burial Pawtucket Cemetery Pawtucket

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

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

Date of Interment ..... Section Adelaide Douglas

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>Metal Seal</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 holds</u>	25 00	Automobiles.....	
Burial Suit .....		Newspaper Notices.....	
Slippers .....			
Embalming <u>of Service</u>	50 00		
Washing and Dressing .....			
Shaving .....			
Services <u>Transfer</u>	5 00	Transportation Charges.....	
Use of Chair <u>Certified Copy</u>	50	Officiating Clergyman.....	
Church Charges.....		Amount of Bill.....	230 00
Cemetery Charges.....		Goods Ordered by <u>Adelaide Douglas</u>	
Music.....		Bill Charged to .....	
Flowers .....			
230 50			

DR.

CR.

<u>Shipped to:</u>		<u>Oct. 28 1947</u>	<u>Money Order</u>
<u>Charles Lymon</u>			<u>230 00</u>
<u>Smith St.</u>			
<u>Providence</u>			
<u>Autopsy By Dr. Jettus</u>			
<u>Aug 26</u>			
			<b>PAID</b>
			<u>By Adelaide Douglas</u>

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to date 1937

Stuart B Day Jr.

Residence 9 Darling St Nantucket Harbor, Coates section Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Nantucket Harbor, Coates section Wife or Widow of \_\_\_\_\_

Date of Birth 1902 Jan 24 (Year) (Month) (Day) Age 15 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1947 Aug 23 (Year) (Month) (Day) Age 7 Months Single  Married \_\_\_\_\_

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

Birth-place Nantucket Occupation at school

Name of Father Stuart B Day His Birth-place Boston

Maiden Name of Mother Edythe Coffin Her Birth-place Nantucket

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

Certifying Physician Folger Med Es Residence \_\_\_\_\_

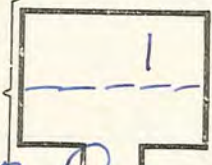
Place of Burial Nantucket Cemetery PH

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

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

Date of Interment Aug 27 Section \_\_\_\_\_

Social Security No. 018-22-9898 Stuart B Day



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>Metal Sealy</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 5</u>	<u>25 00</u>
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>McKinstry</u>	<u>265 00</u>
Washing and Dressing		Amount of Bill	<u>290 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>15 00</u>		
Music			
Flowers			
DR. <u>265.00</u>		CR.	

Sept 19	Paid Allan in Rogers store	<u>25 00</u>	Sept 19 1947	Cash	<u>290 00</u>
				Disc	<u>15 00</u>
					<u>275 00</u>
<b>PAID</b>					
By <u>Mrs Day</u>					

# RECORD AND BILL OF ITEMS

Yearly No. 45

FOR THE FUNERAL OF

Total to date 1938

Annice M. Perry

Residence 4 Liberty Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 4 Liberty Wife or Widow of Eugene M. Perry

Date of Birth 1 865 Sept 14 Age 81 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 19 Aug 25 1947 Age 11 Months Single \_\_\_\_\_  
(Year) (Month) (Day)

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

Birth-place Nantucket Occupation house work sun home

Name of Father Michael Nevins His Birth-place Clair Ireland

Maiden Name of Mother Catherine Conway Her Birth-place " "

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

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

Place of Burial Nantucket Cemetery St Marys

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

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

Date of Interment Aug 25 Section \_\_\_\_\_

Social Security No. Catherine J. Flanagan



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. Mbg</u>	<u>400 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>125 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>of Sunray</u>	<u>30 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>J. Fitzgerald</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>640 00</u>
Music <u>Prayer Rail Etc.</u>	<u>10 00</u>	Goods Ordered by <u>Catherine Flanagan</u>	
Flowers <u>Truck</u>	<u>5 00</u>	Bill Charged to	
<b>DR.</b>	<b>640 00</b>		<b>CR.</b>

		<u>Mar 3</u>	<u>1948 Check</u>	<u>640 00</u>

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 46

FOR THE FUNERAL OF

Total to date 1939

*Emily M. Kent*

Residence Old Peoples Home Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1964 July 30 (Year) (Month) (Day) Age { 83 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1947 Aug 25 (Year) (Month) (Day) { 0 Months { Single  {  
 Maiden Name \_\_\_\_\_ { 26 Days { Married \_\_\_\_\_ {

Birth-place Nantucket Occupation None

Name of Father Robert F. Kent His Birth-place Nova Scotia

Maiden Name of Mother Mary Abby Allen Her Birth-place Nantucket

Cause of Death—Primary Chronic Myo. Secondary Cardiac decompensation

Certifying Physician F. O. G. Residence \_\_\_\_\_

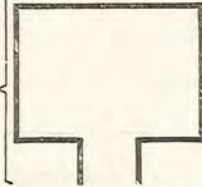
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 540

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

Date of Interment Aug 27 Section \_\_\_\_\_

Social Security No. 10 P. G. 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>110</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>25 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>James</u>	<u>35 00</u>	Officiating Clergyman <u>McKinstry</u>	
Washing and Dressing _____		Amount of Bill	<u>200 00</u>
Shaving _____	<u>5 00</u>	Goods Ordered by _____	
Services <u>Transfer</u>	<u>15 00</u>	Bill Charged to <u>P.H.</u>	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges _____	<u>15 00</u>		
Music _____			
Flowers _____			
	<u>200.00</u>		

DR.

CR.

				<u>Dec 12 1937. Check</u>	<u>275 00</u>
				<u>Gratuity</u>	<u>25 00</u>
					<u>200 00</u>
				<b>PAID</b>	
				<u>By</u>	
				<u>Alcon Chadwick</u>	
				<u>Treas.</u>	





1945-1949

## RECORD AND BILL OF ITEMS

Yearly No. 48

Total to date 1941

FOR THE FUNERAL OF

William M. Watts

Residence 15 Dick St. Dorchester Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Simply Wire Cable Co Cambridge Wife or Widow of Mary Flaherty

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 19 47 Sept 2 Age { 52 Years { Single \_\_\_\_\_

(Year) (Month) (Day) (Year) (Month) (Day) { 3 Months { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 5 Days { \_\_\_\_\_

Birth-place Nantucket Occupation Electrical maintenance man

Name of Father James Watts His Birth-place England

Maiden Name of Mother Elizabeth Langton Her Birth-place Lincoln; Sudden death

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

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

Place of Burial Nantucket Cemetery P.H.

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

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. _____			Candles _____		
Size _____ Made by _____			Gloves _____		
Lining and Pillow Set No. _____			Bearers or Porters _____		
Handles _____			Hearse to _____		
Plate _____			Removal _____		
Outside Box or Vault _____			Automobiles <u>K. M. Pease 3</u>	<u>15 00</u>	
Burial Suit _____			Newspaper Notices _____		
Slippers _____					
Embalming _____					
Washing and Dressing _____					
Shaving _____					
Services _____	<u>25 00</u>		Transportation Charges _____		
Use of Chairs _____			Officiating Clergyman <u>Strong</u>	<u>10 00</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>		Amount of Bill _____	<u>90 00</u>	
Cemetery Charges _____	<u>15 00</u>		Goods Ordered by <u>John S. Doran</u>		
Music <u>Transfee</u>	<u>5 00</u>		Bill Charged to _____		
Flowers _____					
<u>70.00</u>					

DR.

CR.

Sept 16	John S. Doran 1632 Dorchester Ave. Dorchester.		Sept 16	1947 Check		
				<b>PAID</b>		<u>90 00</u>
Sept 17	Pd Pease	15 00				
" 21	" Strong	10 00				
				By		
				<u>John S. Doran</u>		





# RECORD AND BILL OF ITEMS

Yearly No. 51

FOR THE FUNERAL OF

Total to date 1944

Emily B Lewis

Residence 782 Mass Ave. Arlington 25 yrs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of David W. Lewis

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

Date of Death 1947 Oct 12 Age { 76 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 8 Months { Single \_\_\_\_\_ {  
 { \_\_\_\_\_ Days { Married \_\_\_\_\_ {

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

Birth-place Cambridge, Mass Occupation None

Name of Father William Kinsler His Birth-place Boston

Maiden Name of Mother Ellen Hurley Her Birth-place \_\_\_\_\_

Cause of Death—Primary Arteriosclerosis Secondary Heart Disease

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

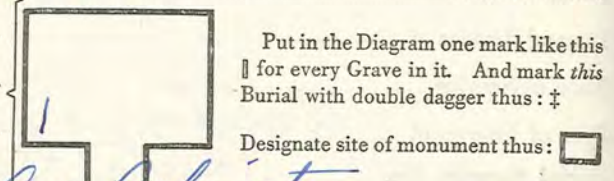
Place of Burial Nantucket Cemetery Newtown

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

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

Date of Interment Oct. 16, 1947 Section \_\_\_\_\_

Social Security No. David B Lewis 960 Mass Ave Arlington



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>Fr. Fitzgerald</u> <span style="float: right;">5 00</span>	
Washing and Dressing _____	Amount of Bill <span style="float: right;">25 00</span>	
Shaving _____	Goods Ordered by <u>John E. Mc Arroy</u>	
Services _____	Bill Charged to _____	
Use of Chairs _____		
Church Charges _____		
Cemetery Charges <u>Wood 1 Car</u> <span style="float: right;">15 00</span>		
Music <u>Wood 1 Car</u> <span style="float: right;">5 00</span>		
Flowers _____		

DR. 20.00

CR.

<u>John E. Mc Arroy</u>	<u>Nov. 4</u>	<u>1947 check</u>		<u>25 00</u>	
<u>223 Massachusetts Ave</u>	<u>" 6</u>	<u>" Pd Wood</u>		<u>5 00</u>	
<u>Arlington 74 Mass</u>	<u>" 10</u>	<u>" Priest</u>		<u>5 00</u>	
				<u>15 00</u>	
		<b>PAID</b>			
		By <u>John E. Mc Arroy</u>			

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to date 1945

Mabel W. Bliss

Residence 12 North Water Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 3 days Wife or Widow of \_\_\_\_\_

Date of Birth 1 876 May 26 Age { 71 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 19 47 Oct 18 Age { 4 Months { Single  Married \_\_\_\_\_  
(Year) (Month) (Day)

Maiden Name \_\_\_\_\_ { 22 Days { \_\_\_\_\_

Birth-place Gainsville, Florida Occupation \_\_\_\_\_

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

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

Cause of Death—Primary Hypostatic Pneum Secondary & Malnutrition

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

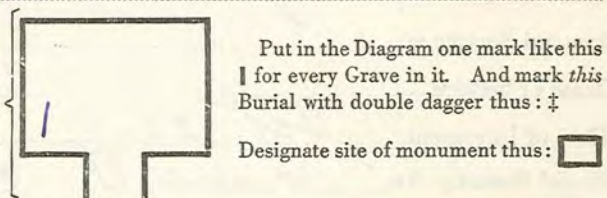
Place of Burial Nantucket Cemetery P-H

Funeral Service at \_\_\_\_\_ Lot No. 602

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

Date of Interment October 20 Section \_\_\_\_\_

Social Security No. Mrs. Robinson



Casket or Coffin No. <u>4357<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>Clark</u>	<u>135 00</u>	Automobiles <u>Wood 2</u>	<u>10 00</u>
Burial Suit <u>Grey dress</u>	<u>18 50</u>	<u>Pearl 2</u>	<u>10 00</u>
Slippers _____		Newspaper Notices	
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfus</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	<u>573 50</u>
Music _____		Goods Ordered by <u>Mrs. Robinson</u>	
Flowers _____		Bill Charged to _____	

DR.

553 50

CR.

Nov 62	Pd Pearl	10 00	Nov 10	1947 Check	573 50
" 21	" Wood	10 00			
				<b>PAID</b>	
				By <u>Mrs. Robinson</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 53

FOR THE FUNERAL OF

Total to date 1946

James H. Fitzpatrick

Residence Fruit Street Ashland Mass Age of husband or wife if alive..... years

Place of Death Steamboat Wharf Wife or Widow of Suey Quinn

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

Date of Death 1947 Oct. 22 (Year) (Month) (Day) Age { 67 Years { Sex { Color or Race

Maiden Name { Months { Single {

Days { Married {

Birth-place Cambridge Mass Occupation Retired

Name of Father Frank V. Fitzpatrick His Birth-place Cambridge

Maiden Name of Mother Mary Conn. Cannon Her Birth-place "

Cause of Death—Primary Sudden death Secondary Heart disease, Coronary thromb.

Certifying Physician Folger Med. Ex. Residence "

Place of Burial Holy Hood, Brookline Cemetery Holy Hood

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

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

Date of Interment Oct 25 Section \_\_\_\_\_

Social Security No. Anne Fr. Deaerth 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 _____	
Outside Box or Vault _____	Automobiles _____	
Burial Suit _____	<u>Removals, Preparations</u>	
Slippers _____	<u>Newspaper Notices, Casket, Shipping</u>	
Embalming _____	<u>Case, Securing Permits &amp;</u>	
Washing and Dressing _____	<u>all other Professional Service</u>	
Shaving _____		<u>100 00</u>
Services _____	<u>Charges to Woods Hole</u>	<u>5 50</u>
Use of Chairs _____	Transportation Charges _____	
Church Charges _____	Officiating Clergyman _____	
Cemetery Charges _____	Amount of Bill _____	<u>105 50</u>
Music _____	Goods Ordered by <u>F. A. Cookson</u>	
Flowers _____	Bill Charged to _____	

DR.

CR.

<u>Shipped to</u>						
<u>Frederick A. Cookson</u>				<u>Nov. 17</u>	<u>1947 Check</u>	<u>105 50</u>
<u>318 Union Ave.</u>						
<u>Framingham</u>						
<u>Tel. 8310</u>						
					<b>PAID</b>	
					<u>By F. A. Cookson</u>	
					<u>J. D.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

Total to date 1947

Lizzie M. Newcomb.

Residence 43 Centre St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Theodore F. Newcomb.

Date of Birth 1 May 26 (Year) (Month) (Day) Age { 83 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
Date of Death 1947 Oct 26 (Year) (Month) (Day) { 5 Months { Single \_\_\_\_\_ {  
Maiden Name \_\_\_\_\_ Days { Married \_\_\_\_\_ {

Birth-place Nantucket. Occupation House work.

Name of Father Timothy Morse His Birth-place Nantucket

Maiden Name of Mother Sarah Starbuck Her Birth-place Nantucket

Cause of Death—Primary Cancer of large Secondary intestines

Certifying Physician Foley Residence Coweset.

Place of Burial Brockton. Cemetery \_\_\_\_\_

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

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

Date of Interment Oct 28. Section \_\_\_\_\_

Social Security No. Timothy A. 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>A 110<sup>12</sup></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 of hells</u>	<u>25 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	<u>195 00</u>
Shaving		Goods Ordered by <u>Timothy Newcomb</u>	
Services <u>Transfers</u>	<u>10 00</u>	Bill Charged to <u>George Johnson</u>	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR. 195.00 CR.

<u>Shipped to</u>	<u>Nov 21, 1947</u>	<u>Cash</u>	<u>195.00</u>
<u>Tirell &amp; Russell</u>			
<u>43 White Ave</u>			
<u>Brockton. 12 man</u>			
<u>Tel. 5905</u>			
		<b>PAID</b>	
		<u>By George Johnson</u>	

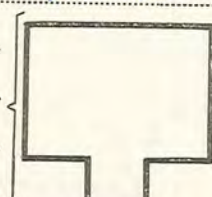
# RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date 1948

Residence 4 Silver St Joseph R Starbuck  
 Place of Death N.C.H. 14 days Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth 1 May 20 (Year) (Month) (Day) Wife or Widow of Myra May Ellis  
 Date of Death 19 47 Oct 27 (Year) (Month) (Day) Age { 77 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 5 Months { Single \_\_\_\_\_  
 Birth-place Acushnet, Mass Occupation Farmer Retired { 7 Days { Married \_\_\_\_\_  
 Name of Father Joseph Starbuck His Birth-place Azores  
 Maiden Name of Mother Susan Rogers Her Birth-place Nantucket  
 Cause of Death—Primary Pneumonia Secondary \_\_\_\_\_  
 Certifying Physician Collins Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 298  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Oct. 29 Section \_\_\_\_\_  
 Social Security No. Gladys & Vera



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>4110<sup>12</sup></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>20 00</u>	Automobiles	
Burial Suit <u>Blue</u>	<u>18 00</u>	Newspaper Notices	
Slippers _____			
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>10 00</u>	Transportation Charges	
Use of Chairs _____		Officiating Clergyman <u>Folk</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>248 00</u>
Cemetery Charges	<u>15 00</u>	Goods Ordered by <u>Gladys Vera</u>	
Music _____		Bill Charged to _____	
Flowers _____			

DR. 248.00

CR.

		<u>April 21</u>	<u>1948 Cash</u>	<u>245 00</u>
			<u>Due</u>	<u>3 00</u>
				<u>248 00</u>
			<b>PAID</b>	
			By <u>Frank Vera</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 56

FOR THE FUNERAL OF

Total to date 1949

Edith E. Coffin

Residence 9 Darling St. Age of husband or wife if alive 68 years

Place of Death 9 Darling St. Wife or Widow of Reuben E. Coffin

Date of Birth 1880 Sept 10 (Year) (Month) (Day)

Date of Death 1947 Nov 4 (Year) (Month) (Day) Age { 67 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 1 Months { Single \_\_\_\_\_  
 { 25 Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birth-place S Lowell Mass Occupation House Wife

Name of Father James H. Buchanan His Birth-place Unknown

Maiden Name of Mother Elizabeth Fish Her Birth-place \_\_\_\_\_

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

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

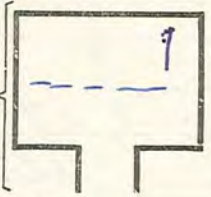
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 385

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

Date of Interment Nov 7 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Reuben E. Coffin



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>4357</u> <sup>12</sup>	<u>325 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 4</u>	<u>20 00</u>
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Bond.</u>	
Washing and Dressing _____		Amount of Bill _____	<u>465 00</u>
Shaving _____		Goods Ordered by <u>Reuben E. Coffin</u>	
Services <u>Transfers</u>	<u>10 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges <u>Funeral</u>	<u>25 00</u>		
Music _____	<u>15 00</u>		
Flowers _____			
	<u>445.00</u>		

CR.	DR.					CR.
				<u>Dec. 1. 1947</u>	<u>Cash</u>	<u>465 00</u>
					<b>PAID</b>	
					<u>By</u>	
					<u>R. E. Coffin</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 57

FOR THE FUNERAL OF

Total to date 1950.

*Charles A. Jewett*

Residence 33 Pine St. Age of husband or wife if alive 73 years

Place of Death N. C. H. 1 day Wife or Widow of Almyra A. Vincent

Date of Birth 1871 July 20 Sex 76 Years { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) {  
 Date of Death 1947 Nov 4 Age { 3 Months { Single \_\_\_\_\_  
 (Year) (Month) (Day) { 15 Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation Manager of Hardware store

Birth-place Providence R.I. His Birth-place Nashua N.H. Retired

Name of Father Nelson E. Jewett Her Birth-place Thermebank port. Me

Maiden Name of Mother Amanda Jewett Cause of Death—Primary Pneumonia Secondary Cardiac decompensation

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

Place of Burial Nantucket Cemetery P-H

Funeral Service at \_\_\_\_\_ Lot No. 840

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

Date of Interment Nov. 7, 1947 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Almyra A. Jewett



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>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>20 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Bond</u>	
Washing and Dressing _____		Amount of Bill <u>Mrs Jewett</u>	<u>285 00</u>
Shaving _____		Goods Ordered by <u>" "</u>	
Services <u>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 _____			

DR.

285.00

CR.

			<u>Dec</u>	<u>2</u>	<u>1947 Check</u>		<u>200 00</u>
			"	<u>27</u>	<u>1948 "</u>		<u>40 00</u>
			<u>Jan</u>	<u>3</u>	<u>1949 Check every 7m</u>		<u>15 00</u>
			<u>Feb</u>	<u>15</u>	<u>1950 " Mrs Roy</u>		<u>15 00</u>
			<u>July</u>	<u>25</u>	<u>" " Chas Jr</u>		<u>15 00</u>
							<u>285</u>
					<b>PAID</b>		



# RECORD AND BILL OF ITEMS

Yearly No. 59

FOR THE FUNERAL OF

Total to date 1952

William A. Davis

Residence Cod Fish Park Scout Age of husband or wife if alive 80 years

Place of Death N. C. H. 7 days Wife or Widow of Annie B. Williams

Date of Birth 1 866 Jan. 10 Age 81 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death 19 47 Nov. 14 Age 10 Months Single \_\_\_\_\_  
 (Year) (Month) (Day)

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

Birth-place Noank Conn. Occupation Boatman Retired

Name of Father Peter Davis His Birth-place Noank Conn.

Maiden Name of Mother Mary Rathbone Her Birth-place " "

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

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

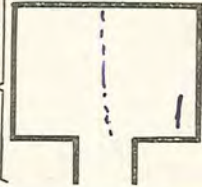
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 1048

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

Date of Interment Nov. 16. 1947 Section \_\_\_\_\_

Social Security No. Annie B. Davis



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 110 2</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>None</u>	<u>20 00</u>	Automobiles <u>Wood 1.</u>	<u>5 00</u>
Burial Suit	<u>20 00</u>	Newspaper Notices	
Slippers			
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>5 00</u>		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Bond</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>250 00</u>
Music		Goods Ordered by <u>Mrs. Davis</u>	
Flowers		Bill Charged to <u>Harriett Cummings</u>	

DR. 245.00

CR.

<u>Nov 21</u>	<u>Pd. Wood</u>	<u>5 00</u>	<u>Nov. 17.</u>	<u>1947 Check</u>	<u>250 00</u>

**PAID**  
By Harriett Cummings

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to date 1953

Gordon Le Baron Fairie

Residence Squam Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. Wife or Widow of \_\_\_\_\_

Date of Birth 1899 Oct 12 6 days Age 48 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 1 Months { Single  }  
 Date of Death 1947 Nov 25 { 13 Days { Married \_\_\_\_\_ }  
 (Year) (Month) (Day)

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

Birth-place Poughkeepsie N.Y. Occupation Carpenter

Name of Father Robert E. Fairie His Birth-place Redbank N.J.

Maiden Name of Mother Helen Locks Her Birth-place Boston

Cause of Death—Primary acute Intestinal Secondary obstruction, Paralytic Ileus.

Certifying Physician Collins Residence Strangulated R.H. Hernia

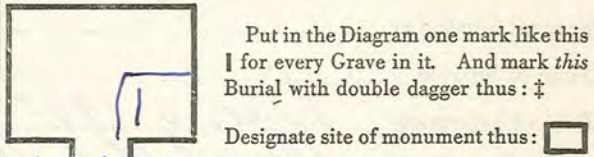
Place of Burial Mantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 732

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

Date of Interment Nov 28 Section \_\_\_\_\_

Social Security No. Ednah C. Fairie 436 E. 57th St. N.Y. City.



Casket or Coffin No. <u>115-12</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</u>	<u>20 00</u>	Automobiles <u>Pease 1</u>	<u>5 00</u>
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Bond.</u>	
Washing and Dressing		Amount of Bill	<u>300 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			
<u>295 00</u>			

DR.

CR.

Autopsy By Dr. Fisher	Nov. 26	Feb. 5.	1948 Check V.A.	150 00
		" 5.	1949 " Marshall	50 00 estate
Brother Marshall Fairie				
525 West Saddle River Road				
Ridge wood N.J.				
Pd. Pease for Car.				5 00

RECORD AND BILL OF ITEMS

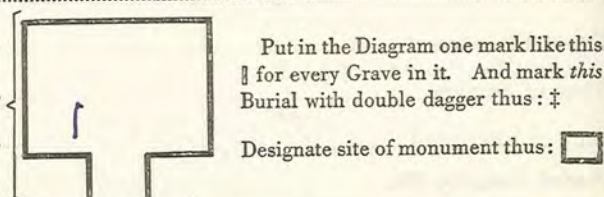
Yearly No. 61

FOR THE FUNERAL OF

Total to date 1954

Arthur Jellis

Residence 32 Cliffs Rd. Age of husband or wife if alive 62 years  
 Place of Death N.C.H. 1st Floor Wife or Widow of Elizabeth C. Carlson  
 Date of Birth 1882 June 7 (Year) (Month) (Day) Age { 65 Years { Sex { Color or Race  
 Date of Death 1947 Dec 3 (Year) (Month) (Day) { 5 Months { Single {  
 Maiden Name { 27 Days { Married +  
 Birth-place Hartford Ship Co. England Occupation Hotel Manager  
 Name of Father Daniel Jellis His Birth-place England  
 Maiden Name of Mother Esther Castle Her Birth-place England  
 Cause of Death—Primary Fall from 2nd floor window at Sea Cliff Inn Secondary  
 Certifying Physician Mungus Assoc. No. 44 Residence Multiple fractures  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at Lot No. 842  
 Time of Service Grave No.  
 Date of Interment Dec 6, 1947 Section  
 Social Security No. Elizabeth C. Jellis



Casket or Coffin No. 4357 12	325 00	Candles	
Size Made by		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal certified copy D.M.	50
Outside Box or Vault Pine	20 00	Automobiles Wood 2. Pease 2	20 00
Burial Suit		Newspaper Notices	5 25
Slippers		telegrams D.M.	1 41
Embalming Services	50 00	Lot No 842	60 00
Washing and Dressing		Transportation Charges	445 00
Shaving		Officiating Clergyman Bond	
Services Transfus	10 00	Amount of Bill	571 66
Use of Chairs		Goods Ordered by	
Church Charges Funeral	25 00	Bill Charged to	
Cemetery Charges	15 00		
Music			
Flowers			
	445 00		

DR. 445 00 CR.

		June 26 1948 Check	502 16
<b>PAID</b>			
By Mrs Jellis			

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 62

FOR THE FUNERAL OF

Total to date 1955

Flora Perry

Residence 51 Pleasant St Age of husband or wife if alive 75 years

Place of Death " " " Wife or Widow of Joseph L. Perry

Date of Birth 1874 Oct 30 (Year) (Month) (Day) Age 73 Years { Sex Female } Color or Race  
Date of Death 1947 Dec 7 (Year) (Month) (Day) Age 1 Months { Single }  
7 Days { Married  }

Maiden Name " " "

Birth-place Nantucket, Mass Occupation Housewife

Name of Father Frank Thomas His Birth-place Azores

Maiden Name of Mother Anna ? Her Birth-place " " "

Cause of Death—Primary Cerebral Hem. Secondary Essential hypertension Diabetes

Certifying Physician M. J. Mages Residence Melites

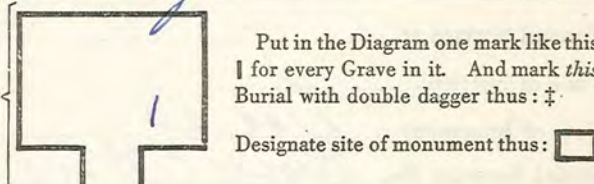
Place of Burial Nantucket Cemetery St. Mary's

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

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

Date of Interment Dec. 10 Section " " "

Social Security No. Joseph L. Perry



Casket or Coffin No. <u>175712</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>clerk.</u>	<u>150 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>services</u>	<u>50 00</u>	Officiating Clergyman <u>Fr. Fitzguald</u>	
Washing and Dressing		Amount of Bill	<u>450 00</u>
Shaving		Goods Ordered by	
Services <u>Transfer</u>	<u>10 00</u>	Bill Charged to	
Use of Chairs <u>candelabra etc</u>	<u>10 00</u>		
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>15 00</u>		
Music			
Flowers			

DR. 445.00 CR.

		<u>Dec 24</u>	<u>Cash</u>	<u>450 00</u>
			<b>PAID</b>	
			<u>By Joseph L. Perry</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 63

FOR THE FUNERAL OF

Total to date 1956

*Amie E. Riddell*

Residence 755 Boylston St. Boston      Age of husband or wife if alive..... years

Place of Death M.C.H. 5 days      Wife or Widow of.....

Date of Birth 1 868 May 18      Age { 79 Years { Sex ..... { Color or Race.

(Year)      (Month)      (Day)

Date of Death 1947 Dec 19      { 7 Months { Single  {

(Year)      (Month)      (Day)

Maiden Name ..... { 1 Days { Married ..... {

Birth-place Jamaica Plain      Occupation Artist

Name of Father Samuel Riddell      His Birth-place Nantucket

Maiden Name of Mother Lizzie Whitney      Her Birth-place " " " "

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

Certifying Physician Folger      Residence.....

Place of Burial Nant.      Cemetery North.

Funeral Service at .....      Lot No. 161.

Time of Service .....      Grave No.  

Date of Interment Dec 20      Section.....

Social Security No. George C. Wood Cousin      Hanover, N.H.

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>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</u>	<u>20 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Strong Pd.</u>	<u>5 00</u>
Washing and Dressing		Amount of Bill	<u>295 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>15 00</u>		
Music			
Flowers			
DR.	<u>290.00</u>		CR.

		<p><u>Mch 8. 1948 Check</u></p> <p style="font-size: large; font-weight: bold; text-align: center;">PAID</p> <p style="text-align: center;"><u>Geo. C. Wood Adm.</u></p>	<u>295 00</u>



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 64

FOR THE FUNERAL OF

Total to date 1957.

*Germania T. Gomes.*

Residence *Washington St.* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *Barnstable Co. Sanatorium* Wife or Widow of *Frank Gomes.*

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

Date of Death *19 47* (Year) *Dec. 26* (Month) (Day) \_\_\_\_\_

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

Birth-place *Cape Verde Isls* Occupation *House wife*

Name of Father *Peter Tescovia* His Birth-place *Cape Verde Isls*

Maiden Name of Mother *Josephine ?* Her Birth-place \_\_\_\_\_

Cause of Death—Primary *Uremia due to nephritis of cerebrospinal syphilis* Secondary \_\_\_\_\_

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

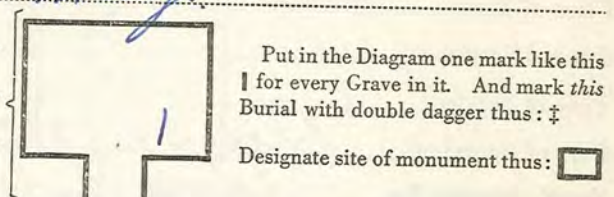
Place of Burial *Nantucket* Cemetery *St. Marys*

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

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

Date of Interment *Dec 30.* Section \_\_\_\_\_

Social Security No. *Hospital records Barnstable* Designate site of monument thus:



Casket or Coffin No. <i>1157</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 _____		Automobiles <i>Pease 1</i>	<i>3 00</i>
Burial Suit <i>Grey Dress</i>	<i>20 00</i>	Newspaper Notices	
Slippers _____		<i>E. D. Nickerson 87.56</i>	<i>92 50</i>
Embalming _____			<i>290 00</i>
Washing and Dressing _____			
Shaving _____			
Services _____	<i>25 00</i>		
Use of Chairs <i>Transfer</i>	<i>10 00</i>	Transportation Charges	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>Fr. Fitzgerald</i>	
Cemetery Charges _____	<i>15 00</i>	Amount of Bill	<i>385 00</i>
Music <i>Chorus Reel etc</i>	<i>10 00</i>	Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. *290.00*

CR.

<i>385 00</i>	<i>Jan 29</i>	<i>C. Check</i>	<i>171 62</i>
<i>171 62</i>	<i>Oct 4</i>	<i>1950 Check</i>	<i>214 00</i>
<i>214 38</i>			
		<b>PAID</b>	
		<i>By: Joe Gomes 171 62</i>	
		<i>James K. Shedd 214 00</i>	

# RECORD AND BILL OF ITEMS

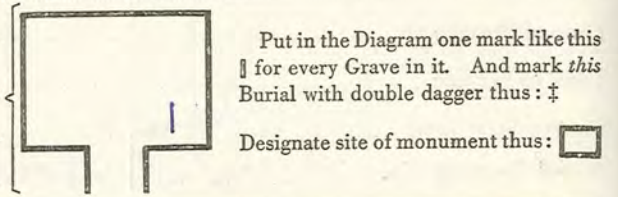
Yearly No. 65.

FOR THE FUNERAL OF

Total to date 1958

Florence B. Ellis

Residence Nantucket Age of husband or wife if alive 78 years  
 Place of Death 226 Park St. New Bedford Wife or Widow of Edgar S. Ellis  
 Date of Birth 1 (Year) Dec (Month) 22 (Day) Age { 80 Years { Sex { Color or Race  
 Date of Death 1947 (Year) Dec (Month) 22 (Day) } { 11 Months { Single {  
 Maiden Name { 11 Days { Married {  
 Birth-place Nantucket Occupation Housewife  
 Name of Father John N. Lamb His Birth-place Nantucket  
 Maiden Name of Mother Sydia G. Christian Her Birth-place "  
 Cause of Death—Primary Heart disease —Secondary Atherosclerosis, Sudden death  
 Certifying Physician Wm. Rosin Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 296  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Dec 30, 1947 Section west  
 Social Security No. Edgar S. Ellis



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 Closing Grave</u>	<u>15 00</u>	
Outside Box or Vault .....	Automobiles <u>Wood 1</u>	<u>5 00</u>	
Burial Suit .....	Newspaper Notices.....		
Slippers .....	Transportation Charges.....		
Embalming.....	Officiating Clergyman <u>Bond.</u>		
Washing and Dressing .....	Amount of Bill	<u>45 00</u>	
Shaving .....	Goods Ordered by <u>Potter Bros.</u>		
Services .....	Bill Charged to <u>Westport Mass</u>		
Use of Chairs .....			
Church Charges.....			
Cemetery Charges .....			
Music.....			
Flowers .....			

DR.

CR.

				<u>Jan. 7.</u>	<u>1948 Check</u>	<u>45 00</u>			
					<u>PAID</u>				
					<u>Ry Potter Bros.</u>				

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 1.

FOR THE FUNERAL OF

Total to date 1959

Andrew J. Duffy

Residence 16 Pine Age of husband or wife if alive 76 years

Place of Death 16 Pine

Date of Birth 1867 May 5

Wife or Widow of Margaret V. Mahon

Date of Death 1948 Jan 12

{	80 Years	{	Sex	{	Color or Race
	8 Months		Single		
	7 Days		Married <input checked="" type="checkbox"/>		

Maiden Name \_\_\_\_\_ Birth-place \_\_\_\_\_

Name of Father Peter Duffy Occupation Gardener

Maiden Name of Mother Mary Ellen Flinn Her Birth-place Ireland

Cause of Death—Primary Hyperstatic Pneu Secondary Chronic Myc

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

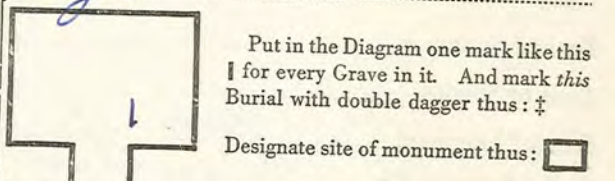
Place of Burial Nantucket Cemetery St. Marys

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

Time of Service \_\_\_\_\_ Grave No. 3

Date of Interment Jan. 14, 1947 Section \_\_\_\_\_

Social Security No. Elizabeth P. Duffy



00  
10  
10

00

00

Casket or Coffin No. <u>11012</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>	20 00	Automobiles <u>Wood 1</u>	5 00
Burial Suit _____		<u>Please 1 Priest</u>	3 00
Slippers _____		Newspaper Notices	
Embalmg. <u>Services</u>	35 00	Transportation Charges	2 35 00
Washing and Dressing _____		Officiating Clergyman <u>Fr. Fitzgerald</u>	
Shaving <u>Transfers</u>	10 00	Amount of Bill	243 00
Services _____		Goods Ordered by <u>Rosemond Duffy</u>	
Use of Chairs _____		Bill Charged to _____	
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges _____	15 00		
Music <u>Prayer Rail Etc</u>	5 00		
Flowers _____			
	235 00		

DR.

235 00

CR.

		<u>Feb 2, 1948 Cash</u>	220 00
		<u>Apr 3 " "</u>	20 00
<b>PAID</b>			
<u>By Rosemond Duffy</u>			

RECORD AND BILL OF ITEMS

Yearly No. 2

FOR THE FUNERAL OF

Total to date 1960

*May B. Durham*

Residence *152 Main St.* Age of husband or wife if alive *78* years

Place of Death *N. C. H. 1 day* Wife or Widow of *Harry E. Durham*

Date of Birth *1870 Dec 29* Sex *Female* Color or Race

Date of Death *1948 Jan 13* Age *77* Years *0* Months *15* Days  Married

Maiden Name *Shwich* Occupation *Housewife*

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

Name of Father *George B. Padelsch* Her Birth-place *"*

Maiden Name of Mother *Mary Colesworthy*

Cause of Death—Primary *Pulmonary Edema* Secondary *Cardiac decompensation*

Certifying Physician *Collins* Residence

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

Funeral Service at Lot No. *616*

Time of Service Grave No.

Date of Interment *Jan. 15, 1948* Section *1 east*

Social Security No. *Dorothy B. 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. <i>115<sup>e</sup></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>20 00</i>	Automobiles <i>C. Barrett 1</i>	<i>5 00</i>
Burial Suit		Newspaper Notices	<i>265 00</i>
Slippers		Transportation Charges	
Embalming <i>4 services</i>	<i>35 00</i>	Officiating Clergyman <i>Bond</i>	
Washing and Dressing		Amount of Bill	<i>265 00</i>
Shaving		Goods Ordered by <i>Dorothy Backus</i>	
Services <i>Transfer</i>	<i>5 00</i>	Bill Charged to	
Use of Chairs			
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges	<i>15 00</i>		
Music			
Flowers			
<b>DR.</b>	<b>265.00</b>		

			<i>May 15, 1948 Check</i>	<i>265 00</i>
			<b>PAID</b>	
			<i>By Edward Backus</i>	



# RECORD AND BILL OF ITEMS

Yearly No. 4

FOR THE FUNERAL OF

Total to date 1962

Residence 35 Pine St. *John Taylor* Age of husband or wife if alive..... years

Place of Death " " " " Wife of *Martha Howarth*

Date of Birth 1 957 Nov 5 { 90 Years { Sex ..... { Color or Race  
 (Year) (Month) (Day)

Date of Death 19 48 Jan 25 { 2 Months { Single ..... {  
 (Year) (Month) (Day) Age { 20 Days { Married ..... {

Maiden Name ..... Occupation Paper Manufacturer Retired 21yr

Birth-place Berry, England His Birth-place England

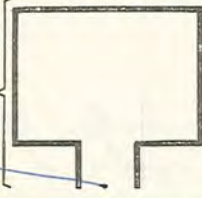
Name of Father Taylor Her Birth-place England

Maiden Name of Mother Ann Siltuidge

Cause of Death—Primary Senial Arteriosclerosis Secondary Chronic Myo.

Certifying Physician Fulger Residence.....

Place of Burial New Bedford Cemetery Pine Grove

Funeral Service at ..... Lot No. 

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

Date of Interment Jan. 28. 1948 Section.....

Social Security No. Rosemond Sykes Daughter Designate site of monument thus:

Casket or Coffin No. <u>170</u>	<u>235 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; shells</u>	<u>25 00</u>	Automobiles.....		
Burial Suit .....		Newspaper Notices.....		
Slippers .....				
Embalming <u>&amp; Services</u>	<u>35 00</u>			
Washing and Dressing .....				
Shaving <u>Transfers</u>	<u>10 00</u>			
Services .....				
Use of Chairs .....		Transportation Charges <u>to Woodstock</u>	<u>5 50</u>	<u>90</u>
Church Charges.....		Officiating Clergyman.....	<u>3 05</u>	
Cemetery Charges.....		Amount of Bill.....	<u>3 00</u>	<u>590</u>
Music.....		Goods Ordered by <u>Mrs Sykes</u>		
Flowers .....		Bill Charged to .....		

DR.

305.00

CR.

				<u>July 8 48</u>	<u>Co Check</u>	<u>100 00</u>
				<u>Oct. 24</u>	<u>1949</u>	<u>110 40</u>
				<u>Aug 10</u>	<u>1950</u>	<u>100 00</u>
					<b>PAID</b>	
					<i>Mrs Sykes</i>	

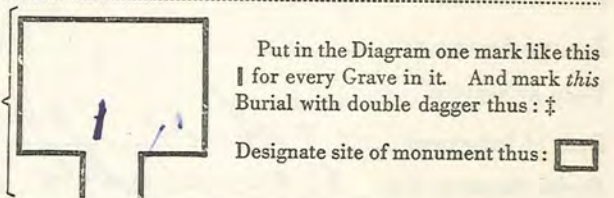
# RECORD AND BILL OF ITEMS

Yearly No. 5

FOR THE FUNERAL OF

Total to date 1963

James P. Coffin  
 Residence Saukatey Rd West. Sea Scout Age of husband or wife if alive 54 years  
 Place of Death N. C. Hospital 29 days Wife or Widow of Emily Parent  
 Date of Birth 18 Feb 6 Age { 76 Years { Sex { } Color or Race { }  
 (Year) (Month) (Day) { 11 Months { Single { }  
 Date of Death 1948 Jan 29 { 25 Days { Married { }  
 (Year) (Month) (Day)  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket Occupation Farmer Retired  
 Name of Father George F. Coffin His Birth-place Nantucket  
 Maiden Name of Mother Mary E. Blman Her Birth-place Nantucket  
 Cause of Death—Primary Anemia & Malnutrition Secondary Carcinoma of Stomach  
 Certifying Physician Cassaday Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P H  
 Funeral Service at \_\_\_\_\_ Lot No. 583  
 Time of Service \_\_\_\_\_ Grave No. 3  
 Date of Interment Feb 2 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Emily P. Coffin



Casket or Coffin No. <u>435<sup>12</sup></u>	<u>295 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>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>15 00</u>		
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Bond</u>	
Cemetery Charges _____	<u>15 00</u>	Amount of Bill _____	
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 420.00

CR.

				<u>Sept 1</u>	<u>1948. Check</u>		<u>420 00</u>

PAID  
By Emily P. Coffin

# RECORD AND BILL OF ITEMS

Yearly No. 6

FOR THE FUNERAL OF

Total to date 1964

Cesar G. Lopez

Residence 44 Washington St Age of husband or wife if alive..... years

Place of Death Barnstable Co. Sanatorium <sup>1/5 day</sup> Wife or Widow of.....

Date of Birth 1 (Year) Feb (Month) 7 (Day) Age { 76 Years { Sex..... { Color or Race

Date of Death 1948 (Year) Feb (Month) 7 (Day) { 8 Months { Single  { Colored

Maiden Name..... { 21 Days { Married.....

Birth-place Cape Verde Isl. Occupation Laborer

Name of Father John Antonio Lopez His Birth-place Cape Verde Isl.

Maiden Name of Mother Antonia Santos Her Birth-place.....

Cause of Death—Primary Natural Causes Secondary Cerebral Hem. Hypertension

Certifying Physician Ernest F. Curry Residence.....

Place of Burial Nantucket Cemetery St Marys

Funeral Service at..... Lot No. 1

Time of Service..... Grave No. 1 Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Date of Interment Feb 10, 1948 Section on island

Social Security No. Barnstable Records Self 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 1</u>	5 00
Burial Suit.....		<u>Car Please 1. Priest</u>	5 00
Slippers.....		Newspaper Notices.....	
Embalming.....		<u>Edwin D. Nickerson</u>	90 00
Washing and Dressing.....			100 00
Shaving.....			50 00
Services <u>Transfer</u>	10 00	Transportation Charges.....	
Use of Chairs.....		Officiating Clergyman.....	
Church Charges <u>Funeral</u>	25 00	Amount of Bill.....	158 00
Cemetery Charges.....	15 00	Goods Ordered by <u>Mary Solo</u>	
Music <u>Solemn dance &amp; March</u>	10 00	Bill Charged to <u>Public Welfare</u>	
Flowers.....			

DR.

50 00.

CR.

Pd.	E.	D. Nickerson	90 00	July 1.	July Check	160 00
July	2.	Car	10 00			
					PAID	
					By <u>Welfare Dept.</u>	



1945-1949

RECORD AND BILL OF ITEMS

Yearly No. 7

Total to date 1965

FOR THE FUNERAL OF

Louise Joy Eldredge

Residence 241 Mountain Way Rutherford N.J. 10966

Place of Death " " Wife or Widow of Wallace A. Eldredge

Date of Birth 1 (Year) 1978 (Month) Feb (Day) 17 (Day) Age 90 Years 7 Months 23 Days

Birth-place Brooklyn N.Y. Occupation None

Name of Father Benjamin Joy His Birth-place Nantucket

Maiden Name of Mother Abner M. Joy Her Birth-place U.S.A.

Cause of Death Primary Carcinoma of Secondary Tongue involving throat

Certifying Physician Residence Nantucket

Place of Burial Nantucket Cemetery P.H.

Funeral Service at Time of Service Feb 20 1948 Grave No. 651

Date of Interment Feb 20 1948 Social Security No. Mrs. J. H. Farnham Daughter



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

Table with columns for funeral items and their costs. Includes rows for Casket or Coffin, Linings, Handles, Outside Box, Burial Suit, Slippers, Embalming, Washing and Dressing, Shaving, Services, Use of Chairs, Church Charges, Cemetery Charges, Music, Flowers, Candles, Gloves, Bearers, Hearse, Removal, Automobiles, Newspaper Notices, Transportation Charges, Officiating Clergyman, Amount of Bill, Goods Ordered by, and Bill Charged to.

Handwritten notes on the left margin: 5 00, 5 10, 80 00, 44 00, 60 00

Handwritten note: 58 00

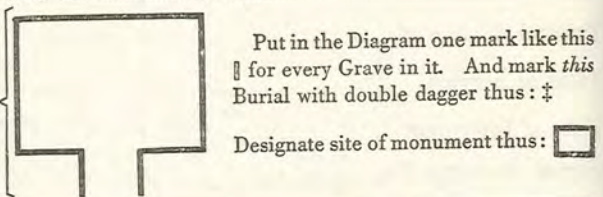
Handwritten note: CR. 60 00

Table with columns for payments. Includes a row for 'Mch 2 1948 Check' for 40 00 and a 'PAID' stamp signed by John J. Collinschere.

# RECORD AND BILL OF ITEMS

Yearly No. 8 FOR THE FUNERAL OF Total to date 1966

Residence Polpus Road Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death " Wife or Widow of Wilber De Long  
 Date of Birth 1 Dec 23 Age { 82 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
(Year) (Month) (Day)  
 Date of Death 1948 Feb 22 Age { 2 Months { Single \_\_\_\_\_ { \_\_\_\_\_  
(Year) (Month) (Day) Days { Married \_\_\_\_\_ { \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Birth-place Sabradour Occupation None  
 Name of Father Samuel Sennick His Birth-place ?  
 Maiden Name of Mother Abmira Cates Her Birth-place ?  
 Cause of Death—Primary Mitral Regurgitation Secondary Chronic Myocarditis  
 Certifying Physician Folger Residence \_\_\_\_\_  
 Place of Burial Entombed Feb 24 Cemetery \_\_\_\_\_  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. Evelyn D. Maglathlin



Casket or Coffin No. <u>2097 Mhz</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>Humester</u>	<u>56 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		<u>Apr. 3. Transfers</u>	<u>10 00</u>
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>10 00</u>		<u>506 00</u>
Use of Chairs _____		Transportation Charges _____	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman _____	
Cemetery Charges _____		Amount of Bill _____	<u>525 00</u>
Music _____		Goods Ordered by <u>Mrs. Maglathlin</u>	
Flowers _____		Bill Charged to _____	
<u>505.00</u>			

DR.		CR.	
	<u>June 29</u>		<u>1948 Check</u>
			<u>525 00</u>
<b>PAID</b>			
By <u>Mrs. Maglathlin Adm.</u>			

RECORD AND BILL OF ITEMS

Yearly No. 9 FOR THE FUNERAL OF Total to date 1967

George S. Nickerson

Residence 1. Beaver St Age of husband or wife if alive 54 years

Place of Death W. C. H. Wife or Widow of Etta B. Nickerson

Date of Birth 1 June 18 (Year) (Month) (Day) Sex Single Color or Race

Date of Death 19 48 Feb 23 (Year) (Month) (Day) Age 61 Years 8 Months 5 Days Married

Maiden Name Birth-place New Bedford Occupation Painter & Paper Hanger

Name of Father Charles E. Nickerson His Birth-place Provincetown

Maiden Name of Mother Mimmie Cornell Her Birth-place Provincetown

Cause of Death—Primary Sudden Death Secondary Cerebral Hem

Certifying Physician Folger Med Es Residence P. H.

Place of Burial Nantucket Cemetery P. H.

Funeral Service at Lot No. 744

Time of Service Date of Interment Feb 27 Section

Social Security No. Etta B. Nickerson

Table with columns for item description, price, and total. Includes items like Casket or Coffin No. 110 12, Candles, Gloves, Bearer or Porters, Hearse to, Removal, Automobiles, Newspaper Notices, Embalming, Washing and Dressing, Shaving, Services, Use of Chairs, Church Charges, Cemetery Charges, Music, Flowers, Transportation Charges, Officiating Clergyman, Amount of Bill, Goods Ordered by, Bill Charged to. Total: 235.00

DR. 230.00 CR.

Table with columns for date, description, and amount. Includes entry: Mch 9 1948 Cash 235.00

PAID By Etta B. Nickerson

# RECORD AND BILL OF ITEMS

Yearly No. 10.

FOR THE FUNERAL OF

Total to date 1968

Blanche L Cahoon

Residence 7 Back Street Age of husband or wife if alive..... years

Place of Death N.C.H. 3 ms Wife or Widow of.....

Date of Birth 1914 July 29 (Year) (Month) (Day) Age { 33 Years { Sex..... { Color or Race

Date of Death 1948 March 21 (Year) (Month) (Day) { 7 Months { Single  {

Maiden Name..... { 21 Days { Married..... {

Birth-place Nantucket Occupation None

Name of Father Edward S Cahoon His Birth-place West Dennis

Maiden Name of Mother Jimmie L Crowell Her Birth-place Dennisport

Cause of Death—Primary Chronic Nephritis Secondary Hypertension, Uremia

Certifying Physician Folger Residence.....

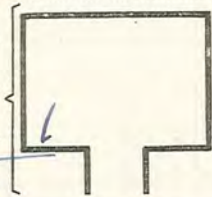
Place of Burial Nantucket Cemetery P.H.

Funeral Service at..... Lot No. 1051

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

Date of Interment March 24, 1948 Section.....

Social Security No. Suzette C Corkish 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>White Blush</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>	25 00	Automobiles.....	
Burial Suit.....		Newspaper Notices.....	
Slippers.....		Transportation Charges.....	
Embalming <u>f. Services</u>	35 00	Officiating Clergyman <u>Frederickson</u>	
Washing and Dressing.....		Amount of Bill.....	255 00
Shaving.....		Goods Ordered by <u>Suzette Corkish</u>	
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.....			
<b>DR. 265.00</b>		<b>CR.</b>	

				Apr. 12	1948 Check	250 00			
					Disc	5 00			
						255 00			
					<b>PAID</b>				
					By <u>Suzette C Corkish</u>				

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 11

FOR THE FUNERAL OF

Total to date 1969

Grace Irene Folger

Residence 149 Main St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 21 days Wife or Widow of J. Butler Folger

Date of Birth 1 1862 Aug 12 Age { 85 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 19 48 Mch 27 { 7 Months { Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 10 Days { Married \_\_\_\_\_

Birth-place Chipman New Brunswick Occupation None

Name of Father Isaac B. McGregor His Birth-place Chipman, N.B.

Maiden Name of Mother Matilda Nichols Her Birth-place \_\_\_\_\_

Cause of Death—Primary General Arteriosclerosis Secondary Chronic Myo. Arthritis

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

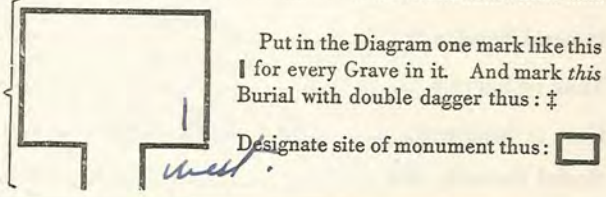
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 613

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

Date of Interment Mch 24 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Walter W. Cady



Casket or Coffin No. <u>1157<sup>12</sup></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>None</u>	<u>20 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Burial Suit _____		Newspaper Notices	<u>305 07</u>
Slippers _____		Transportation Charges	
Embalming <u>Funeral</u>	<u>35 00</u>	Officiating Clergyman <u>Bond</u>	
Washing and Dressing _____		Amount of Bill	<u>310 00</u>
Shaving _____		Goods Ordered by <u>Walter Cady</u>	
Services <u>Funeral</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>CR.</b>	<b>DR.</b>	<b>CR.</b>	

55 00  
5 00  
55 00

305.00

May 8. 1948 Check 310 00

**PAID**  
By Walter Cady

RECORD AND BILL OF ITEMS

Yearly No. 12

FOR THE FUNERAL OF

Total to date 1970

Residence Hummoch Pond Road Walter A. Subig  
 Age of husband or wife if alive 46 years

Place of Death " " " Wife or Widow of Gertrude Bloemer

Date of Birth 1896 March 25 Age 51 Years  Sex  Color or Race   
 (Year) (Month) (Day) 10 Months

Date of Death 1948 March 25     
 (Year) (Month) (Day) Days  Married

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

Birth-place Hamburg, Germany Occupation Gardener


Name of Father Carl Subig His Birth-place Germany

Maiden Name of Mother Louise Thiede Her Birth-place "

Cause of Death—Primary Sudden death Secondary Coronary thrombosis

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

Place of Burial W. Antwerp Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 964  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 March 27 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Gertrude Subig Designate site of monument thus:

Casket or Coffin No. <u>1297 Oak</u>	<u>325.00</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>Beate 1.</u>	<u>5.00</u>	
Slippers		Newspaper Notices		
Embalming <u>Services</u>	<u>50.00</u>	<u>1/2 set No. 964</u>	<u>50.00</u>	
Washing and Dressing			<u>450.00</u>	
Shaving		Transportation Charges		
Services <u>Transfers</u>	<u>15.00</u>	Officiating Clergyman <u>Bond &amp; Mastord</u>		
Use of Chairs		Amount of Bill	<u>500.00</u>	
Church Charges <u>Funeral</u>	<u>25.00</u>	Goods Ordered by		
Cemetery Charges <u>15.00</u>		Bill Charged to		
Music				
Flowers				

DR.

450.00

CR.

			Dec 15 1948	Check		300.00
			May 14 1949	"		100.00
			Dec 15	"		100.00

# RECORD AND BILL OF ITEMS

Yearly No. 13 FOR THE FUNERAL OF Total to date. 1971.

Mary L. Orpuri

Residence 3 Eagle Lane Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C.H. 1 day Wife or Widow of Clinton F. Orpuri

Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age 63 Years Sex Divorced Color or Race \_\_\_\_\_

Date of Death 1948 Apr 6 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age 63 Months \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birth-place St. Michaels Agnes Occupation House work

Name of Father Manuel Rapapa His Birth-place St. Michaels Agnes

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

Cause of Death—Primary Hypertensive heart disease Secondary Conjunctive failure

Certifying Physician Ed Patrick Residence \_\_\_\_\_

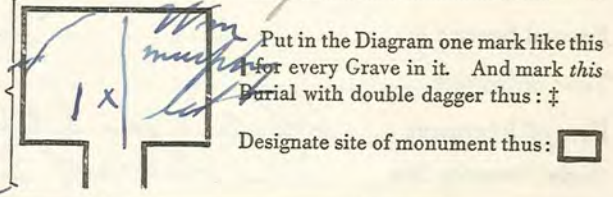
Place of Burial Manhasset Cemetery P.H. St Mary's

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

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

Date of Interment April 9-48 Section \_\_\_\_\_

Social Security No. Dianne Parlow Niece 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 _____	<u>Removal, Preparation</u>		
Slippers _____	Newspaper Notices <u>Casket, Pine Box</u>		
Embalming _____	<u>and Professional Services</u>	1 00 00	
Washing and Dressing _____	<u>Opening &amp; Closing Graves</u>	15 00	
Shaving _____	<u>Use of Cartage of hearse &amp; m.c.</u>	10 00	
Services _____	Transportation <u>See Shelton</u>		
Use of Chairs _____	Officiating Clergyman <u>Fitzgerald</u>		
Church Charges _____	Amount of Bill _____	1 35 00	
Cemetery Charges _____	Goods Ordered by <u>Public Welfare</u>		
Music _____	Bill Charged to _____		
Flowers _____			

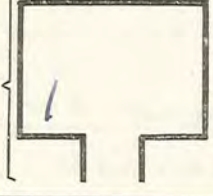
DR.								CR.
				July 1.	1948 Check			1 35 00
					<b>PAID</b>			
					By <u>Welfare Dept</u>			

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 14 FOR THE FUNERAL OF George H. Cushman Total to date 1972.

Residence Island Home Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death \_\_\_\_\_ Wife or Widow of \_\_\_\_\_  
 Date of Birth 1865 Oct 13 Age 82 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1948 Apr 12 Age 6 Months Single  Married   
 Maiden Name \_\_\_\_\_ Days \_\_\_\_\_  
 Birth-place Nantucket Occupation Farmer, Retired  
 Name of Father Howard Cushman His Birth-place Nantucket  
 Maiden Name of Mother Sydia C. Morri Her Birth-place Nantucket  
 Cause of Death—Primary Chronic Myo. Secondary Myocardial degeneration  
 Certifying Physician F. J. [unclear] Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 239  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Apr 14, 1948 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Island Home records



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

Casket or Coffin No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Lining and Pillow Set No. _____	Bearers or Porters _____
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault _____	Automobiles <u>Removal, Preparation</u>
Burial Suit _____	<u>Casket Pine Box and</u>
Slippers _____	Newspaper Notices <u>Professional Service</u> <u>1.00 00</u>
Embalming _____	<u>Opening &amp; Closing Grave</u> <u>15 00</u>
Washing and Dressing _____	<u>Use of Cartage of Lowering device &amp; mats</u> <u>10 00</u>
Shaving _____	Transportation Charges _____
Services _____	Officiating Clergyman <u>Fordh</u>
Use of Chairs _____	Amount of Bill <u>125 00</u>
Church Charges _____	Goods Ordered by <u>Welfare Dept</u>
Cemetery Charges _____	Bill Charged to _____
Music _____	
Flowers _____	

DR.

CR.

				July 1, 1948. Check	125 00
				<b>PAID</b>	
				By <u>Welfare Dept</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 15 FOR THE FUNERAL OF Total to date 1973

Charles S. Grant

Residence 3 Coon St Age of husband or wife if alive 43 years

Place of Death " " Wife or Widow of Ruth Jones

Date of Birth 1887 Oct. 13 Age 60 Years Sex Male Color or Race Colored

Date of Death 1948 Apr. 24 Age 6 Months Single

Maiden Name Married

Birth-place Nantucket Occupation Marine Coastal Warden Retired 6 yrs

Name of Father Charles A. Grant His Birth-place Jamaica, West Indies

Maiden Name of Mother Rachel C. Saco Her Birth-place Winslow Maine

Cause of Death—Primary Coronary Occlusion Secondary Arteriosclerosis Bronchial Asthma

Certifying Physician Collins Residence

Place of Burial Nantucket Cemetery Colored

Funeral Service at Lot No.

Time of Service Grave No.

Date of Interment April 27 Section

Social Security No. Ruth 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>1157</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</u>	<u>20.00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>&amp; Services</u>	<u>35.00</u>		
Washing and Dressing			
Shaving <u>Transfer</u>	<u>10.00</u>		
Services			
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25.00</u>	Officiating Clergyman <u>Folk</u>	
Cemetery Charges	<u>15.00</u>	Amount of Bill	<u>280.00</u>
Music		Goods Ordered by <u>Mrs Grant</u>	
Flowers		Bill Charged to " "	

DR. 280.00 CR.

		<u>July 10, 1948 Check</u>	<u>280.00</u>
<b>PAID</b>			
<u>By Mrs Grant</u>			

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 16 FOR THE FUNERAL OF Laurence Johnson Total to date 197.81

Residence Our Island Home Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 6 days Wife or Widow of Elizabeth F. Luce

Date of Birth 1 882 (Year) Mich (Month) 15 (Day) Age { 66 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 19 48 (Year) May (Month) 8 (Day) Age { 1 Months { Single \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ Age { 24 Days { Married \_\_\_\_\_ {

Birth-place Nantucket Occupation Farmer Retired 6 yrs

Name of Father Joseph A. Johnson His Birth-place Nantucket

Maiden Name of Mother Sada M. Thurston Her Birth-place Nantucket

Cause of Death—Primary Myocardial Secondary Cerebral Hem.

Certifying Physician F. Luce Residence \_\_\_\_\_

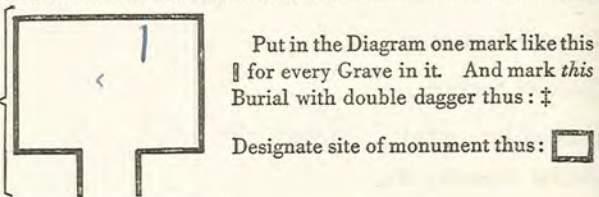
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 351

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

Date of Interment May 10 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Mark Johnson



Casket or Coffin No. <u>110 12</u>	130 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>Pease (Priest)</u>	3 00
Burial Suit _____	20 00	Newspaper Notices _____	
Slippers _____			
Embalming <u>of Services</u>	33 00		
Washing and Dressing _____			
Shaving _____			
Services <u>Transp.</u>	10 00		
Use of Chairs _____		Transportation Charges _____	
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman _____	
Cemetery Charges _____	15 00	Amount of Bill _____	258 00
Music _____		Goods Ordered by <u>Mark Johnson</u>	
Flowers _____		Bill Charged to _____	

DR. 255.00 CR.

July 21.	Pd Pease	3 00	July 15.	1948 Check Due	250 00 8 00

PAID

By Mark Johnson

# RECORD AND BILL OF ITEMS

Yearly No. 17

FOR THE FUNERAL OF

Total to date 1975

Residence Minnie Nichols Shell St. Seaconnet Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1883 July 15 (Year) (Month) (Day) Age 64 Years 9 Months 25 Days Sex Female Color or Race \_\_\_\_\_

Date of Death 1948 May 13 (Year) (Month) (Day) Maiden Name \_\_\_\_\_ Married \_\_\_\_\_

Birth-place Syria Occupation Sea Room of Variety Store

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

Maiden Name of Mother Sarah Nichols Her Birth-place Syria

Cause of Death—Primary Sudden death Secondary Heart disease Coronary thrombosis

Certifying Physician F. Logan Med. Co. Residence \_\_\_\_\_

Place of Burial Providence R.I. Cemetery North End

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

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

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

Social Security No. Mrs Donald Walker 125 Congdon St Providence R.I.

Casket or Coffin No. <u>110 R</u>	<u>135 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; hells</u>	<u>25 00</u>	Automobiles.....	
Burial Suit .....		Newspaper Notices.....	
Slippers .....			
Embalming <u>of Services</u>	<u>50 00</u>		
Washing and Dressing .....			
Shaving .....			
Services <u>Transfer</u>	<u>20 00</u>		
Use of Chairs .....		Transportation Charges <u>to N. Bedford</u>	<u>10 80</u>
Church Charges.....		Officiating Clergyman.....	<u>230 00</u>
Cemetery Charges.....		Amount of Bill.....	<u>240 80</u>
Music.....		Goods Ordered by <u>Mrs Donald Walker</u>	
Flowers .....		Bill Charged to .....	

DR. 230.00 CR.

		<u>Nov 30</u>	<u>1948 Check</u>	<u>240 80</u>
			<b>PAID</b>	
			By <u>Mrs Donald Walker</u>	

1945-1949

RECORD AND BILL OF ITEMS

Yearly No. 18

FOR THE FUNERAL OF

Total to date 1976

Residence *1 School St* *May H. Congdon*  
 Age of husband or wife if alive ..... years  
 Place of Death .....  
 Date of Birth *1* *May* *5*  
 (Year) (Month) (Day)  
 Date of Death *1948* *17*  
 (Year) (Month) (Day) Age *55* Years { Sex ..... } Color or Race  
 { *0* Months { Single  }  
 { *12* Days { Married  }  
 Maiden Name .....  
 Birth-place *Brooklyn N.Y.* Occupation *Music teacher, Retired 29 yrs*  
 Name of Father *Joseph W. Congdon* His Birth-place *Nantucket*  
 Maiden Name of Mother *Mary E. Sabber* Her Birth-place *New York City*  
 Cause of Death—Primary ..... Secondary .....  
 Certifying Physician *F. J. ...* Residence .....  
 Place of Burial *Allenton R.D.* Cemetery *Elm Grove*  
 Funeral Service at ..... Lot No. *77*  
 Time of Service ..... Grave No. ....  
 Date of Interment *May 24* Section .....  
 Social Security No. *Josephine H. 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. <i>115</i>	<i>175 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 &amp; holly</i>	<i>25 00</i>	Automobiles	
Burial Suit		Newspaper Notices	<i>8 65</i>
Slippers		<i>Telegram</i>	<i>3 00</i>
Embalming <i>of Services</i>	<i>50 00</i>	<i>Pal. George C. Cranston</i>	<i>95 00</i>
Washing and Dressing		Transportation Charges	<i>7 20</i>
Shaving		Officiating Clergyman <i>Bond</i>	<i>270 00</i>
Services <i>Transfers</i>	<i>20 00</i>	Amount of Bill	<i>381 85</i>
Use of Chairs		Goods Ordered by <i>Josephine Congdon</i>	
Church Charges		Bill Charged to	
Cemetery Charges			
Music			
Flowers			

DR. *270.00* CR.

<i>Shipped to</i>	<i>July 12</i>	<i>1948 Check</i>	<i>381.85</i>
<i>George C. Cranston</i>			
<i>Funeral Home</i>			
<i>West Main St.</i>			
<i>Wickford, R.I.</i>			
<i>Miss Ethel Gardner</i>			
<i>Supt. Elm Grove Cemetery</i>			
<i>Allenton R.D. Box No 77</i>			

# RECORD AND BILL OF ITEMS

Yearly No. 19

FOR THE FUNERAL OF

Total to date 1977

Annice S. Bowen

Residence 14 Lily St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. O. 3 days Wife or Widow of Everett H. Bowen

Date of Birth 1866 Sept 16 Age 81 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1948 May 23 10 Months Single \_\_\_\_\_

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

Birth-place Mantucket Occupation None

Name of Father Peter Brock His Birth-place Mantucket

Maiden Name of Mother Abbie Gardner Her Birth-place "

Cause of Death—Primary Cardiac failure Secondary Chronic mys., Solar Pneumonia

Certifying Physician John Lewis Residence \_\_\_\_\_

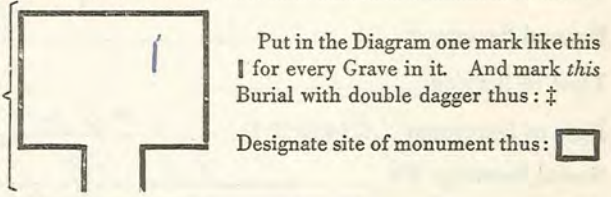
Place of Burial Mantucket Cemetery North

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

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

Date of Interment May 27 Section \_\_\_\_\_

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



Casket or Coffin No. <u>115<sup>12</sup></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</u>	<u>20 00</u>	Automobiles <u>Wood 3</u>	<u>15 00</u>
Burial Suit <u>Gray dress</u>	<u>18 00</u>	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>Bond</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>313 00</u>
Music		Goods Ordered by <u>Clara Baker</u>	
Flowers		Bill Charged to	

DR. 298.00 CR.

<u>July 22</u>	<u>Pd Allan</u>	<u>15 00</u>	<u>July 15</u>	<u>1948 Check</u>	<u>313 00</u>

1945-1949

RECORD AND BILL OF ITEMS

Yearly No. 20

FOR THE FUNERAL OF

Total to date 1978

Residence Ellenwood Folger  
19 Washington St Milton Mass Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death On convey at sea off West Indies. Wife or Widow of Sila M. Folger  
 Date of Birth 1893 (Year) 12 (Month) 23 (Day) Age { 49 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1943 (Year) Dec (Month) 15 (Day) { 9 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 8 Days { Married \_\_\_\_\_  
 Birth-place Nantucket Occupation Captain U.S. Marine's Service  
 Name of Father Edmund W. Folger His Birth-place Nantucket  
 Maiden Name of Mother Sarah F. Sylvia Her Birth-place Nantucket  
 Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment June 3, 1948 Section \_\_\_\_\_  
 Social Security No. Sila M. Folger 19 Washington St Milton 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 <u>Price 1</u>	<u>5 00</u>
Burial Suit		" <u>1</u>	<u>3 00</u>
Slippers		Newspaper Notices	
Embalming		Transportation Charges	
Washing and Dressing		Officiating Clergyman <u>Regions</u>	
Shaving <u>Transfer</u>	<u>10 00</u>	Amount of Bill	<u>73 00</u>
Services	<u>10 00</u>	Goods Ordered by <u>Sila Folger</u>	
Use of Chairs <u>Prayer Rail Etc.</u>	<u>5 00</u>	Bill Charged to	
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>15 00</u>		
Music			
Flowers			

DR. 65.00 CR.

July 12	Pd Price	8 00	July 9	1948 check	73 00

PAID  
By Sila Folger

# RECORD AND BILL OF ITEMS

Yearly No. 21

FOR THE FUNERAL OF

Total to date 1979

*Mary Baker Babcock*

Residence Star Route, Eureka, California 299 Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Same Wife or Widow of Allen H Babcock

Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age 83 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Date of Death 1948 (Year) March (Month) 20 (Day) \_\_\_\_\_ Months \_\_\_\_\_ Single \_\_\_\_\_

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

Birth-place Boston Occupation None

Name of Father John B. Folger His Birth-place Nantucket

Maiden Name of Mother Emily Barker Swanwick Her Birth-place "

Cause of Death—Primary Atherosclerosis Secondary Myocarditis

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

Place of Burial Nantucket Cemetery North

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

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

Date of Interment June 5 Section \_\_\_\_\_

Social Security No. Annie Alden Folger 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 _____	Automobiles _____
Burial Suit _____	Newspaper Notices _____
Slippers _____	<u>Interment of Ashes</u> <u>10 00</u>
Embalming _____	
Washing and Dressing _____	
Shaving _____	
Services _____	
Use of Chairs _____	Transportation Charges _____
Church Charges _____	Officiating Clergyman <u>Dr. Gardner</u>
Cemetery Charges _____	Amount of Bill <u>10 00</u>
Music _____	Goods Ordered by <u>Annie A. Folger</u>
Flowers _____	Bill Charged to _____

DR.

CR.

<u>Thomas Folger Babcock</u>	<u>July 10</u>	<u>1948 check</u>	<u>10 00</u>
<u>Star Route</u>			
<u>Eureka, Calif</u>			
		<b>PAID</b>	
		<u>By Thomas Folger Babcock</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to date 1980

*Elizabeth Ann Kenyon*

Residence Derry more Road Age of husband or wife if alive \_\_\_\_\_ years

Place of Death North Reading State Sanatorium Wife or Widow of

Date of Birth 1 (Year) 1 (Month) 1 (Day) Age 2 mos 11 days Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1948 (Year) June (Month) 16 (Day) Age 2 Months Single \_\_\_\_\_ Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ 17 Days

Birth-place Nantucket Occupation None

Name of Father Roland A. Kenyon Jr. His Birth-place Nantucket

Maiden Name of Mother Doris Macy Her Birth-place 14

Cause of Death—Primary Tuberculous meningitis Secondary Non contagious

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

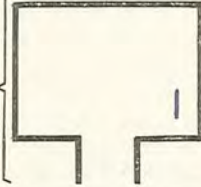
Place of Burial Nant Cemetery PH

Funeral Service at \_\_\_\_\_ Lot No. 834

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

Date of Interment June 19, 1948 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ 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. _____	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>Lot No. 834.</u>	<u>60 00</u>	
Embalming _____		<u>65 00</u>	
Washing and Dressing _____			
Shaving <u>Transfer</u>	<u>10 00</u>		
Services _____	<u>20 00</u>		
Use of Chairs _____	Transportation Charges _____		
Church Charges <u>Funeral</u>	Officiating Clergyman <u>Strong</u>		
Cemetery Charges _____	Amount of Bill _____	<u>125 00</u>	
Music _____	Goods Ordered by <u>Roland Kenyon Jr.</u>		
Flowers _____	Bill Charged to _____		

DR. 65.00 CR.

				<u>Aug 12</u>	<u>48 Check</u>		<u>50 00</u>
				<u>26</u>	<u>" "</u>		<u>50 00</u>



# RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date 1981.

Robert Wisley Atkins

Residence 375 Park Ave. N.Y. City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death St. Lukes Hosp. N.Y. City Wife or Widow of Dorothy Megraw

Race \_\_\_\_\_ Date of Birth 1889 June 2 (Year) (Month) (Day) Age { 58 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1947 Dec. 21 (Year) (Month) (Day) Age { 6 Months { Single \_\_\_\_\_ { \_\_\_\_\_

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

Birth-place Boston Occupation President of Hat Corp.

Name of Father Edwin F. Atkins His Birth-place Boston

Maiden Name of Mother Katharine Wisley Her Birth-place Boston

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

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

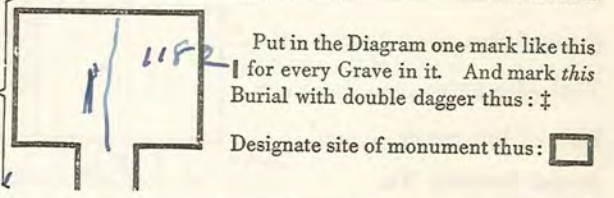
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 1188

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

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

Social Security No. \_\_\_\_\_ Dorothy M. Atkins



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>150 00</u>	Automobiles <u>for Clergy</u>	<u>3 00</u>
Burial Suit _____		<u>Wood 1</u>	<u>5 00</u>
Slippers _____		Newspaper Notices <u>Doan Beale</u>	<u>77 50</u>
Embalming _____		Transportation Charges _____	
Washing and Dressing _____		Officiating Clergyman <u>Dr. Hitchcock</u>	
Shaving _____		<u>Wiston, Mass</u>	
Services _____	<u>50 00</u>	Amount of Bill _____	<u>340 50</u>
Use of Chairs _____		Goods Ordered by <u>Mrs. Atkins</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Bill Charged to <u>Mrs. Atkins</u>	
Cemetery Charges _____	<u>20 00</u>		
Music <u>Use of Mats</u>	<u>10 00</u>		
Flowers _____			

DR. 255.00

CR.

Aug 20	Pd Wood	5 00	Aug 18	Check	340 00
18	Doan & Beal	77 50			
				PAID	
				By: <u>Attorney</u>	

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 234

FOR THE FUNERAL OF

Total to date 1982

Maria Post O'Connor

Residence 139 E. 66th St. N.Y. City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Quidnet Wife or Widow of John Christopher O'Connor

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

Date of Death 1948 (Year) July (Month) 6 (Day) \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age 93 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_ }  
 { Months \_\_\_\_\_ Single \_\_\_\_\_ }  
 { Days \_\_\_\_\_ Married \_\_\_\_\_ }

Birth-place New York City Occupation None

Name of Father Henry A. Post His Birth-place New York City

Maiden Name of Mother Maria Farguhar Taylor Her Birth-place \_\_\_\_\_

Cause of Death—Primary Hypertension Secondary heart disease

Certifying Physician Bill Residence Greenwood

Place of Burial New York City Cemetery \_\_\_\_\_

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

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

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

Social Security No. Mrs. Edward J. Butler



Casket or Coffin No. <u>1797</u>	<u>495 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>Brick &amp; shells</u>	<u>25 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing			
Shaving <u>Transfer</u>	<u>20 00</u>	<u>Telegram</u>	<u>85</u>
Services		Transportation Charges <u>to New York</u>	<u>35 45</u>
Use of Chairs		Officiating Clergyman	
Church Charges		Amount of Bill	<u>626.30</u>
Cemetery Charges		Goods Ordered by	
Music		Bill Charged to <u>Thomas G. Grace</u>	
Flowers			

DR. 590.00 CR.

<u>Thomas G. Grace Atty.</u>	<u>Sept 2</u>	<u>1948 Check</u>	<u>626.30</u>
<u>1 Cedar St.</u>			
<u>N.Y. City</u>			
		<u>PAID</u>	
		<u>By Attorney</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 25

FOR THE FUNERAL OF

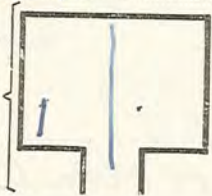
Total to date 1983

Olive Lawrence Andrews

Residence 149 Main St 3rd Age of husband or wife if alive 63 years

Place of Death " " " " Wife or Widow of Floyd W. Andrews

Date of Birth 1 886 (Year) Sept (Month) 30 (Day) Age { 61 Years { Sex { } Color or Race { }  
 Date of Death 19 48 (Year) July (Month) 6 (Day) { 9 Months { Single { }  
 Maiden Name { 6 Days { Married { }  
 Birth-place New Haven Conn Occupation Housewife  
 Name of Father Edward Lawrence His Birth-place New York  
 Maiden Name of Mother Cornelia J. Detmars Her Birth-place " "  
 Cause of Death—Primary carbon monoxide poisoning found dead on kitchen floor Secondary " "  
 Certifying Physician Folan Med Ex Residence all burners of gas stove opened suicide  
 Place of Burial Nantucket Cemetery P H  
 Funeral Service at \_\_\_\_\_ Lot No. 2927  
 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>110</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>20 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices	
Slippers _____		<u>1/2 Lot No. 927</u>	<u>30 00</u>
Embalming <u>Services</u>	<u>50 00</u>	Transportation Charges	
Washing and Dressing _____		Officiating Clergyman	
Shaving _____		Amount of Bill	<u>265 00</u>
Services _____		Goods Ordered by <u>Mr Andrews</u>	
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. 235.00</b>			

<b>CR.</b>	
	<u>Sept 13 1948 Check 265 00</u>
<b>PAID</b>	
By <u>Mr Andrews</u>	

RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to date 1984

Residence *Polpis road* *Bessie H. Boyd* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " Wife or Widow of *John S. Boyd*

Date of Birth 1 (Year) \_\_\_\_\_ Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 19 *48* (Year) *July* (Month) *15* (Day) Age *85* Years *11* Months *19* Days Single \_\_\_\_\_ Married \_\_\_\_\_

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

Birth-place *Milltown New Brunswick* Occupation *None*

Name of Father *Edward Gunn* His Birth-place *Milltown N.B.*

Maiden Name of Mother *Elizabeth McHewer* Her Birth-place " "

Cause of Death—Primary *Chronic occlusion* Secondary *Senile Arteriosclerosis*

Certifying Physician *Gill* Residence \_\_\_\_\_

Place of Burial *Winthrop Mass* Cemetery *Winthrop*

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

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

Date of Interment *July 19* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ *Helen B. Gupstill*  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>K357 12</i>	<i>325 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 &amp; hdds</i>	<i>25 00</i>	Automobiles	
Burial Suit		Newspaper Notices	<i>2 00</i>
Slippers		<i>Telegram</i>	<i>86</i>
Embalming <i>Services</i>	<i>50 00</i>	<i>Tel Calls</i>	<i>1 50</i>
Washing and Dressing			
Shaving <i>Transfer</i>	<i>20 00</i>		
Services			
Use of Chairs		Transportation Charges	<i>10 98</i>
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	<i>435 34</i>
Music		Goods Ordered by <i>Mrs Gupstill</i>	
Flowers		Bill Charged to " "	

DR. 420.00

CR.

		<i>Aug 11 1948 Checks</i>	<i>435 34</i>
		<b>PAID</b>	
		<i>By Mrs Gupstill</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 27

FOR THE FUNERAL OF

Total to date 1985

*Carekin & Proodian*

Residence 16 Gardner St. Age of husband or wife if alive 49 years

Place of Death          Wife or Widow of Arayeg Tegnazian

Date of Birth 1 883 June 26 (Year) (Month) (Day) Age 65 Years { Sex          Color or Race         

Date of Death 19 48 July 17 (Year) (Month) (Day) { 0 Months { Single         

Maiden Name          { 21 Days { Married         

Birth-place Armenia Occupation Optomist & Jeweler

Name of Father Stephen Proodian His Birth-place Armenia

Maiden Name of Mother          Her Birth-place         

Cause of Death—Primary Sudden death Secondary Heart Disease Coronary Thrombosis

Certifying Physician Folan Med. Nantucket Residence         

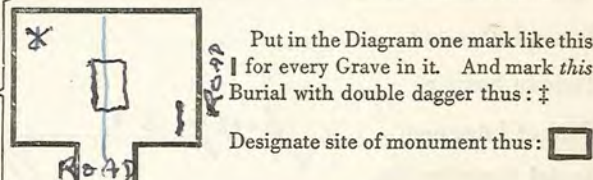
Place of Burial          Cemetery P.H.

Funeral Service at          Lot No. 1/2 871

Time of Service          Grave No.         

Date of Interment July 20 Section         

Social Security No. Arayeg Proodian



Casket or Coffin No. <u>4357</u>	<u>325 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 <del>Box</del> Vault <u>        </u>	<u>150 00</u>	Automobiles <u>Wood 2</u>	<u>10 00</u>
Burial Suit		<u>1/2 Lot 910 871</u>	<u>30 00</u>
Slippers		Newspaper Notices	
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfers</u>	<u>10 00</u>		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Bond</u>	
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>620 00</u>
Music		Goods Ordered by <u>Mrs Proodian</u>	
Flowers		Bill Charged to <u>        </u>	

DR.

580.00

CR.

		<u>Dec 7 1948 check</u>	<u>620 00</u>
<u>Pd P.H. CA Lot</u>	<u>30 00</u>		
<u>in Wood 2 Cars</u>	<u>10 00</u>		
		<b>PAID</b>	
		<u>By Mrs Proodian</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF

Total to date 1986

Frank H. Thurston,

Residence 21 Pine St. Age of husband or wife if alive..... years

Place of Death..... Wife or Widow of Clara J. Fush

Date of Birth 1 mech 2 Age { 82 Years { Sex..... Color or Race  
 (Year) (Month) (Day)  
 Date of Death 1948 July 19 { 4 Months { Single.....  
 (Year) (Month) (Day)  
 Maiden Name..... { 17 Days { Married.....

Birth-place Nantucket Occupation Mason retired 10 yrs

Name of Father Nathaniel Thurston His Birth-place Maine

Maiden Name of Mother Susan Gardner Her Birth-place Nant

Cause of Death—Primary Sudden death Secondary Heart disease, Coronary thromb

Certifying Physician Folger Med. Co. Residence.....

Place of Burial Nant. Cemetery P.H.

Funeral Service at..... Lot No. 190

Time of Service..... Grave No. 1 Put in the Diagram one mark like this  
 for every Grave in it. And mark this  
 Burial with double dagger thus: †

Date of Interment July 22 Section..... Designate site of monument thus:

Social Security No. Margaret Appleton

Casket or Coffin No. <u>110</u>	<u>135 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>Pease 1,</u>	<u>5 00</u>
Burial Suit.....		<u>Wood 1</u>	<u>5 00</u>
Slippers.....		Newspaper Notices.....	
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing.....			
Shaving.....			
Services <u>Transfers</u>	<u>10 00</u>		
Use of Chairs.....		Transportation Charges.....	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Strong</u>	<u>10 00</u>
Cemetery Charges <u>F</u>	<u>15 00</u>	Amount of Bill.....	<u>260 00</u>
Music.....		Goods Ordered by.....	
Flowers.....		Bill Charged to.....	

DR. CR.

<u>Aug 3</u>	<u>3</u>	<u>Pd. Mr Strong</u>	<u>10 00</u>	<u>Aug 3</u>	<u>3</u>	<u>48. C. D. O. O. F.</u>	<u>75 00</u>
<u>Sept 11</u>	<u>11</u>	<u>Wood</u>	<u>5 00</u>	<u>Sept 11</u>	<u>11</u>	<u>Mo 4.</u>	<u>165 00</u>
<u>"</u>	<u>"</u>	<u>Pease</u>	<u>5 00</u>				
						<b>PAID</b>	
						<u>By Mo 4.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 29

FOR THE FUNERAL OF

Total to date 1987

William R. Hathaway

Residence San Francisco Calif. Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1 858 may 21 (Year) (Month) (Day) Age { 62 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Date of Death 19 20 July 30 (Year) (Month) (Day) Age { 2 Months { Single \_\_\_\_\_ } \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 8 Days { Married \_\_\_\_\_ } \_\_\_\_\_

Birth-place Nantucket Occupation Water Commissioner

Name of Father William Hathaway His Birth-place ?

Maiden Name of Mother Mary H. Her Birth-place ?

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

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

Place of Burial Nantucket Cemetery PH

Funeral Service at \_\_\_\_\_ Lot No. 261

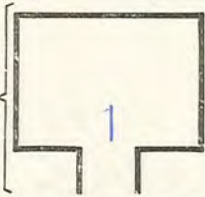
Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_

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>Nat. Gen.</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>None</u>	<u>20.00</u>	Automobiles <u>Pease 1.</u>		<u>5.00</u>
Burial Suit		Newspaper Notices		
Slippers		<u>Lot No. 880.</u>		<u>60.00</u>
Embalming <u>of 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		
Cemetery Charges	<u>15.00</u>	Amount of Bill		<u>445.00</u>
Music		Goods Ordered by <u>Mrs Ruth.</u>		
Flowers		Bill Charged to		

DR. 380.00 CR.

		<u>Oct. 4, 1948 Cash</u>		<u>445.00</u>
		<b>PAID</b>		
		<u>By George Ruth.</u>		

RECORD AND BILL OF ITEMS

Yearly No. 30

FOR THE FUNERAL OF

Total to date 1988

*Edward F. Fearing*

Residence Santa Susana Calif Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Mary Hathaway

Date of Birth 1871 Apr 13 (Year) (Month) (Day) Age 53 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_ }  
1924 July 7 (Year) (Month) (Day) Age 3 Months { Single \_\_\_\_\_ }  
1 Days { Married \_\_\_\_\_ }

Maiden Name \_\_\_\_\_ Birth-place Boston Occupation Fruit ranch

Name of Father Cushing Fearing His Birth-place Boston

Maiden Name of Mother Orantha Randall Her Birth-place Newbury Vt.

Cause of Death—Primary Fractured skull Secondary R.R. Crossing Accident

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

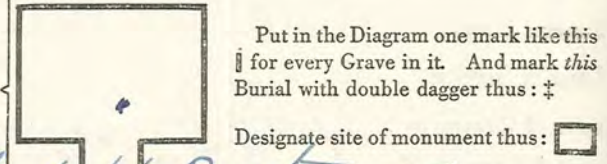
Place of Burial Nant P Cemetery PH

Funeral Service at \_\_\_\_\_ Lot No. 261

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

Date of Interment July 15, 1948 Section \_\_\_\_\_

Social Security No. Charles C. Fearing, Haverford St Boston 15.



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

DR.

CR.




# RECORD AND BILL OF ITEMS

Yearly No. 31 FOR THE FUNERAL OF Mary Hathaway Fearing Total to date 1989

Residence Sunni Calif Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Edwin F. Fearing

Date of Birth 1 8 77 Mich. 18 { 67 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
(Year) (Month) (Day)      { 7 Months { Single \_\_\_\_\_  
 Date of Death 19 3 8 Oct. 23 { 5 Days { Married \_\_\_\_\_  
(Year) (Month) (Day)      Age

Maiden Name \_\_\_\_\_ Occupation House wife

Birth-place Nantucket His Birth-place \_\_\_\_\_


Name of Father William B. Hathaway Her Birth-place \_\_\_\_\_

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

Cause of Death—Primary Acute cardiac Secondary Insufficiency Chronic M yo

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

Place of Burial Nantucket Cemetery Pt

Funeral Service at \_\_\_\_\_ Lot No. 261  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. \_\_\_\_\_ Charles C. Fearing, Boston Mass. 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
Washing and Dressing	Amount of Bill
Shaving	Goods Ordered by
Services	Bill Charged to
Use of Chairs	
Church Charges	
Cemetery Charges	
Music	
Flowers	

PAID

DR.

CR.


PAID

# RECORD AND BILL OF ITEMS

Yearly No. 32

FOR THE FUNERAL OF

Total to date 1990

Residence Clifton Lane Sea Scout Age of husband or wife if alive 72 years

Place of Death " Wife or Widow of Gladys H. Holgate

Date of Birth 1901 Jan 27 Age 47 Years 6 Months 3 Days Sex Female Color or Race

Date of Death 1948 July 30 Maiden Name  Married Yes

Birth-place Synn Mass. Occupation Day laborer

Name of Father Edward E. Reith His Birth-place Nantucket

Maiden Name of Mother Eliza C. Crocker Her Birth-place Bridgewater

Cause of Death—Primary Heart disease Secondary Coronary thrombosis

Certifying Physician Folger Med. Co. Residence

Place of Burial  Cemetery

Funeral Service at  Lot No. 880

Time of Service  Grave No.

Date of Interment Aug 1 Section

Social Security No. 030-07-1215 William F. Reith 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>Walpin</u>	<u>275 00</u>	Candles	
Size		Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	<u>20 00</u>	Automobiles <u>Please 1</u>	<u>5 00</u>
Burial Suit		<u>Set No 880</u>	<u>60 00</u>
Slippers		Newspaper Notices	
Embalming <u>Services</u>	<u>35 00</u>		
Washing and Dressing			
Shaving <u>Transfer</u>	<u>10 00</u>		
Services			
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	<u>445 00</u>
Music		Goods Ordered by <u>Mrs Reith</u>	
Flowers		Bill Charged to <u>"</u>	

DR. 380.00

CR.

Oct 9	Pd. Inva	<u>25 00</u>	Oct 4	48. Cash	<u>445 00</u>

**PAID**  
By George Reith

# RECORD AND BILL OF ITEMS

Yearly No. 33

FOR THE FUNERAL OF

Total to date 1991

*Maj. Gen. Maxwell Murray*

Residence 2710-36th St. Washington, D.C. Age of husband or wife if alive 57 years

Place of Death off Knight St. Secrest Wife or Widow of Phyllis Howard

Date of Birth 1895-1 June 19 Age 63 Years Sex Female Color or Race White

Date of Death 1948 Aug 4 Age 0 Months Single  Married

Maiden Name Phyllis Howard

Birth-place West Point, N.Y. Occupation Retired U.S. Maj. Gen. USA

Name of Father Arthur Murray His Birth-place Bowling Green, Mo.

Maiden Name of Mother Sarah de. Ristey Her Birth-place Fort Monroe, Va.

Cause of Death—Primary Heart disease Secondary Coronary thrombosis

Certifying Physician F. Olan Med. Ex. Residence Burlington National

Place of Burial Arlington Va. Cemetery Burlington National

Funeral Service at Arlington Va. Lot No. [Diagram] 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 7. Grave No. [Diagram]

Date of Interment Aug 7. Section [Diagram] Designate site of monument thus:

Social Security No. St. Col. Arthur M. Murray Camp Hood Texas

Casket or Coffin No. <u>110</u>	<u>135 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; hells</u>	<u>25 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman	
Washing and Dressing		Amount of Bill	<u>230 00</u>
Shaving		Goods Ordered by <u>Mrs. Murray</u>	
Services <u>Transfer</u>	<u>20 00</u>	Bill Charged to	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

CR.	DR.	230.00	CR.
<u>5 00</u>	<u>Enlisted June 14, 1903 at West Point, N.Y.</u>	<u>Aug 23, 1948 G. Check</u>	<u>80 00</u>
<u>10 00</u>	<u>Serial No. 0-2216</u>	<u>May 21, 1949 " " " " " "</u>	<u>150 00</u>
<u>15 00</u>	<u>Date: Sept. 20, 1946 at Ft. Meade,</u>		
	<u>Maj. Gen. U.S. Army Maryland</u>		
		<b>PAID</b>	
		<u>St. Col. Arthur M. Murray</u>	
		<u>&amp; U.S. G.</u>	

1945-1949

RECORD AND BILL OF ITEMS

Yearly No. 33

FOR THE FUNERAL OF

Total to date 1992

*Martin Gaines*

Residence *318 College Ave. Rogersville, Tenn.* Age of husband or wife if alive *49* years

Place of Death *N. C. H. 3 hrs.* Wife or Widow of *Mary Jones Gaines*

Date of Birth *1 1898 June* Age *50* Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death *19 48 Aug 5* *0* Months Single \_\_\_\_\_

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

Birth-place *Rogersville, Tenn.* Occupation *Butler*

Name of Father *Andrew Gaines* His Birth-place *Rogersville, Tenn.*

Maiden Name of Mother *Cordelia McKimsey* Her Birth-place \_\_\_\_\_

Cause of Death—Primary *F.* Secondary \_\_\_\_\_

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

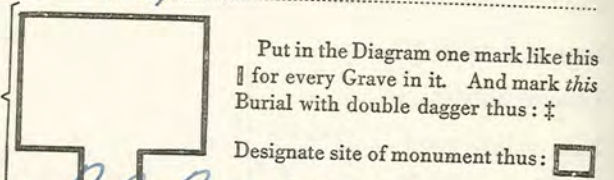
Place of Burial *Rogersville Tenn* Cemetery *Mitchell*

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

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

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

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



Casket or Coffin No.	<i>1157 12</i>	<i>206 60</i>	Candles	<i>Rogersville, Tenn.</i>	
Size			Gloves		
Lining and Pillow Set No.			Bearers or Porters		
Handles			Hearse to		
Plate			Removal		
Outside Box or Vault	<i>Pine &amp; holly</i>	<i>25 00</i>	Automobiles		
Burial Suit			Newspaper Notices		
Slippers			Transportation Charges	<i>to Tenn</i>	<i>105 00</i>
Embalming	<i>Services</i>	<i>50 00</i>	Officiating Clergyman		
Washing and Dressing			Amount of Bill		<i>390 00</i>
Shaving			Goods Ordered by	<i>Mrs Gaines</i>	
Services	<i>Transfer</i>	<i>10 00</i>	Bill Charged to		
Use of Chairs					
Church Charges					
Cemetery Charges					
Music					
Flowers					
DR.		<i>285 00</i>	CR.		

				<i>Aug 7.</i>	<i>48 Check/ Cash</i>	<i>390 00</i>
<b>PAID</b>						
<i>By Mrs Gaines.</i>						

RECORD AND BILL OF ITEMS

Yearly No. 3735

FOR THE FUNERAL OF

Total to date 1993

Hazelhurst Emerson Armstrong  
 Residence 32 Central St. Beverly Age of husband or wife if alive 64 years  
 Place of Death Beverly Hosp 4 mos Wife or Widow of Marion Bruley  
 Date of Birth 1 (Year) 1 (Month) 1 (Day) Age { 64 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 48 (Year) Aug 7 (Month) \_\_\_\_\_ (Day) { \_\_\_\_\_ Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { \_\_\_\_\_ Days { Married \_\_\_\_\_  
 Birth-place Brooklyn N.Y. Occupation Secretary Retired  
 Name of Father George C. Armstrong His Birth-place Belfast, Ireland  
 Maiden Name of Mother Fanny Hazelhurst Her Birth-place Brooklyn N.Y.  
 Cause of Death—Primary Congestive heart failure Secondary Calcified aortic valves  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery 10th  
 Funeral Service at \_\_\_\_\_ Lot No. 701 Grave No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Section \_\_\_\_\_  
 Date of Interment Aug 11. Social Security No. \_\_\_\_\_  
 \_\_\_\_\_ Marion Armstrong 32 Central St Beverly



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>Emetary Chgs</u>	<u>20 00</u>
Handles		Hearse to <u>Emetary</u>	<u>25 00</u>
Plate		Removal <u>Tom Boat</u>	<u>10 00</u>
Outside Box or Vault		Automobiles <u>Wood 1</u>	<u>5 00</u>
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman <u>Bond</u>	<u>5 00</u>
Washing and Dressing		Amount of Bill	<u>65 00</u>
Shaving		Goods Ordered by	
Services		Bill Charged to	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

CR.

Aug 14.	<u>Pa Herbert</u>	<u>5 00</u>	Aug 12	<u>48 Cash</u>	<u>65 00</u>

PAID

By Mrs Armstrong

# RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 1994

Erasts W. Pond

Residence 29 Milk St. Age of husband or wife if alive 56 years

Place of Death " Wife or Widow of Effie Lake

Date of Birth 1869 Mch 15 { 79 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) Age { 4 Months { Single \_\_\_\_\_ {  
 Date of Death 1948 Aug 12 { 25 Days { Married  {  
 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Occupation Clergyman retired 1892

Birth-place Platteville, Wisconsin His Birth-place Cambridge, Mass

Name of Father Jeremie E Pond Her Birth-place Indiana

Maiden Name of Mother Jennie Wilson Baird Secondary \_\_\_\_\_

Cause of Death—Primary Decompensated Heart Secondary Arteriosclerosis

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

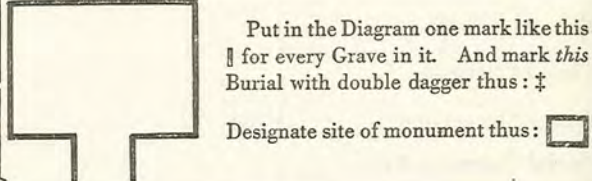
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 739

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

Date of Interment Aug 14 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Effie L Pond



Casket or Coffin No. <u>115<sup>2</sup></u>	<u>185 00</u>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside <del>Box</del> or Vault _____	<u>150 00</u>	Automobiles <u>Pease 1.</u>	<u>5 00</u>
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>of Service</u>	<u>50 00</u>	Officiating Clergyman <u>Bond</u>	
Washing and Dressing _____		Amount of Bill	<u>440 00</u>
Shaving <u>Transfer</u>	<u>10 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 _____			
Flowers _____			

DR. 435.00 CR.

<u>Sept 17</u>	<u>Pd Pease</u>	<u>5 00</u>	<u>Sept 28 48</u>	<u>check</u>	<u>340 00</u>
				<u>Due</u>	<u>100 00</u>
					<u>340 00</u>
				<b>PAID</b>	
				<u>By Effie Pond</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 37

FOR THE FUNERAL OF

Total to date 1995.

George H. Lichelberger

Residence 667 Madison Ave N.Y. City Age of husband or wife if alive 62 years

Place of Death North Bluff Sea Coast Wife or Widow of Francis S Dodge

Date of Birth 1879 Jan 24 (Year) (Month) (Day) Age 69 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 1948 Aug 13 (Year) (Month) (Day) Age 6 Months { Single \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ { 20 Days Married ✓ }

Birth-place Urbano, Ohio Occupation Lawyer

Name of Father George M. Lichelberger His Birth-place Ohio

Maiden Name of Mother Emma Ring Her Birth-place Baltimore, Md

Cause of Death—Primary Heart disease Secondary Coronary thrombosis

Certifying Physician Folgan, M.D. M.Y. Residence \_\_\_\_\_

Place of Burial Mystic Conn Cemetery Mystic River

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

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

Date of Interment Aug 17 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Francis D. Lichelberger, N.Y.



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. <u>435<sup>12</sup></u>	295 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; shells</u>	25 00	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>of Services</u>	50 00	Officiating Clergyman	
Washing and Dressing _____		Amount of Bill	415 00
Shaving _____		Goods Ordered by <u>M. Lichelberger</u>	
Services <u>Transfers</u>	20 00	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Services at coast</u>	25 00		
Cemetery Charges _____			
Music _____			
Flowers _____			
<b>DR. 415.00</b>		<b>CR.</b>	

<u>Shipped to.</u>				<u>Dec 29</u>	<u>1948. Check</u>
<u>Harry O. Williams</u>					<u>415 00</u>
<u>19 East main St</u>					
<u>Mystic Conn.</u>					
					<b>PAID</b>
					<u>By</u>
					<u>Clark, Dickels &amp; Barton, Atty's</u>
					<u>51 East 42nd St. New York N.Y.</u>

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 38

FOR THE FUNERAL OF

Total to date 1996

*Edward M. Lippincott*

Residence 10 Wendover Rd. Montclair N.J. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 9 days Wife or Widow of Lessie Petrus

Date of Birth 1 \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) Age about 39 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Date of Death 1948 Aug 13 (Year) (Month) (Day) Age { \_\_\_\_\_ Months } { Single \_\_\_\_\_ } \_\_\_\_\_

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

Birth-place Atlantic City N.J. Occupation Lawyer

Name of Father Haines Lippincott His Birth-place Weld Peru

Maiden Name of Mother Alice Needles Her Birth-place Philadelphia Penn.

Cause of Death—Primary acute intestinal Secondary obstruction Nicks

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

Place of Burial Summit N.J. Cemetery County side

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

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

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

Social Security No. R. P. Mitchell, Friend County side Summit N.J. 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. <u>1097</u>	<u>495 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; holds</u>	<u>25 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____			
Embalming <u>&amp; Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>20 00</u>	<u>telegram</u>	<u>91</u>
Use of Chairs _____		Transportation Charges <u>to New York</u>	<u>27 84</u>
Church Charges _____		Officiating Clergyman _____	
Cemetery Charges _____		Amount of Bill _____	<u>622 75</u>
Music _____		Goods Ordered by <u>Mrs Lippincott</u>	
Flowers _____		Bill Charged to <u>Arthur R. Brown &amp; Son</u>	
DR. <u>590 00</u>		CR.	

<u>Shipped to</u>		<u>Apr 25, 1948</u>	<u>Check</u>	<u>622 75</u>
<u>Arthur Brown</u>	<u>F.D.</u>			
<u>Montclair N.J.</u>				
			<b>PAID</b>	
			By <u>Arthur R. Brown &amp; Son</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 39

FOR THE FUNERAL OF

Total to date 1997

Residence 1120 - 5th Ave. N.Y. City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 11 - Academy Lane Wife or Widow of Rudolph Guenther

Date of Birth 1 (Year) 19 (Month) 17 (Day) Age { 73 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 19 (Year) 48 (Month) 17 (Day) { \_\_\_\_\_ Months { Single \_\_\_\_\_ { \_\_\_\_\_ Days { Married \_\_\_\_\_ { \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation At Home

Birth-place Waukegan Ill. His Birth-place Waukegan Ill.

Name of Father Charles Case Her Birth-place ?

Maiden Name of Mother Belle Cory Cause of Death—Primary Coronary Infarct Secondary Arterio Sclerosis

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

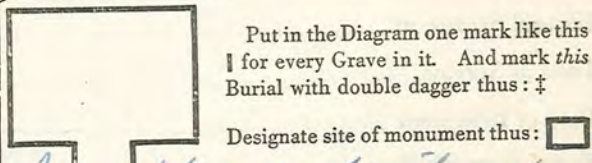
Place of Burial New York City Cemetery Woodlawn

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

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

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

Social Security No. Max Kingman Brewster 2500 due at N.W. Washington D.C.



Casket or Coffin No. <u>1097</u>	<u>495 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>Brick vault</u>	<u>25 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing			
Shaving <u>Transfer</u>	<u>20 00</u>		
Services		<u>Hair Dresser</u>	<u>10 00</u>
Use of Chairs		Transportation Charges <u>N.Y. city</u>	<u>30 60</u>
Church Charges		Officiating Clergyman	<u>590 00</u>
Cemetery Charges		Amount of Bill	<u>630 60</u>
Music		Goods Ordered by <u>Mrs Brewster</u>	
Flowers		Bill Charged to <u>Mr. Guenther</u>	

DR. 590.00 CR.

<u>Edward J. Donohue</u>	<u>Sept 4 48</u>	<u>Check</u>	<u>630 60</u>
<u>1066 Lexington Ave.</u>			
<u>N.Y. city</u>			
		<b>PAID</b>	
		<u>By Rudolph Guenther</u>	

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. *390*

FOR THE FUNERAL OF

Total to date *1998*

Yearly No. \_\_\_\_\_

*Thomas J. Barry*

Residence *390 Fourth St So Boston* Age of husband or wife if alive..... years

Place of Death *N. C. H.* *2 days* Wife or Widow of *Julia*

Date of Birth *1974 July 29* Age { *74* Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { *0* Months { Single  {  
 Date of Death *1948 Aug 24* { *26* Days { Married \_\_\_\_\_ {  
 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Birth-place *South Boston* Occupation *Pensioned Custodian for*

Name of Father *Henry Barry* His Birth-place *Ireland City of Boston*

Maiden Name of Mother *Margaret Healey* Her Birth-place *Ireland*

Cause of Death—Primary *Bronchial Pneum.* Secondary *Coronary Occlusion*

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

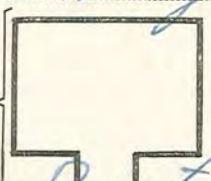
Place of Burial *So. Boston, Dorchester* Cemetery *St. Mary's*

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

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

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

Social Security No. *Julia M. Barry Sister Boston*



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		<i>Removal Preparation Shipping Case Casket &amp; Photographs</i>	<i>125 00</i>
Embalming			<i>2 Certified Copies</i>
Washing and Dressing		Transportation Charges <i>to Boston</i>	<i>11 46</i>
Shaving		Officiating Clergyman	
Services		Amount of Bill	<i>137 46</i>
Use of Chairs		Goods Ordered by <i>Miss Barry</i>	
Church Charges		Bill Charged to	
Cemetery Charges			
Music			
Flowers			

DR.

CR.

				<i>Sept 4. 1948</i>	<i>check</i>		<i>137 46</i>
				<b>PAID</b>			

# RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to date 1999

William F. Worth

Residence 9 Walsh St Age of husband or wife if alive 73 years

Place of Death N. C. B. 5 days Wife or Widow of Mary B. Coffin

Date of Birth 1875 Oct 8 Age 72 Years Sex Male Color or Race White

Date of Death 1948 Aug 27 Age 10 Months Single Married

Maiden Name Florence Birth-place Mass Occupation Caterer & Ice Cream mfg. Retired 11/4/41

Name of Father Charles W. Worth His Birth-place Nantucket

Maiden Name of Mother Eliza Myrick Her Birth-place Nantucket

Cause of Death—Primary Coronary thrombosis Secondary Folate

Certifying Physician Folate Residence Nantucket

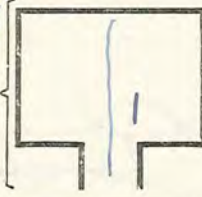
Place of Burial Nantucket Cemetery P. H.

Funeral Service at Nantucket Lot No. 927 1/2

Time of Service Aug 29 Grave No. 1

Date of Interment Aug 29 Section Mary B. Worth

Social Security No. Mary B. Worth



Casket or Coffin No. <u>110</u>	<u>135 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 <u>Shirt</u>	<u>3 50</u>	<u>1/2 Lot 910 927</u>	<u>30 00</u>
Slippers		Newspaper Notices	
Embalming <u>of Services</u>	<u>50 00</u>	<u>Rec Check for lot and passed over to Doris Bennett</u>	
Washing and Dressing		Transportation Charges	
Shaving		Officiating Clergyman <u>Bond &amp; Masons</u>	
Services <u>Transfers</u>	<u>10 00</u>	Amount of Bill	<u>258 50</u>
Use of Chairs		Goods Ordered by <u>Mrs Worth</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Bill Charged to <u>" "</u>	
Cemetery Charges	<u>15 00</u>		
Music			
Flowers			

DR.	<u>258.50</u>	CR.
		<u>Sept 13, 1948. Check</u>
		<u>258 00</u>
		<b>PAID</b>
		<u>By Mrs Worth</u>

# RECORD AND BILL OF ITEMS

Yearly No. 42

FOR THE FUNERAL OF

Total to date 2 000

*Mary Farnum*

Residence *203 Grove St. Woburn, Mass.* Age of husband or wife if alive..... years

Place of Death *Wellesley Hosp.* Wife or Widow of.....

Date of Birth *1879 Aug 26* Age *68* Years { Sex..... Color or Race..... }  
 (Year) (Month) (Day)  
 Date of Death *1948 June 17* { *9* Months { Single  }  
 (Year) (Month) (Day) { *19* Days { Married..... }  
 Maiden Name.....

Birth-place *Franklin, Mass.* Occupation *None*

Name of Father *Moses Farnum* His Birth-place *Millville, Mass.*

Maiden Name of Mother *Rebecca M. Waterman* Her Birth-place *Nantucket.*

Cause of Death—Primary *Cerebral Thromb.* Secondary.....

Certifying Physician..... Residence.....

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

Funeral Service at..... Lot No. *450*

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

Date of Interment *Sept. 2, 1948* Section.....

Social Security No. *James M. Farnum* 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.....	
Outside Box or Vault.....					Automobiles.....	
Burial Suit.....					<i>Prof Service &amp; Ent.</i>	
Slippers.....					Newspaper Notices.....	
Embalming.....					<i>Ashes</i>	
Washing and Dressing.....						
Shaving.....						
Services.....						
Use of Chairs.....					Transportation Charges.....	
Church Charges.....					Officiating Clergyman <i>Horton.</i>	
Cemetery Charges.....					Amount of Bill.....	20 00
Music.....					Goods Ordered by <i>J.S. Waterman &amp; Son</i>	
Flowers.....					Bill Charged to.....	

DR.

CR.

		<i>Aug 18, 1948 Check 20 00</i>
	<b>PAID</b>	
	<i>By J.S. Waterman &amp; Son</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 43

FOR THE FUNERAL OF

Total to date 2001

*Elgin W. Cook*

Residence 53 Meacham Rd. Somerville, 1044 Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 6 days Wife or Widow of \_\_\_\_\_

Date of Birth 1882 May 18 Age 68 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death 1948 Sept 6 Age 3 Months Single  Married \_\_\_\_\_  
 (Year) (Month) (Day)

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

Birth-place Boston Occupation Asst. Secretary Boston Wharf Co.

Name of Father William Cook His Birth-place ?

Maiden Name of Mother Barbara J. Wells Her Birth-place New Brunswick

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

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

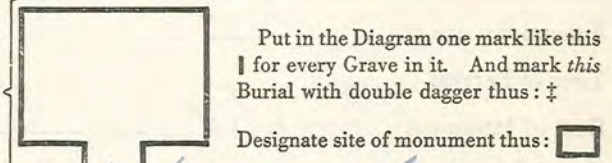
Place of Burial Boston Cemetery Cedar Grove

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

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

Date of Interment Sept 9 Section \_\_\_\_\_

Social Security No. William A. Cook \_\_\_\_\_



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	<u>Removal, Preparation</u>
Slippers		<u>Casket, Shipping Case, Securing</u>
Embalming		<u>Permits of Allotted Prof. Services</u>
Washing and Dressing		<u>125 00</u>
Shaving		
Services	Transportation Charges	<u>11 47</u>
Use of Chairs	Officiating Clergyman	
Church Charges	Amount of Bill	<u>136 47</u>
Cemetery Charges	Goods Ordered by	<u>A. E. Long of Sons</u>
Music	Bill Charged to	<u>" " "</u>
Flowers		

CR.	DR.	CR.
<u>0 00</u>	<u>Shipped to</u>	<u>Sept 15 48. Check</u>
	<u>A. E. Long of Sons</u>	<u>136 47</u>
	<u>1979, Mass. Ave.</u>	
	<u>Cambridge</u>	
	<u>tel. Frobridge 6-5080.</u>	
		<b>PAID</b>
		<u>By A. E. Long of Sons</u>

# RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to date 2002

George V. Rocky

Residence Southern Pines North Carolina Age of husband or wife if alive 48 years

Place of Death Sandy Bluff Wife or Widow of Kay Lawson

Date of Birth 1 (Year) 1 (Month) 1 (Day) Age { 58 Years { Sex { Color or Race

Date of Death 1948 (Year) Sept 25 (Month) 25 (Day) { 7 Months { Single {

Maiden Name \_\_\_\_\_ { 30 Days { Married {

Birth-place New York City Occupation \_\_\_\_\_

Name of Father Harry Rocky His Birth-place France

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

Cause of Death—Primary Sudden death found dead in bed in own residence Secondary \_\_\_\_\_

Certifying Physician Folger Med. Co. Residence Barbiturate Poisoning Presumably

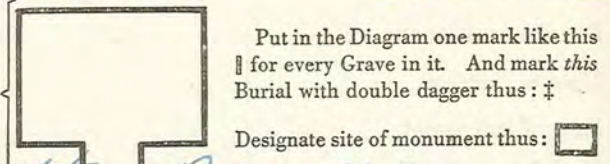
Place of Burial Cremation Cemetery Forest Hills Suicide

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

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

Date of Interment Cremated Oct 2, 1948 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Kay S. Rocky Southern Pines N.C.



Casket or Coffin No. <u>115</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>Pinehills</u>	25 00	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		<u>J.S. Waterman &amp; Sons</u>	124 50
Embalming <u>Services</u>	65 00	<u>Golf calls</u>	1 36
Washing and Dressing		<u>6. Certified Copies</u>	3 00
Shaving		Transportation Charges <u>to Boston</u>	11 64
Services <u>Transfer</u>	20 00	Officiating Clergyman <u>Bond</u>	295
Use of Chairs		Amount of Bill	435 50
Church Charges		Goods Ordered by	
Cemetery Charges		Bill Charged to	
Music			
Flowers			

DR.

295.00

CR.

<u>Autopsy Sept 26 1948</u>		<u>Nov. 22, 1948 Check</u>		435 50
<u>By Dr. Peters</u>				
<u>paid at 42 Union St.</u>				
<u>Nov. 22/48 Paid Waterman</u>	124 50			

# RECORD AND BILL OF ITEMS

Yearly No. 45

FOR THE FUNERAL OF

Total to date 2003

*Evelyn James Smith*

Residence One Island Home Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 6 Wife or Widow of John C. Smith

Date of Birth 1858 Feb 16 Age { 90 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
(Year) (Month) (Day)  
 Date of Death 1948 Sept 26 { 7 Months { Single \_\_\_\_\_ {  
(Year) (Month) (Day) Age { 10 Days { Married \_\_\_\_\_ {

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

Birth-place Nantucket Name of Father Edward C. James His Birth-place Nantucket

Maiden Name of Mother Charlotte R. ? Her Birth-place Nantucket

Cause of Death—Primary Sudden death Secondary General Arteriosclerosis, Chronic

Certifying Physician Folan, Med. by Residence \_\_\_\_\_

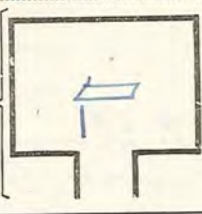
Place of Burial Nantucket Cemetery DH

Funeral Service at \_\_\_\_\_ Lot No. 589

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

Date of Interment Sept 29, 1948 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Welfare 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.		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 <u>Removal Preparation</u>	
Slippers _____		<u>Casket Pine Box &amp; Prof Service</u>	<u>100 00</u>
Embalming _____		<u>Opening &amp; Closing Grave</u>	<u>15 00</u>
Washing and Dressing _____		<u>Use &amp; Cartage of Device &amp; Box</u>	<u>10 00</u>
Shaving _____		<u>Clergyman</u>	<u>10 00</u>
Services _____		Transportation Charges _____	
Use of Chairs _____		Officiating Clergyman <u>Faulk</u>	
Church Charges _____		Amount of Bill _____	<u>135 00</u>
Cemetery Charges _____		Goods Ordered by <u>Welfare Dept.</u>	
Music _____		Bill Charged to _____	
Flowers _____			

DR.

CR.

			<u>Nov. 5, 1948</u>	<u>Check</u>	<u>135 00</u>
				<b>PAID</b>	
				<u>By Town Treasurer</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 46

FOR THE FUNERAL OF

Total to date 2004

*Henry Coffin*

Residence *off Milestone Road* Age of husband or wife if alive *69* years

Place of Death *N.C.H. 2 days* Wife or Widow of *Anna Mitchell*

Date of Birth *1 880 Oct 8* Age *67* Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death *19 48 Oct 6* { *11* Months { Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ { *28* Days { Married

Birth-place *Nantucket* Occupation *Farmer*

Name of Father *Lewis S Coffin* His Birth-place *Nantucket*

Maiden Name of Mother *Anna Swain* Her Birth-place \_\_\_\_\_

Cause of Death—Primary *Cerebral Hem.* Secondary *Hypertension of Arteriosclerosis*

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

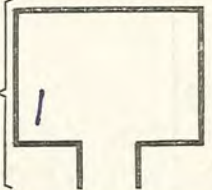
Place of Burial *Nantucket* Cemetery *P.H.*

Funeral Service at \_\_\_\_\_ Lot No. *414*

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

Date of Interment *Oct. 9th* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ *Ann M. Coffin*



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>170 12</i>	<i>225 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>25 00</i>	Automobiles	
Burial Suit <i>Shirt &amp; Tie</i>	<i>5 00</i>	Newspaper Notices	
Slippers			
Embalming	<i>50 00</i>		
Washing and Dressing <i>Transfer</i>	<i>5 00</i>		
Shaving			
Services			
Use of Chairs		Transportation Charges	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>Bond.</i>	
Cemetery Charges	<i>15 00</i>	Amount of Bill	<i>350 00</i>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

*350.00*

CR.

				<i>Dec 31</i>	<i>1948 Check</i>	<i>350 00</i>
<h1>PAID</h1>						



## RECORD AND BILL OF ITEMS

Yearly No. 47

FOR THE FUNERAL OF

Total to date 2005

*Herbert C. Gardner*

Residence Broadway Sea Scout Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Carrie Macy

Date of Birth 1856 March 14 Age { 92 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 7 Months { Single \_\_\_\_\_ {  
 (Year) (Month) (Day) { 25 Days { Married \_\_\_\_\_ {

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

Birth-place Nantucket Occupation Retired

Name of Father Robert J. Gardner His Birth-place Nantucket

Maiden Name of Mother Secretia J. Macy Her Birth-place Nantucket

Cause of Death—Primary Myocarditis Secondary Semility

Certifying Physician J. M. King Residence \_\_\_\_\_

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 672

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

Date of Interment Oct. 13 Section \_\_\_\_\_

Social Security No. Mabel F. Eldridge



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 _____	
Lining and Pillow Set No. _____	Removal _____	Automobiles _____	
Handles _____	Automobiles _____	Automobiles _____	
Plate _____	Removal _____	Removal _____	
Outside Box or Vault _____	Automobiles _____	Automobiles _____	
Burial Suit _____	Automobiles _____	Automobiles _____	
Slippers _____	Automobiles _____	Automobiles _____	
Embalming _____	Newspaper Notices _____	Newspaper Notices _____	
Washing and Dressing _____	<u>Removal Preparation</u>	<u>Removal Preparation</u>	
Shaving _____	<u>Pine Box trimmed, Preparation</u>	<u>Pine Box trimmed, Preparation</u>	
Services _____	<u>&amp; Interment</u>	<u>&amp; Interment</u>	<u>\$125 00</u>
Use of Chairs _____	Transportation Charges _____	Transportation Charges _____	
Church Charges _____	Officiating Clergyman <u>Horton</u>	Officiating Clergyman <u>Horton</u>	
Cemetery Charges _____	Amount of Bill _____	Amount of Bill _____	
Music _____	Goods Ordered by _____	Goods Ordered by _____	
Flowers _____	Bill Charged to _____	Bill Charged to _____	

DR.

CR.

	<u>Dec 15</u>	<u>check</u>	<u>125 00</u>
<b>PAID</b>			
<u>By Louise D. Bradley</u>			

1945-1949

# RECORD AND BILL OF ITEMS

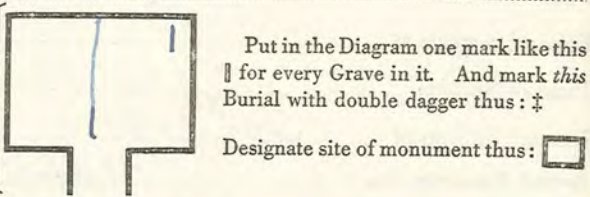
Yearly No. 48

FOR THE FUNERAL OF

Total to date 2006

*Baby Girl Hughes*

Residence .....  
 Place of Death N.C.H. Wife or Widow of .....  
 Date of Birth 1 948 Oct 16 { Years { Sex ..... { Color or Race  
 (Year) (Month) (Day)    { Months { Single ..... {  
 Date of Death 1948 Oct 16 Age { Days { Married ..... {  
 (Year) (Month) (Day)    {  
 Maiden Name .....  
 Birth-place Nantucket Occupation None  
 Name of Father Norman J. Hughes His Birth-place Taunton  
 Maiden Name of Mother Constance Findlay Her Birth-place Worcester  
 Cause of Death—Primary Atelectasis Secondary incomplete expansion of lungs  
 Certifying Physician Morgan Residence .....  
 Place of Burial Nant. Cemetery P.H.  
 Funeral Service at ..... Lot No. 919  
 Time of Service ..... Grave No. ....  
 Date of Interment Oct. 18 Section .....  
 Social Security No. Norman Hughes



Casket or Coffin No.....	Candles .....		
Size..... Made by.....	Gloves .....		
Lining and Pillow Set No.....	Bearers or Porters.....		
Handles .....	Hearse to .....		
Plate .....	Removal.....		
Outside Box or Vault .....	Automobiles.....		
Burial Suit .....	.....		
Slippers .....	Newspaper Notices.....		
Embalming.....	<u>Transfer of</u>		
Washing and Dressing .....	<u>Interment</u>	15 00	
Shaving .....	<u>1/2 Lot No 919.</u>	30 00	
Services .....	.....		
Use of Chairs .....	Transportation Charges.....		
Church Charges.....	Officiating Clergyman.....		
Cemetery Charges.....	Amount of Bill.....	45 00	
Music.....	Goods Ordered by .....		
Flowers .....	Bill Charged to .....		

DR.

CR.

		45 00
	<u>Nov 4 1949 Check</u>	30 00
	<u>" 5 " Pd P.H.C.A.</u>	15 00
<b>PAID</b>		
<u>By Norman J. Hughes</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 49

FOR THE FUNERAL OF

Total to date 2007.

Sister V. Hull

Residence Port Hawkesburg Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Judique Intervale maradea Wife or Widow of Margaret Mac Dougall

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

Date of Death 19 48 Oct 14 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age 70 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

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

Birth-place Nantucket Occupation Retired

Name of Father Alvin Hull His Birth-place Nantucket

Maiden Name of Mother Martha C. Holmes Her Birth-place "

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


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

Place of Burial Nant. Cemetery St. Marys

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

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

Date of Interment Oct. 19. Section \_\_\_\_\_

Social Security No. Per Sister Hull.  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 <u>From Boat</u>	<u>10 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			
Washing and Dressing		Transportation Charges	
Shaving		Officiating Clergyman	
Services		Amount of Bill	<u>50 00</u>
Use of Chairs		Goods Ordered by <u>Helena Hull</u>	
Church Charges		Bill Charged to	
Cemetery Charges			
Music			
Flowers			

DR.

CR.

			<u>Nov 4 1948</u>	<u>Cash</u>	<u>50 00</u>

## PAID

By Helena Hull

## RECORD AND BILL OF ITEMS

Yearly No. 50

FOR THE FUNERAL OF

Total to date 2008

*George H. Cook*

Residence 89 Orange St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 3 hrs Wife or Widow of Marie J. Cook

Date of Birth 1862 Feb 17 (Year) (Month) (Day) Age { 86 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1948 Oct 21 (Year) (Month) (Day) { 8 Months { Single \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ { 4 Days { Married \_\_\_\_\_ {

Birth-place New Bedford Occupation Retired 25 yrs N.B. Fire Dept

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

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

Cause of Death—Primary Gastric Hem Secondary Carcinoma of Stomach

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

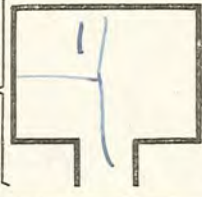
Place of Burial Oct 23 Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 545

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

Date of Interment Oct 23 Section \_\_\_\_\_

Social Security No. Aquila Cornie



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>110 12</u>	<u>135 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>&amp; Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving <u>Transfer</u>	<u>5 00</u>		
Services _____			
Use of Chairs _____		Transportation Charges _____	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Bond</u>	
Cemetery Charges _____	<u>15 00</u>	Amount of Bill _____	<u>255 00</u>
Music _____		Goods Ordered by <u>Aquila Cornie</u>	
Flowers _____		Bill Charged to _____	

DR.

255.00

CR.

			<u>Nov. 18 1948 Checks</u>	<u>255 00</u>

PAID

By Aquila Cornie


# RECORD AND BILL OF ITEMS

Yearly No. 51

FOR THE FUNERAL OF

Total to date 2008

Manuel V. Perry

Residence 52 Pleasant St Age of husband or wife if alive 65 years  
 Place of Death M. C. H. 12 hrs Wife or Widow of Anna Lewis  
 Date of Birth 1875 Dec 31 (Year) (Month) (Day) Age 72 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 1948 Oct 21 (Year) (Month) (Day) Age 9 Months { Single \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ { 21 Days Married  }  
 Birth-place Portugal Occupation Fisherman  
 Name of Father Unknown His Birth-place Portugal  
 Maiden Name of Mother Unknown Her Birth-place Portugal  
 Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Oct. 25 Section \_\_\_\_\_  
 Social Security No. Francis V. Perry  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>110<sup>12</sup></u>	<u>135 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 _____		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman	
Washing and Dressing _____		Amount of Bill	
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 _____			
Flowers _____			
DR. <u>256 00</u>		CR.	

		<u>Dec 25 48</u>	<u>Check</u>	<u>200 00</u>
		<u>May 9</u>	"	<u>55 00</u>
				<u>255 00</u>
<b>PAID</b>				
By <u>Francis V. Perry</u>				

# RECORD AND BILL OF ITEMS

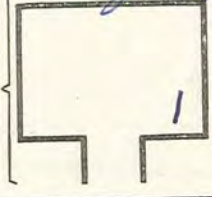
Yearly No. 52

FOR THE FUNERAL OF

Total to date 2010

*Gertrude Pinto*

Residence 43 Pleasant Age of husband or wife if alive 31 years  
 Place of Death N.C.H. 1 day Wife or Widow of Eugene Pinto  
 Date of Birth 1925 June 30 Age { 23 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 3 Months { Single \_\_\_\_\_ {  
 Date of Death 1948 Oct. 27 { 28 Days { Married \_\_\_\_\_ {  
 (Year) (Month) (Day)  
 Maiden Name \_\_\_\_\_  
 Birth-place New Bedford Occupation House wife  
 Name of Father Mathew Lopes His Birth-place Bravo., Cape Verde Is.  
 Maiden Name of Mother Constance Costa Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Sudden death Secondary following cesarean section  
 Certifying Physician F. J. Med. Es. Residence Pulmonary embolus.  
 Place of Burial Mantucket Cemetery St. Mary's mathew Lopes lot.  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Oct. 30. Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Eugene Pinto



Casket or Coffin No. <u>2087 m h g fin</u>	<u>385 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 <u>Car for Priest</u>	<u>3 00</u>
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Fr. Shavelton</u>	
Washing and Dressing _____		Amount of Bill	<u>528 00</u>
Shaving <u>Transfer</u>	<u>10 00</u>	Goods Ordered by <u>Eugene Pinto</u>	
Services _____		Bill Charged to _____	
Use of Chairs <u>4 Prop. Rail Etc.</u>	<u>25 00</u>		
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges _____	<u>15 00</u>		
Music _____			
Flowers _____			

528.00

DR.

CR.

				<u>Nov. 18.</u>	<u>1948 Check</u>	<u>518 00</u>
					<u>due</u>	<u>3 00</u>
						<u>515 00</u>
					<b>PAID</b>	
					<u>By Eugene Pinto</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 53

FOR THE FUNERAL OF

Total to date 2011

Annie B Chase

Residence 6 Pine St Age of husband or wife if alive 78 years

Place of Death 37 Easton St. Wife or Widow of Warren B Chase

Date of Birth 1873 mch 10 Age { 75 Years { Sex {  
(Year) (Month) (Day) { 7 Months { Single {  
(Year) (Month) (Day) { 21 Days { Married  { Color or Race

Maiden Name \_\_\_\_\_ Birth-place Nantucket Occupation House wife

Name of Father Charles S Coffin His Birth-place Nantucket

Maiden Name of Mother Sarah K. Hunter Her Birth-place \_\_\_\_\_

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

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

Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 791

Time of Service \_\_\_\_\_ Grave No. 2

Date of Interment Nov. 4 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Warren B 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:

Casket or Coffin No. <u>1157 12</u>	210 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 <u>Wood 1</u>	5 00
Burial Suit _____			335 00
Slippers _____		Newspaper Notices	
Embalming <u>Services</u>	50 00	Transportation Charges	
Washing and Dressing _____		Officiating Clergyman <u>Faulk</u>	
Shaving <u>Transfer</u>	10 00	Amount of Bill	340 00
Services _____		Goods Ordered by _____	
Use of Chairs _____		Bill Charged to _____	
Church Charges _____			
Cemetery Charges <u>Funeral</u>	25 00		
Music _____	15 00		
Flowers _____			
	335.00		

CR.		CR.
18 00		
3 00		
16 00		
	mch 30 49 - Check	340 00
	PAID	
	By <u>Warren B Chase</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 54 FOR THE FUNERAL OF \_\_\_\_\_ Total to date 2012 Yearly No. \_\_\_\_\_

*Marion A. McCleave*

Residence Elbow Lane Sea Scout Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 2 mos 12 days about 80 Wife or Widow of Clinton McCleave

Date of Birth 1 (Year) 19 (Month) 4 (Day) Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 19 (Year) Nov (Month) 4 (Day) Age \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birth-place Liverpool England Occupation House wife

Name of Father Unknown His Birth-place Unknown

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

Cause of Death—Primary fallen home and Secondary fractured left hip death due to

Certifying Physician F. Olan Med. by Residence myocarditis & arteriosclerosis

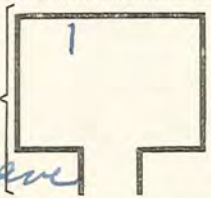
Place of Burial Northchit Cemetery P. H. Seaside

Funeral Service at \_\_\_\_\_ Lot No. 679

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

Date of Interment Nov. 6 1948 Section \_\_\_\_\_

Social Security No. Norman H. McCleave Designate site of monument thus:



Casket or Coffin No. _____	<u>325 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>225 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>&amp; Services</u>	<u>50 00</u>	Officiating Clergyman <u>Frederickson</u>	
Washing and Dressing _____		Amount of Bill _____	
Shaving <u>Transfer</u>	<u>10 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 _____			
Flowers _____			

DR. 450.00 CR.

		<u>Mich 4</u>	<u>1949. Check</u>	<u>350 00</u>	
		<u>Aug 23</u>	<u>" "</u>	<u>100 00</u>	
				<u>450 00</u>	
			<b>PAID</b>		
			<u>By Roy Sangiunetta Adm.</u>		



# RECORD AND BILL OF ITEMS

Yearly No. 55 FOR THE FUNERAL OF Total to date 2013

Albert M. Read

Residence 22 Arlington St. Pawtucket R.I. Age of husband or wife if alive 62 years

Place of Death 26 Liberty St. Wife or Widow of Ruth Bucklin

Date of Birth 1882 Jan 23 Age { 66 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1948 Nov 5 { 9 Months { Single \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ { 13 Days { Married \_\_\_\_\_ {

Birth-place Pawtucket R.I. Occupation Mill Man Retired 25 yrs

Name of Father Charles O. Read His Birth-place Norton, Mass

Maiden Name of Mother Mary Elizabeth Bliss Her Birth-place Pawtucket R.I.

Cause of Death—Primary Thrombo-angitis Secondary obliterations, Gangrene, Chronic myc.

Certifying Physician Folger Residence obliterations

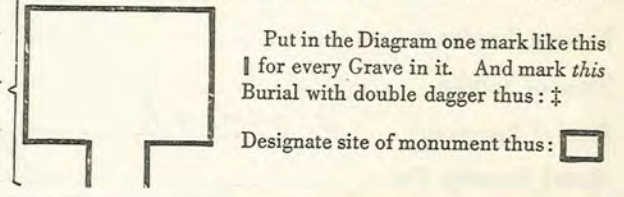
Place of Burial Swans Point Cemetery Pawtucket R.I.

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

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

Date of Interment Nov. 8 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Ruth B Read



Casket or Coffin No. <u>437 12</u>	<u>295 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>Nine ft x 6 ft</u>	<u>30 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____			
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving <u>Transfer</u>	<u>10 00</u>		
Services _____			
Use of Chairs _____		Transportation Charges _____	<u>15 12</u>
Church Charges _____		Officiating Clergyman _____	
Cemetery Charges _____		Amount of Bill _____	
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	
<b>DR. <u>385.00</u></b>		<b>CR.</b>	

<u>Shipped to</u>		<u>Nov 11</u>	<u>49 check</u>		
<u>Thomas J. Bury &amp; Sons</u>				<u>400 12</u>	
<u>13 Walcott St</u>					
<u>Pawtucket R.I.</u>					
<u>Tel. Perry 0418</u>					
<b>PAID</b>					
By <u>Industrial Trust Co</u>					
<u>Providence R.I.</u>					

# RECORD AND BILL OF ITEMS

Yearly No. 56

FOR THE FUNERAL OF

Total to date 2014

Harry B. Turner

Residence 3 Chestnut St Age of husband or wife if alive 54 years

Place of Death 3 Chestnut St. Wife or Widow of Grace F. Gordon

Date of Birth 1877 Feb 9 (Year) (Month) (Day) Age { 71 Years { Sex ..... Color or Race

Date of Death 1948 Nov 9 (Year) (Month) (Day) { 9 Months { Single ..... Married

Maiden Name ..... Occupation Editor & Publisher

Birth-place Nantucket His Birth-place Nantucket


Name of Father Abner Turner Her Birth-place "

Maiden Name of Mother Susan L. Ray Secondary Cardiac decompensation

Cause of Death—Primary Chronic Myot Residence Pulmonary Edema

Certifying Physician Folger Cemetery P.H.

Place of Burial Nantucket Lot No. 21

Funeral Service at ..... Grave 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 ..... Section Back Designate site of monument thus:

Date of Interment Nov. 11. Social Security No. Grace F. Turner

Casket or Coffin No. <u>4357<sup>12</sup></u>	325 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>	25 00	Automobiles .....	
Burial Suit .....		<u>Truck for Flowers</u>	5 00
Slippers .....		Newspaper Notices .....	
Embalming <u>&amp; Services</u>	50 00	Transportation Charges .....	
Washing and Dressing .....		Officiating Clergyman .....	
Shaving <u>Transfer</u>	10 00	Amount of Bill .....	455 00
Services .....		Goods Ordered by <u>Grace F. Turner</u>	
Use of Chairs .....		Bill Charged to .....	
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges .....	15 00		
Music .....			
Flowers .....			
<b>DR. 450.00</b>		<b>CR.</b>	

Nov	11	Pd. Billent Wya	5 00	Feb	28	1949 check	455 00
<div style="border: 1px solid black; padding: 10px; width: fit-content; margin: 0 auto;"> <p style="font-size: 2em; margin: 0;">PAID</p> <p style="margin: 0;">By</p> <p style="margin: 0;"><u>Grace Turner of Maple Blakeslee</u></p> </div>							

# RECORD AND BILL OF ITEMS

Yearly No. 57

FOR THE FUNERAL OF

Total to date 2015

Residence Goose Pond Road Jessie Alden Folger Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1872 July 4 (Year) (Month) (Day) Age 76 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 1948 July 14 (Year) (Month) (Day) Age 4 Months { Single  }  
7 Days { Married \_\_\_\_\_ }

Maiden Name \_\_\_\_\_ Birth-place Nantucket Occupation Antique dealer Retired 8 yrs

Name of Father John B. Folger His Birth-place Nantucket

Maiden Name of Mother Emily Barker Swain Her Birth-place Nantucket

Cause of Death—Primary Sudden death Secondary Heart disease coronary thrombosis

Certifying Physician Folger Med. Soc. Residence found dead in bed in own residence

Place of Burial Nantucket Cemetery North

Funeral Service at \_\_\_\_\_ Lot No. 116

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

Date of Interment Nov. 14 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Robert D 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>170<sup>12</sup></u>	250 00	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to	
Plate <u>Pine</u>		Removal	
Outside Box or Vault <u>Pine</u>	25 00	Automobiles <u>H. W. Pease 2</u>	<del>10 00</del>
Burial Suit <u>Grey Dress</u>	20 00	Newspaper Notices	
Slippers _____			
Embalming <u>4 Services</u>	50 00		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	10 00	Transportation Charges	400 00
Use of Chairs _____		Officiating Clergyman <u>Dr. Gardner</u>	
Church Charges <u>Funeral</u>	25 00	Amount of Bill	<u>410 00</u>
Cemetery Charges	20 00	Goods Ordered by <u>Robert D Congdon</u>	
Music _____		Bill Charged to _____	
Flowers _____			
<b>400 00</b>			

DR.		CR.
	→ May 17	49 check 400 00
		<b>PAID</b>
		By Robert Congdon
		Edmund

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 58

FOR THE FUNERAL OF

Total to date 2016

Florence Irene Reed

Residence Vestal Street extension Age of husband or wife if alive 27 years

Place of Death N.C.H. & hus. Wife or Widow of Raymond P. Reed

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

Date of Death 1948 Nov. 15 (Year) (Month) (Day) Age 27 Years 6 Months 16 Days

Maiden Name \_\_\_\_\_ Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Birth-place Harrison N.J. Occupation House wife

Name of Father Olaf Benson His Birth-place Sweden

Maiden Name of Mother Matilda Anderson Her Birth-place Sweden

Cause of Death—Primary Sudden death presumably due to acute circulatory Secondary \_\_\_\_\_

Certifying Physician Folger Med. Sch. Residence collapse during delivery

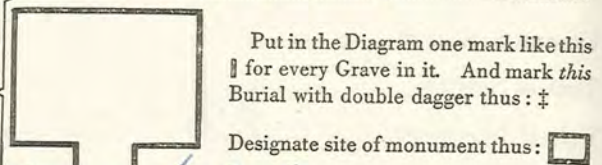
Place of Burial Kendalworth N.J. Cemetery Graceland Memorial

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

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

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

Social Security No. \_\_\_\_\_ Evelyn Benson Sister Orator St. Newark N.J.



Casket or Coffin No. <u>1157<sup>12</sup></u>	210	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; hdds</u>	30	00	Automobiles			
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			1 11
Church Charges _____			Officiating Clergyman			33 70
Cemetery Charges _____			Amount of Bill			334 81
Music _____			Goods Ordered by			
Flowers _____			Bill Charged to			

DR. 300.00 CR.

<u>Shipped to</u>		<u>Dec 10, 1948</u>	<u>check</u>		
<u>Gerald F. Congdon</u>				<u>334 81</u>	
<u>210 Davis Ave</u>					
<u>Harrison N.J.</u>					
			<b>PAID</b>		
			<u>By</u>		
			<u>Raymond P. Reed</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 59

FOR THE FUNERAL OF

Total to date 2017

*Ruth W. Jones*

Residence 37 Orange St Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1 July 28 1904 (Year) (Month) (Day) Age { 44 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 19 48 Nov 22 (Year) (Month) (Day) { 3 Months { Single  {  
 Maiden Name \_\_\_\_\_ { 25 Days { Married \_\_\_\_\_ {

Birth-place Nantucket Occupation house work own home

Name of Father Arthur W. Jones His Birth-place Nantucket

Maiden Name of Mother Edith Worth Her Birth-place \_\_\_\_\_

Cause of Death—Primary Carbon monoxide poisoning gas jets opened Suicide Secondary \_\_\_\_\_

Certifying Physician Foley Med by Residence \_\_\_\_\_

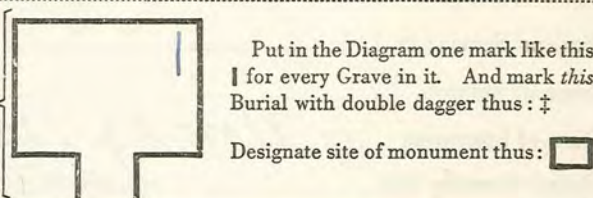
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 806

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

Date of Interment Nov 24 1948 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Helen Sovereino



Casket or Coffin No. <u>110 4</u>	135 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 _____		Transportation Charges _____	
Embalming <u>of Service</u>	35 00	Officiating Clergyman <u>Strong</u>	
Washing and Dressing _____		Amount of Bill _____	240 00
Shaving <u>Transfer</u>	5 00	Goods Ordered by <u>Helen Sovereino</u>	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges _____	15 00		
Music _____			
Flowers _____			
DR. <u>240.00</u>		CR.	

				Oct. 16 1949	Check				240 00
PAID									
By Helen Sovereino Adm.									

# RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to date 2018

Residence 33 Centre St. Succinda H. Handy Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Our Island Home 3 mos Wife or Widow of Calvert Handy

Date of Birth 1 (Year) 93 (Month) 1 (Day) Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1948 (Year) Nov (Month) 22 (Day) Age 9 Months Single \_\_\_\_\_ Married \_\_\_\_\_

Maiden Name 1885 (Year) Jan (Month) 21 (Day) Birth-place Nantucket Occupation None

Name of Father Thomas Ray His Birth-place Agnes

Maiden Name of Mother Charlotte Swazie Her Birth-place Nantucket

Cause of Death—Primary Sudden death Secondary Chronic Myx. general arteriosclerosis

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

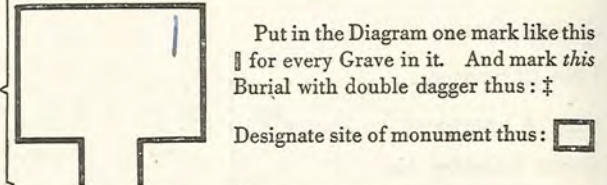
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 586

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

Date of Interment Nov 26 1948 Section \_\_\_\_\_

Social Security No. Edith Sylvia



Casket or Coffin No. <u>115</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>25 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Faulk</u>	
Washing and Dressing _____		Amount of Bill	<u>310 00</u>
Shaving <u>Transfer</u>	<u>10 00</u>	Goods Ordered by <u>Edith Sylvia</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 _____			
	<u>310.00</u>		

DR.

CR.

				<u>Jan. 13</u>	<u>1949 Cash</u>	<u>310 00</u>

# RECORD AND BILL OF ITEMS

Yearly No. 61

FOR THE FUNERAL OF

Total to date 2019

Mary Agnes Ayers

Residence 47 Willis St. New Bedford 02450 Age of husband or wife if alive \_\_\_\_\_ years

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

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

Date of Death 1948 Nov 22 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) Months { Single  {

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

Birth-place Nantucket Occupation School Teacher Public School

Name of Father Lawrence Ayers His Birth-place Nantucket

Maiden Name of Mother Margaret Buckley Her Birth-place Boston

Cause of Death—Primary Chebrum Secondary Sudden death

Certifying Physician Dr. Rosen Residence \_\_\_\_\_

Place of Burial Nantucket Cemetery St. Mary's

Funeral Service at \_\_\_\_\_ Lot No. 1

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

Date of Interment Nov 25 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Margaret E. Ayers  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>Peace 2</u>		<u>10 00</u>	} 15.00
Slippers _____		Newspaper Notices <u>Priest &amp; Jasi.</u>		<u>6 00</u>	
Embalming _____					
Washing and Dressing _____					
Shaving _____					
Services _____	<u>25 00</u>				
Use of Chairs _____		Transportation Charges _____			
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Fr. Hull</u>			
Cemetery Charges _____	<u>15 00</u>	Amount of Bill _____		<u>101 00</u>	
Music <u>Transfer</u>	<u>10 00</u>	Goods Ordered by _____			
Flowers _____		Bill Charged to <u>Margaret E. Ayers</u>			

DR.

75.00

CR.

				<u>Feb 24 49</u>	<u>Check</u>			<u>101 00</u>	
					<b>PAID</b>				
					<u>By</u> <u>Margaret E. Ayers</u>				

1945-1949

# RECORD AND BILL OF ITEMS

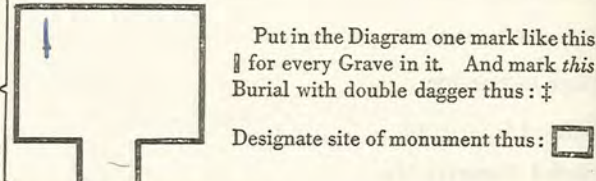
Yearly No. 62

FOR THE FUNERAL OF

Total to date 2020.

Emma F. Wilkes

Residence Sparks Ave. Age of husband or wife if alive 85 years  
 Place of Death " Wife or Widow of Edgar W. Wilkes  
 Date of Birth 1857 March 31 (Year) (Month) (Day) Age { 91 Years { Sex {  
 Date of Death 1948 March 26 (Year) (Month) (Day) { 7 Months { Single {  
 Maiden Name { 26 Days { Married {  
 Birth-place Synn Mass. Occupation House wife  
 Name of Father J. Roach His Birth-place Unknown  
 Maiden Name of Mother Margaret P. Henne Her Birth-place "  
 Cause of Death—Primary Heart disease Chronic Myo. Cardiac decompensation Secondary  
 Certifying Physician Folger Med. Sch. Residence "  
 Place of Burial Nantucket Cemetery Colored  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Nov 29 Section \_\_\_\_\_  
 Social Security No. Viola C. Wright



Casket or Coffin No. <u>110.12</u>	<u>135.00</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 <u>Wood. 1.</u>	<u>5.00</u>
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	<u>50.00</u>	Officiating Clergyman <u>Fredrickson</u>	
Washing and Dressing _____		Amount of Bill	<u>260.00</u>
Shaving <u>Transfer</u>	<u>5.00</u>	Goods Ordered by <u>Viola C. Wright</u>	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges <u>Funeral</u>	<u>25.00</u>		
Music _____	<u>15.00</u>		
Flowers _____			

DR. 255.00 CR.

<u>Edgar W. Wilkes</u>	<u>Jan 26 1949</u>	<u>Cash</u>	<u>260.00</u>
<u>Died Oct. 1863</u>	<u>85 ysd</u>		
<u>Born Nant.</u>	<u>1948</u>		
<u>Father Joseph Wilkes</u>			
<u>Nant</u>			
<u>Mother Lucretia M Collins</u>			
<u>Nant.</u>			

PAID  
 Jan 26 1949  
 By Viola Wright



# RECORD AND BILL OF ITEMS

Yearly No. 63

FOR THE FUNERAL OF

Total to date 2021

*Guy Burgess*

Residence Wareham St. Middleboro Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " Wife or Widow of Margaret Barr

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

Date of Death 19 48 (Year) Nov. (Month) 30 (Day) Age { 57 Years { Sex Separated Color or Race \_\_\_\_\_  
 { 3 Months { Single \_\_\_\_\_  
 { 19 Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation Antique dealer

Birth-place Nantucket His Birth-place Nantucket

Name of Father Charles E. Burgess Her Birth-place "

Maiden Name of Mother Elizabeth Gardner Her Birth-place \_\_\_\_\_

Cause of Death—Primary Carcinoma of Secondary Prostrate

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

Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 489

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

Date of Interment Dec. 3 1948 Section \_\_\_\_\_

Social Security No. Mildred G 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>25 00</u>	Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Dr. Gardner</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>75 00</u>
Cemetery Charges <u>F.</u>	<u>15 00</u>	Goods Ordered by	
Music <u>Transfer</u>	<u>10 00</u>	Bill Charged to	
Flowers			

DR.

75.00

CR.

			<u>April 1. 49. Check</u>	<u>75 00</u>
			<b>PAID</b>	
			<u>By Anna B. O. Grady</u>	
			<u>Old Stone House</u>	
			<u>So. Middleboro</u>	

1945-1949

# RECORD AND BILL OF ITEMS

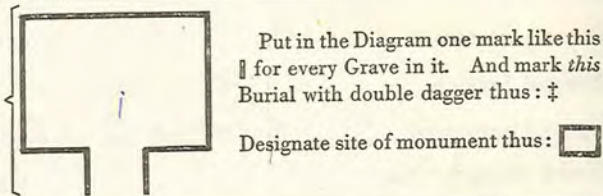
Yearly No. 64

FOR THE FUNERAL OF

Total to date 2022

Earle F. Cook

Residence 4 Charter St Age of husband or wife if alive 50 years  
 Place of Death Main Street Wife or Widow of Ellen Tobey  
 Date of Birth 1893 July 12 (Year) (Month) (Day) Age 55 Years { Sex ..... Color or Race  
 Date of Death 1948 Dec 1 (Year) (Month) (Day) Age { 4 Months Single .....  
 Maiden Name ..... { 19 Days Married .....  
 Birth-place Gloucester Occupation Proprietor of Bicycle shop  
 Name of Father Francis J. Cook His Birth-place Unknown  
 Maiden Name of Mother Hariett Glover Her Birth-place ""  
 Cause of Death—Primary Heart disease Secondary Coronary thrombosis  
 Certifying Physician Folger Med Ex Residence expired on street  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at ..... Lot No. 633  
 Time of Service ..... Grave No. ....  
 Date of Interment Dec 4 Section .....  
 Social Security No. Ellen F. Cook



Casket or Coffin No. <u>2097 Mky. fir.</u>	<u>385 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>165 00</u>	Automobiles <u>Wood 1 Car</u>	<u>5 00</u>
Burial Suit .....		Newspaper Notices.....	
Slippers .....		Transportation Charges.....	
Embalming <u>of Service</u>	<u>50 00</u>	Officiating Clergyman <u>Faulk &amp; Legion</u>	
Washing and Dressing .....		Amount of Bill.....	<u>655 00</u>
Shaving <u>Transfer</u>	<u>10 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.....			
Flowers .....			
	<u>650.00</u>		

DR. CR.

Entered	May 5, 1917.		May 19 49	Check	505 00
Disc.	at Newport R.I.		June 11	" " P.A.	150 00
	Feb 6 1919. USNRF-4	Boatsman			
		Station 45, 2nd District			
Entered	Mch. 20, 1919.	at Nantucket			
Disc	Mch 19, 1920.	at Wakefield R.I.			
	Surfman.				

# RECORD AND BILL OF ITEMS

Yearly No. 65

FOR THE FUNERAL OF

Total to date 2023

Mildred B Brown

Residence 88 Orange St. Age of husband or wife if alive 35 years

Place of Death Walter Memorial Hosp. Chicago Ill. 2 days Wife or Widow of Frank R. Brown

Date of Birth 1917 Sept. 19 Age 31 Years Sex Female Color or Race White

Date of Death 1948 Nov 30 Age 2 Months Single Yes

Maiden Name Clouise Kee Married Yes

Birth-place Marlington West Va. Occupation Housewife

Name of Father David P. Barnes His Birth-place Marlington W. Va.

Maiden Name of Mother Clouise Kee Her Birth-place " " "

Cause of Death—Primary Appendicitomy Secondary None

Certifying Physician None Residence None

Place of Burial Nantucket Cemetery P.H.

Funeral Service at None Lot No. 1/2 919

Time of Service None Grave No. None

Date of Interment Dec. 4, 1948 Section None

Social Security No. Frank R. 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>Wood 2</u>		<u>10 00</u>	
Burial Suit .....		Newspaper Notices.....			
Slippers .....		<u>1/2 Lot No 919</u>		<u>30 00</u>	
Embalming.....		Transportation Charges.....			
Washing and Dressing .....		Officiating Clergyman <u>Strong</u>		<u>10 00</u>	
Shaving .....		Amount of Bill.....		<u>100 00</u>	
Services <u>Transfer</u>	<u>10 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. 50.00</b>					

<u>Pd Wood</u>	<u>10 00</u>	<u>Dec 6</u>	<u>1948 Check</u>	<u>100 00</u>	
<u>Mr. Strong</u>	<u>10 00</u>				
<u>P. H. C. A.</u>	<u>30 00</u>				
<u>" " " P. Care</u>	<u>200 00</u>				
			PAID		
			By <u>Frank Brown</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 66

FOR THE FUNERAL OF

Total to date 2024

*Rebecca Niemeier*

Residence 4 Quince Street Age of husband or wife if alive..... years

Place of Death Taunton State Hosp. Wife or Widow of.....

Date of Birth 1 Dec 6~~5~~ (Year) (Month) (Day) Age { 87 Years { Sex { } Color or Race

Date of Death 1945 Dec 2 (Year) (Month) (Day) { 11 Months { Single  {

Maiden Name { 26 Days { Married  {

Birth-place New York City Occupation house keeper

Name of Father John Niemeier His Birth-place Germany

Maiden Name of Mother Maria Nichols Her Birth-place N. Y. City

Cause of Death—Primary Pulmonary J.B. Secondary Hypertensive heart disease

Certifying Physician Andrew J. Sebely Residence.....

Place of Burial Nantucket Cemetery PH.M.V.

Funeral Service at..... Lot No. 42

Time of Service..... Grave No. 1 Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Date of Interment Dec 5, 1945 Section..... Designate site of monument thus:

Social Security No. Hospital records Taunton

Casket or Coffin No. <u>110 B</u>	<u>135 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 <u>2</u>			
Washing and Dressing			
Shaving		<u>Dagen Funeral Home</u>	<u>72 16</u>
Services	<u>25 00</u>		<u>210 00</u>
Use of Chairs <u>Transfer</u>	<u>10 00</u>	Transportation Charges	
Church Charges		Officiating Clergyman <u>Faulk</u>	
Cemetery Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>282 16</u>
Music	<u>15 00</u>	Goods Ordered by	
Flowers		Bill Charged to	

DR. 210.00 CR.

	<u>Pd Dagen</u>	<u>72 16</u>	<u>Jan 11, 1949</u>	<u>Check</u>	<u>282 16</u>
				<b>PAID</b>	
				<u>By Mrs Norcross</u>	

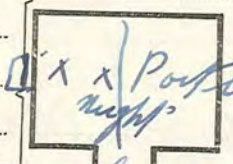
RECORD AND BILL OF ITEMS

Yearly No. 67

FOR THE FUNERAL OF

Total to date 2025

*Mabel P. Carter*  
 Residence *1622 West Butler St. Philadelphia* Age of husband or wife if alive *78* years  
 Place of Death *3844 N. Smedley St.* " Wife or Widow of *John D. Carter*  
 Date of Birth *1* (Year) *1948* (Month) *Dec* (Day) *7* Age { *75* Years Sex {  
 Date of Death *1948* (Year) *Dec* (Month) *7* (Day) { Months { Single { *Colored* Color or Race  
 Maiden Name { Days { Married {  
 Birth-place *Winston N. Carolina* Occupation *housewife*  
 Name of Father *Columbus Pugh* His Birth-place *Winston N. Carolina*  
 Maiden Name of Mother *Isabel Oullaw* Her Birth-place " "  
 Cause of Death—Primary *Bulbar Paralysis* Secondary  
 Certifying Physician Residence  
 Place of Burial *Nantucket* Cemetery *Colored*  
 Funeral Service at Lot No.  
 Time of Service Grave No. *11 X X Post*  
 Date of Interment *Dec 10th* Section *11 X X Post*  
 Social Security No. *John D. Carter* 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 1.</i>	<i>5 00</i>
Burial Suit			<i>Car for Clergyman</i>	<i>3 00</i>
Slippers			Newspaper Notices	
Embalming			<i>Funeral Service Co.</i>	
Washing and Dressing			<i>Transfer to N. Bedford</i>	<i>30 22</i>
Shaving		<i>10 00</i>		
Services			Transportation Charges	
Use of Chairs			Officiating Clergyman <i>Strong</i>	
Church Charges <i>Funeral from Boat</i>		<i>25 00</i>	Amount of Bill	<i>93 22</i>
Cemetery Charges		<i>20 00</i>	Goods Ordered by	
Music			Bill Charged to	
Flowers				

DR.

*55.06*

CR.

<i>Jan 17.</i>	<i>Pa. Wood</i>	<i>5 00</i>	<i>Jan 10.</i>	<i>1949 check</i>	<i>98 22</i>
	<i>Pa. Funeral Service Co.</i>	<i>30 22</i>			
				<b>PAID</b>	
				<i>By John D. Carter.</i>	

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 68

FOR THE FUNERAL OF

Total to date 2026

*Donald G. Barcus*

Residence 51 Burns St. Forest Hills L.I. N.Y. Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_  
 Date of Death 1948 Dec 17 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age { 14 Years { Sex \_\_\_\_\_  
 { \_\_\_\_\_ Months { Single   
 { \_\_\_\_\_ Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation At School

Birth-place New York City His Birth-place Pittsburg Pa.

Name of Father William D. Barcus Her Birth-place Akron Ohio

Maiden Name of Mother Cathleen Doyle

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

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

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 918

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

Date of Interment Dec. 20, 1948 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ William D. Barcus Jr. Brother



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 1</u> <span style="float: right;">5 00</span>
Burial Suit _____		Newspaper Notices _____
Slippers _____		<u>Funeral Directors Service Co.</u>
Embalming _____		<u>Trans to New Bedford &amp; Taxi:</u> <span style="float: right;">53 02</span>
Washing and Dressing _____		<span style="float: right;">55</span>
Shaving _____		<u>Lot No. 918</u> <span style="float: right;">60 00</span>
Services _____ <span style="float: right;">10 00</span>		Transportation Charges _____
Use of Chairs _____		Officiating Clergyman <u>Strong</u>
Church Charges <u>Funeral</u> <span style="float: right;">25 00</span>		Amount of Bill <span style="float: right;">173 02</span>
Cemetery Charges <span style="float: right;">20 00</span>		Goods Ordered by <u>Foy Funeral Home</u>
Music _____		Bill Charged to _____
Flowers _____		

DR.

55.00

CR.

<u>Foy Funeral Home</u>	<u>Jan</u>	<u>19</u>	<u>1949 Check</u>	<u>173</u>	<u>02</u>
<u>98-07 Ascan Ave.</u>					
<u>Forest Hills L.I. N.Y.</u>					
			<b>PAID</b>		
			<u>By Foy Funeral Home</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 41

FOR THE FUNERAL OF

Total to date 2027

Thomas J. Sheehan

Residence 30 Fern Street Age of husband or wife if alive 41 years

Place of Death Copley Plaza Hotel Wife or Widow of Catherine DeFriez

Date of Birth 1. 20. 97 (Year) Sept (Month) 11. (Day) Age { 51 Years { Sex { Color or Race

Date of Death 1949 (Year) Jan. (Month) 3 (Day) { 3 Months { Single {

Maiden Name { 23 Days { Married {

Birth-place West Springfield Mass Occupation Haberdasha

Name of Father Thomas Sheehan His Birth-place Ireland

Maiden Name of Mother Catherine Mahoney Her Birth-place "

Cause of Death—Primary Acute asphyxiation Secondary Accident. Aspiration of Volus forest

Certifying Physician Richard Todd Residence \_\_\_\_\_

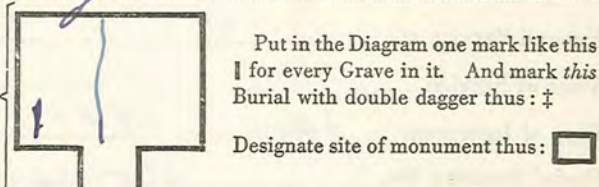
Place of Burial Nant. Cemetery St. Marys

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

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

Date of Interment Jan. 6. Section \_\_\_\_\_

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



Casket or Coffin No. <u>2097. Mah.</u>	<u>385 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 <u>Wood 2</u>	<u>12 00</u>
Burial Suit		<u>Peace 1. Priest</u>	<u>3 00</u>
Slippers		Newspaper Notices	
Embalming		<u>H. Se Buff.</u>	<u>74 44</u>
Washing and Dressing		<u>Toll Calls</u>	<u>3 49</u>
Shaving			
Services	<u>25 00</u>		<u>485 00</u>
Use of Chairs <u>Transfer</u>	<u>10 00</u>	Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Jr.</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>577 93</u>
Music		Goods Ordered by <u>Catherine Sheehan</u>	
Flowers		Bill Charged to	

DR.

485.00

CR.

	<u>Feb 20. 49 Check</u>		<u>577 93</u>
<b>PAID</b>			
<u>By Catherine Sheehan</u>			

# RECORD AND BILL OF ITEMS

Yearly No. 2

FOR THE FUNERAL OF

Total to date 2028

*Sophia C. Green*

Residence 145 Main Street, 20710 Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. Hospital 11 days Wife or Widow of Charles B. Green

Date of Birth 1 1876 Dec 25 (Year) (Month) (Day) Age 73 Years Sex Divorced Color or Race \_\_\_\_\_

Date of Death 1949 Jan 4 (Year) (Month) (Day) Age 0 Months Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age 11 Days Married \_\_\_\_\_

Birth-place Wilmington Del. Occupation House work own home

Name of Father John T. Caldwell His Birth-place Maryland

Maiden Name of Mother Providence Gibson Her Birth-place "

Cause of Death—Primary Chronic Myo. Secondary Arthritis

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

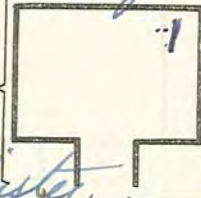
Place of Burial Nantucket Cemetery P.H. single grave

Funeral Service at \_\_\_\_\_ Lot No. 1167

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

Date of Interment Jan. 7, 1949 Section \_\_\_\_\_

Social Security No. Louisa C. Garetson sister 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. <u>110 12</u>	<u>135 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 <u>Wood 1</u>	<u>5 00</u>
Burial Suit		<u>Single Grave in lot 1167</u>	<u>15 00</u>
Slippers		Newspaper Notices	
Embalming <u>of Services</u>	<u>50 00</u>		
Washing and Dressing			
Shaving <u>Transfer</u>	<u>5 00</u>		
Services			
Use of Chairs		Transportation Charges	<u>255 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Strong</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>275 00</u>
Music		Goods Ordered by <u>Louisa Garetson</u>	
Flowers		Bill Charged to <u>Roy E. Sangrelette</u>	

DR. 255.00 CR.

			<u>Aug. 23</u>	<u>1949 check</u>	<u>275 00</u>

**PAID**  
By Roy E. Sangrelette



# RECORD AND BILL OF ITEMS

Yearly No. 3

FOR THE FUNERAL OF

Total to date 2029

Selia C. M. Barrett.

Residence 19 York Street Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 8 days Wife or Widow of Arthur C. Barrett

Date of Birth 1 27 5 Apr. 10 { 73 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 19 49 Jan. 6 { 8 Months { Single \_\_\_\_\_ {  
(Year) (Month) (Day) Age { 27 Days { Married \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ Birth-place Nantucket Occupation House work own home

Name of Father Frederick F. Crocker His Birth-place Nantucket

Maiden Name of Mother Marion C. Appleton Her Birth-place "

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

Certifying Physician F. J. Quinn Residence \_\_\_\_\_

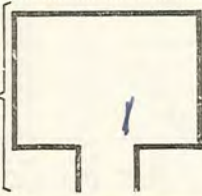
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 577

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

Date of Interment Jan. 10, 1949 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Doris C. Barrett



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>9697. 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>150 00</u>	Automobiles <u>Wood 2</u>	<u>10 00</u>
Burial Suit _____		<u>Pease 1</u>	<u>5 00</u>
Slippers _____		Newspaper Notices _____	
Embalming _____	<u>50 00</u>		
Washing and Dressing _____		Transportation Charges _____	<u>5 00 00</u>
Shaving <u>Transfus</u>	<u>10 00</u>	Officiating Clergyman <u>Thompson. 1st.</u>	
Services _____		Amount of Bill _____	<u>515 00</u>
Use of Chairs _____		Goods Ordered by _____	
Church Charges <u>Funeral</u>	<u>25 00</u>	Bill Charged to _____	
Cemetery Charges _____	<u>15 00</u>		
Music _____			
Flowers _____			

DR. 500.00 CR.

		<u>Jan 8 1949 Check</u>	<u>515 00</u>
		<b>PAID</b>	
		<u>By Norman A. Barrett.</u>	

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 4

FOR THE FUNERAL OF

Total to date 2030.

George R. Thiberge

Residence Sunset Hill

Place of Death N.C.H. 15 days

Date of Birth 1 Apr 17 (Day)

Date of Death 19 49 Jan 17 (Day)

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

Birth-place New Bedford

Name of Father John Thiberge

Maiden Name of Mother Agnes Cohoyer

Cause of Death—Primary Carcinoma

Certifying Physician Mingus

Place of Burial New Bedford

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

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

Date of Interment Jan-19

Social Security No. 714-18-7177

Age of husband or wife if alive 38 years

Wife or Widow of Josephine Folger

Age { 43 Years { Sex \_\_\_\_\_  
 { 9 Months { Single \_\_\_\_\_  
 { \_\_\_\_\_ Days { Married \_\_\_\_\_

Color or Race \_\_\_\_\_

Occupation 1st Mate, M.S.S. Co

His Birth-place Asable, Michigan

Her Birth-place Canada

Secondary \_\_\_\_\_

Residence \_\_\_\_\_

Cemetery Sacred Heart

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:

John Thiberge, 644 Shawmut Ave

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	35 00		Officiating Clergyman		
Washing and Dressing			Amount of Bill	50 00	
Shaving			Goods Ordered by		
Services <u>Securing Permits</u>	5 00		Bill Charged to		
Use of Chairs <u>Transfers</u>	10 00				
Church Charges					
Cemetery Charges					
Music					
Flowers					
<b>DR. 50 00</b>					

DR.			CR.		
	<u>Shipped to.</u>				
	<u>Albert Samouray.</u>		<u>Feb 5,</u>	<u>1949</u>	<u>Check</u>
	<u>Cove St. New Bedford.</u>				<u>50 00</u>
	<u>tel. 7-9044</u>				
				<b>PAID</b>	
				<u>By</u>	
				<u>Albert Samouray.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 5

FOR THE FUNERAL OF

Total to date 2031

*Nellie M. Mack*

Residence 7 Lowell Place Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 5 days Wife or Widow of \_\_\_\_\_

Date of Birth 1866 Jan 21 Age 83 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)  
 Date of Death 1949 Jan 22 Age 0 Months { Single  }  
 (Year) (Month) (Day) 7 Days { Married \_\_\_\_\_ }

Maiden Name \_\_\_\_\_ Occupation clerk Department Store

Birth-place Nantucket His Birth-place Ireland

Name of Father Thomas Mack Her Birth-place Ireland

Maiden Name of Mother Margaret Purcell

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

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

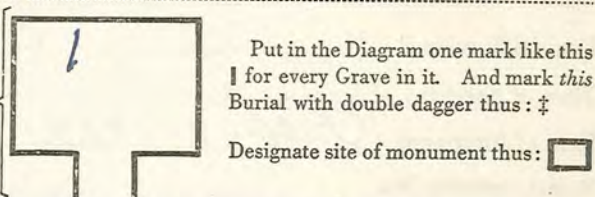
Place of Burial Nant Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 194

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

Date of Interment Jan. 31 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Robert Mack



Casket or Coffin No. <u>1707-12</u>	<u>270 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 <u>Peace Priest</u>	<u>3 00</u>
Burial Suit		Newspaper Notices	
Slippers			
Embalming <u>Services</u>	<u>50 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	
Cemetery Charges	<u>15 00</u>	Amount of Bill	
Music		Goods Ordered by	
Flowers		Bill Charged to	
<u>390.00</u>			

DR.

CR.

			<u>Apr</u>	<u>18</u>	<u>49</u>	<u>Check</u>	<u>272</u>	<u>15</u>
			<u>July</u>	<u>30</u>	<u>"</u>	<u>"</u>	<u>100</u>	<u>00</u>
							<u>8</u>	<u>00</u>
								<u>debits</u>
						<b>PAID</b>		
						<u>By Robert Mack</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 6

FOR THE FUNERAL OF

Total to date 2032

John D. Carter  
 Residence 1622 W. B. Atter St. Philadelphia 4840 Age of husband or wife if alive..... years  
 Place of Death Anderson Memorial Hosp. Wife or Widow of Mabel Pugh  
 Date of Birth 1 (Year) (Month) (Day) Age { Years { Sex { Color or Race  
 Date of Death 19 (Year) (Month) (Day) { Months { Single { Colored  
 Maiden Name { Days { Married {  
 Birth-place Windsor N. Carolina Occupation Retired Postal Clerk (15 yrs)  
 Name of Father Freeman Carter His Birth-place Windsor N. C.  
 Maiden Name of Mother Hester Crowell Her Birth-place " "  
 Cause of Death—Primary Inquest pending Secondary.....  
 Certifying Physician..... Residence.....  
 Place of Burial Warrunctuck Cemetery Colored  
 Funeral Service at..... Lot No. 1x  
 Time of Service..... Grave No. Put in the Diagram one mark like this  
 Date of Interment Feb. 1, 1949. Section..... for every Grave in it. And mark this  
 Social Security No. Miss Isabel C. Duckrey Burial with double dagger thus: †  
 Designate site of monument thus: □

Casket or Coffin No.		Candles	<u>3844 N. Broad St. Medley St. Philadelphia 40</u>
Size..... Made by.....		Gloves	<u>Philadelphia 40</u>
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	<u>Wood. 1</u> 5.00
Burial Suit		<u>Carpenter Clergy &amp; Flowers</u>	3.00
Slippers		Newspaper Notices	
Embalming		<u>Funeral Service Co.</u>	52.22
Washing and Dressing		<u>Toll Call.</u>	93
Shaving			55.00
Services	<u>10.00</u>	Transportation Charges	
Use of Chairs		Officiating Clergyman	<u>Strong</u>
Church Charges <u>Funeral</u>	<u>25.00</u>	Amount of Bill	<u>116.15</u>
Cemetery Charges <u>F</u>	<u>20.00</u>	Goods Ordered by	
Music		Bill Charged to	
Flowers			

DR.

55.00

CR.

				<u>7</u>	<u>1949</u>	<u>check</u>	<u>116.15</u>
<b>PAID</b>							
<u>By Isabel C. Duckrey</u>							

# RECORD AND BILL OF ITEMS

Yearly No. 7

FOR THE FUNERAL OF

Total to date 2.033

Charles A. Selden

Residence 29 Liberty Age of husband or wife if alive 75 years  
 Place of Death N. C. H. 12 days Wife or Widow of Grace Savage Selden  
 Date of Birth 1 Oct 1871 (Year) (Month) (Day) Age 78 Years Sex Male Color or Race  
 Date of Death 1949 Feb 9 (Year) (Month) (Day) Age 4 Months Single  
 Maiden Name \_\_\_\_\_ Days Married   
 Birth-place Nantucket Occupation Newspaper Correspondent  
 Name of Father Charles Selden His Birth-place Providence R.I.  
 Maiden Name of Mother Sydia C. Hodges Her Birth-place Nantucket  
 Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_  
 Certifying Physician F. O. O'Neil Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 5  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Feb 12 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Grace A. Selden

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>435<sup>12</sup></u>	295 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 <u>Wood 4.</u>	20 00
Burial Suit _____		<u>Truck for Flowers</u>	5 00
Slippers _____		Newspaper Notices	
Embalming <u>Services</u>	50 00	<u>Augustus Bentley music</u>	5 00
Washing and Dressing _____			420 00
Shaving _____		Transportation Charges	
Services <u>Transfer</u>	10 00	Officiating Clergyman	
Use of Chairs _____		Amount of Bill	430 00
Church Charges <u>Funeral</u>	25 00	Goods Ordered by _____	
Cemetery Charges _____	15 00	Bill Charged to _____	
Music _____			
Flowers _____			
420.00			

DR.

CR.

				Apr 16 1949 check	450.00
				PAID	
				By Mrs Selden	

1945-1949

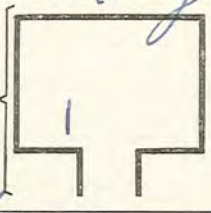
RECORD AND BILL OF ITEMS

Yearly No. 8

FOR THE FUNERAL OF

Total to date 2034

Residence *29 Hildia St. Quincy* *Jeanette P. Murphy* Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death *Quincy City Hosp. 1 day* Wife or Widow of *John J. Murphy*  
 Date of Birth *1* (Year) *Feb* (Month) *11* (Day) Age { *25* Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death *1949* (Year) *Feb* (Month) *11* (Day) Age { *4* Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { *3* Days { Married *5* \_\_\_\_\_ {  
 Birth-place *New Bedford* Occupation *House wife*  
 Name of Father *Mack Paradis* His Birth-place *Maine*  
 Maiden Name of Mother *Marie Boutin* Her Birth-place *Canada*  
 Cause of Death—Primary *Cerebral Hem. &* Secondary *Edema*  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial *Nantucket* Cemetery *St. Marys*  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. *2*  
 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.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles <i>Peace 1 Priest</i>	<i>3.00</i>
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman <i>Fr. Fitzgerald</i>	
Washing and Dressing		Amount of Bill	<i>63.00</i>
Shaving <i>Transfer to Boat</i>	<i>10.00</i>	Goods Ordered by	
Services		Bill Charged to	
Use of Chairs <i>Candelabra Etc.</i>	<i>10.00</i>		
Church Charges <i>Funeral</i>	<i>25.00</i>		
Cemetery Charges	<i>15.00</i>		
Music			
Flowers			

DR. *60.00* CR.

		<i>Oct. 18. 1949</i>	<i>Check</i>	<i>63.00</i>

PAID  
 By *John J. Murphy*

# RECORD AND BILL OF ITEMS

Yearly No. 9

FOR THE FUNERAL OF

Total to date 2035

George W. Coffin

Residence 5 Cliff Rd. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 5 Cliff Rd. Wife or Widow of Eleanor Thurston

Date of Birth 1882 Apr 22 (Year) (Month) (Day) Age { 66 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1949 Feb 10 (Year) (Month) (Day) { 9 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 19 Days { Married \_\_\_\_\_ {

Birth-place Nantucket Occupation Boatsman

Name of Father George E. Coffin His Birth-place Nant.

Maiden Name of Mother Mary Agnes Taylor Her Birth-place Nant.

Cause of Death—Primary found dead on floor Secondary \_\_\_\_\_

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

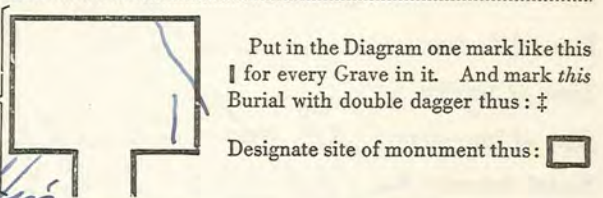
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 604

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

Date of Interment Feb 15-1949 Section \_\_\_\_\_

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



Casket or Coffin No. <u>170 12</u>	240	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 <u>Wood 1 Car</u>		5 00
Burial Suit _____			Newspaper Notices		
Slippers _____			Transportation Charges		
Embalming <u>of Services</u>	50	00	Officiating Clergyman <u>Legion of Strong</u>		
Washing and Dressing _____			Amount of Bill		365 00
Shaving _____			Goods Ordered by _____		
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. 360.00 CR.

Enlisted Feb 7 1915 Boston June 23			1949 Check Vet. Adm.	150	00
Disc. April 30 1919 July 20			" " "	215	00
at Winthrop Md. PVT. USMC.					
Enlisted Dec. 2 1915. at Nantucket					
Dec. Apr. 30. 1924. Surfman USCG.					
PAID					
By <u>Edw. B. Coffin</u>					

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 10

FOR THE FUNERAL OF

Total to date 2036.

Frank C. Gardner

Residence 43 Jan St. 4th Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 23 days Wife or Widow of Edna C Webster

Date of Birth 1 Dec 3 (Year) (Month) (Day) Age { 78 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1949 Feb 17 (Year) (Month) (Day) Age { 2 Months { Single \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ Married X

Birth-place Brooklyn, N.Y. Occupation Asst. Bank Officer Retired

Name of Father William C. Gardner His Birth-place Nantucket

Maiden Name of Mother Elizabeth B. Crosby Her Birth-place Nantucket

Cause of Death—Primary Cerebral Secondary Prostate

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

Place of Burial Brooklyn, N.Y. Cemetery Greenwood

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

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

Date of Interment Feb 21, 1949 Section \_\_\_\_\_

Social Security No. 125-03-7529 \_\_\_\_\_

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>	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 of holls</u>	30	00	Automobiles _____		
Burial Suit _____			Newspaper Notices <u>Telegrams</u>	5	60
Slippers _____			<u>Toll Coll.</u>	9	91
Embalming <u>Services</u>	50	00			
Washing and Dressing _____					
Shaving _____					
Services <u>Transfers</u>	10	00			
Use of Chairs _____			Transportation Charges _____	30	49
Church Charges _____			Officiating Clergyman _____	275	00
Cemetery Charges _____			Amount of Bill _____	312	00
Music _____			Goods Ordered by _____		
Flowers _____			Bill Charged to _____		
<b>DR.</b> <u>275.00</u>			<b>CR.</b>		

				April 2, 1949	Check	312 00
<b>PAID</b>						
By Mrs Gardner						



# RECORD AND BILL OF ITEMS

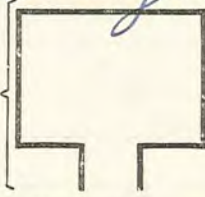
Yearly No. 11

FOR THE FUNERAL OF

Total to date 2037

*Samuel Morin*

Residence Nantucket Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death Unknown Wife or Widow of Jda Berube Morin  
 Date of Birth 1899 Jan. 7 about 50 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 19 Unknown (Day) Age { Months \_\_\_\_\_ } Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Days \_\_\_\_\_ Married \_\_\_\_\_  
 Birth-place Fort Kent, Maine Occupation Mason  
 Name of Father \_\_\_\_\_ His Birth-place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_ Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Found dead Secondary Cause unknown  
 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 \_\_\_\_\_ 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>80</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>25 00</u>	Automobiles <u>Pease Print</u>	<u>3 00</u>
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming _____			
Washing and Dressing _____			
Shaving _____			
Services _____	<u>50 00</u>		
Use of Chairs <u>Transpec</u>	<u>10 00</u>	Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Fr. Fitzgerald</u>	
Cemetery Charges _____	<u>15 00</u>	Amount of Bill	<u>228 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to <u>Mrs Wm. V. Blais</u>	

DR.

\$ 225 00

CR.

<u>Found on beach about</u>	<u>April 1</u>	<u>49</u>	<u>Check</u>	<u>228 00</u>
<u>3/4 mile west of Coskata</u>				
<u>Station by Clinton Andrews.</u>				
<u>delivered to 42 Union St</u>				
<u>by Coast Guard.</u>				
<u>Identification by Soumbeaus</u>				
<u>prints Size 32, Cereal No. 7610</u>				
<u>stamped on band.</u>				
<u>Mastoid operation about 20 yrs ago.</u>				
<u>All lower teeth out, about four</u>				
<u>on upper left jaw</u>				

**PAID**  
 By Mrs William V. Blais

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 12

FOR THE FUNERAL OF

Total to date 2038

Agnes C. Cahoon.

Residence North Mill St. Age of husband or wife if alive 59 years

Place of Death N. C. H. 1 day Wife or Widow of Antennus W. Cahoon

Date of Birth 1888 Oct 25 Age { 59 Years { Sex { } Color or Race  
 (Year) (Month) (Day) { 4 Months { Single { }  
 (Year) (Month) (Day) { 4 Days { Married { }

Maiden Name \_\_\_\_\_ Birth-place Nantucket Occupation House wife

Name of Father Joseph A. Johnson His Birth-place Nantucket

Maiden Name of Mother Eda M. Thurston Her Birth-place \_\_\_\_\_

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

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

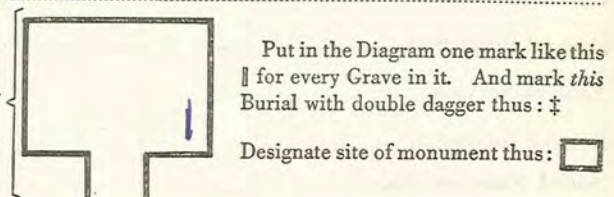
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 692

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

Date of Interment March 4 Section \_\_\_\_\_

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



Casket or Coffin No. <u>1157<sup>12</sup></u>	<u>215 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 <u>Wood 1.</u>	<u>5 00</u>
Burial Suit _____		<u>Pease 1</u>	<u>5 00</u>
Slippers _____		Newspaper Notices <u>1. Print</u>	<u>3 00</u>
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving <u>Transfus</u>	<u>10 00</u>		<u>240 00</u>
Services _____			
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Fitzgerald</u>	
Cemetery Charges _____	<u>15 00</u>	Amount of Bill	<u>253 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 240.00 CR.

<u>Pd Pease</u>	<u>8 00</u>	<u>May 16</u>	<u>check</u>	<u>253 00</u>
<u>Wood</u>	<u>5 00</u>		<u>Due</u>	<u>3 00</u>
				<u>250 00</u>
			<b>Paid</b>	
			<u>By Antennus Cahoon.</u>	

## RECORD AND BILL OF ITEMS

Yearly No. 13.

FOR THE FUNERAL OF

Total to date 2039

William J. Jaffray

Residence 14 Quince St 204<sup>n</sup> Age of husband or wife if alive 83 years

Place of Death " " " Wife or Widow of Rosalia A. Flagg

Date of Birth 1863 May 21 { 85 Years Sex { }  
(Year) (Month) (Day)  
 Date of Death 1949 March 4 { 9 Months Single { }  
(Year) (Month) (Day)  
 Maiden Name { 11 Days Married  { }  
(Year) (Month) (Day)

Birth-place New York Occupation Stock Exchange Retired 40 yrs  
 Name of Father William Jaffray His Birth-place New York  
 Maiden Name of Mother Mary Gibson Her Birth-place " "  
 Cause of Death—Primary Sudden death Secondary Heart disease Coronary thrombosis  
 Certifying Physician Folan Med Esq Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P H  
 Funeral Service at \_\_\_\_\_ Lot No. 203  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment March 6, 1949. Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Rosalia J. Jaffray 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>115<sup>12</sup></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>25 00</u>	Automobiles .....	
Burial Suit .....		.....	
Slippers .....		Newspaper Notices .....	
Embalming <u>Services</u>	<u>50 00</u>	.....	
Washing and Dressing .....		.....	
Shaving .....		Transportation Charges .....	
Services <u>Transfer</u>	<u>10 00</u>	Officiating Clergyman <u>Dr. Gardner</u>	
Use of Chairs .....		Amount of Bill .....	<u>315 00</u>
Church Charges .....		Goods Ordered by <u>Mrs Jaffray</u>	
Cemetery Charges <u>Funeral</u>	<u>25 00</u>	Bill Charged to .....	
Music .....	<u>20 00</u>		
Flowers .....			
DR. <u>315.00</u>		CR.	

	<u>mch 16. 1949 Cash</u>
	<u>315 00</u>
	PAID
	By <u>Mrs. Jaffray</u>

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 14

FOR THE FUNERAL OF

Total to date 2040

*Emma C. Porte*

Residence 5 Atlantic Ave. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Oau Island Home 6 med. Wife or Widow of \_\_\_\_\_

Date of Birth 1856 Jan 29 (Year) (Month) (Day) Age 93 Years Sex \_\_\_\_\_ Color or Race Colored

Date of Death 1949 Mch 8 (Year) (Month) (Day) Age 1 Months Single  Married \_\_\_\_\_

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

Birth-place Nantucket Occupation Tailoress

Name of Father William Porte His Birth-place Calcutta India

Maiden Name of Mother Christina Pompey Her Birth-place Nantucket

Cause of Death—Primary Sudden death Secondary Heart disease, Chronic myo &

Certifying Physician Folger Med Ex Residence Cardiac & compensation

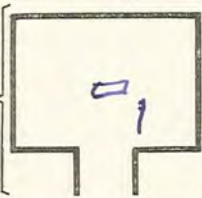
Place of Burial Nantucket Cemetery Colored

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

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

Date of Interment Mch 10 1949 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Lincoln Porte



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>110-12</u>	135 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 _____		Transportation Charges _____	
Embalming <u>Services</u>	50 00	Officiating Clergyman <u>Frederickson</u>	
Washing and Dressing _____		Amount of Bill <u>255 00</u>	
Shaving _____		Goods Ordered by <u>Lincoln Porte</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 _____			
<b>255 00</b>			

DR.

CR.

	Mch 16 1949 Cash	250 00
	Disc	5 00
		255 00
<b>PAID</b>		
	Mch 16 1949	
	<u>Lincoln Porte</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 15.

FOR THE FUNERAL OF

Total to date 2041

Margaret Noxcross.

Residence 1 Farmus St Age of husband or wife if alive 83 years

Place of Death Our Island Home 9ms Wife or Widow of George W. Noxcross

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

Date of Death 1949 (Year) March (Month) 8 (Day)

Maiden Name \_\_\_\_\_ Age 81 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 \_\_\_\_\_ Months { Single \_\_\_\_\_ }  
 \_\_\_\_\_ Days { Married \_\_\_\_\_ }

Birth-place Ireland Occupation Housewife

Name of Father Thomas Finnegan His Birth-place Ireland

Maiden Name of Mother Mary ? Her Birth-place Ireland

Cause of Death—Primary Sudden death Secondary Heart disease Chronic Myo

Certifying Physician Folger Med Ex Residence Cardiac decompensation

Place of Burial N. Duntucket Cemetery St. Marys

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

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

Date of Interment March 11. 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:

George H. Noxcross

Casket or Coffin No. <u>4357</u>	<u>335 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 <u>Pease 1</u>	<u>5 00</u>
Burial Suit <u>Grey dress</u>	<u>19 00</u>	<u>1 Priest</u>	<u>3 00</u>
Slippers _____		Newspaper Notices _____	
Embalming <u>for services</u>	<u>50 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>J. Shovelton</u>	
Cemetery Charges _____	<u>15 00</u>	Amount of Bill _____	<u>482 00</u>
Music _____		Goods Ordered by <u>Mary Anne Mauditt</u>	
Flowers _____		Bill Charged to _____	

DR.

474.00

CR.

			<u>July 22</u>	<u>1949 check</u>	<u>482 00</u>
				<b>PAID</b>	
				<u>By Mary Mauditt Johnson</u>	

## RECORD AND BILL OF ITEMS

Yearly No. 16

FOR THE FUNERAL OF

Total to date 2042

Charles W. Austin

Residence 48 Orange Age of husband or wife if alive 75 years

Place of Death N. C. H. 4 hrs. Wife or Widow of Ethel Coffin

Date of Birth 1868 Jan 5 (Year) (Month) (Day) Age { 81 Years { Sex { Color or Race

Date of Death 1949 Mar 10 (Year) (Month) (Day) { 2 Months { Single

Maiden Name { 5 Days { Married

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

Name of Father Charles G. S. Austin His Birth-place Nantucket

Maiden Name of Mother Mary E. Codd Her Birth-place "

Cause of Death—Primary fell down stairs Secondary fracture 2nd cervical vertebra

Certifying Physician Folger Med. Eq. Residence Accidental

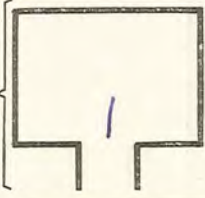
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 761

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

Date of Interment Mar. 13, 1949 Section \_\_\_\_\_

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



Casket or Coffin No. <u>170 B</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>25 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>of services</u>	<u>50 00</u>	Officiating Clergyman <u>Dr. Gardner</u>	
Washing and Dressing _____		Amount of Bill _____	
Shaving _____		Goods Ordered by _____	
Services <u>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>250.00</u>	<b>CR.</b>	

Date	Description	Amount
May 14	1949 Check	250 00
	PAID	
	By Mrs Austin	

# RECORD AND BILL OF ITEMS

Yearly No. 17

FOR THE FUNERAL OF

Total to date 2043

George W. Norcross

Residence 1. Farmer St Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 2 days Wife or Widow of Margaret Finigan

Date of Birth 1865 June 2 Age { 83 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 9 Months { Single \_\_\_\_\_  
 (Year) (Month) (Day) { 12 Days { Married \_\_\_\_\_

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

Birth-place Nantucket Occupation Carpenter

Name of Father James S. Norcross His Birth-place Maine

Maiden Name of Mother Rebecca Watson Her Birth-place Nantucket

Cause of Death—Primary Myocarditis Secondary retrochlorosis, Senility, Bronchitis

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

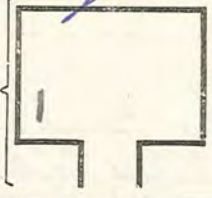
Place of Burial Nantucket Cemetery St. Marys

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>1097</u>	<u>345 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 <u>Wood 1</u>	<u>5 00</u>
Burial Suit		<u>Pease 1</u>	<u>5 00</u>
Slippers		Newspaper Notices <u>1 Print</u>	<u>3 00</u>
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing			<u>465 00</u>
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>Fitzgerald</u>	
Cemetery Charges	<u>15 00</u>	Amount of Bill	<u>478 00</u>
Music		Goods Ordered by	
Flowers		Bill Charged to <u>Mary Anne Mauditt</u>	

DR. 465.00

CR.

		<u>July 22 1949 check</u>	<u>478 00</u>
<b>PAID</b>			
By <u>Mary Johnson</u>			

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 18.

FOR THE FUNERAL OF

Total to date 2044.

*Walter S. Folger*

Residence 453 Hillman St. New Bedford. Age of husband or wife if alive..... years  
 Place of Death St Lukes Hosp. Wife or Widow of Mary Kelly  
 Date of Birth 1 (Year) 1 (Month) 13 (Day) Age { 89 Years { Sex ..... Color or Race  
 Date of Death 1949 March 13 (Year) (Month) (Day) { 9 Months { Single .....  
 Maiden Name ..... { 12 Days { Married .....  
 Birth-place Nantucket. Occupation Watchman  
 Name of Father Charles Folger His Birth-place Nantucket  
 Maiden Name of Mother Mary Kelly Her Birth-place Nantucket.  
 Cause of Death—Primary Broncho Pneumonia Secondary.....  
 Certifying Physician ..... Residence.....  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at ..... Lot No. 472  
 Time of Service ..... Grave No. [Diagram] Put in the Diagram one mark like this [ ] for every Grave in it. And mark this Burial with double dagger thus: †  
 Date of Interment March 16. 1949. Section ..... Designate site of monument thus: [ ]  
 Social Security No. Mrs Clara Folger 453 Hillman St.

Casket or Coffin No. ....	Candles .....	
Size..... Made by.....	Gloves .....	
Lining and Pillow Set No. ....	Bearers or Porters.....	
Handles .....	Hearse to .....	
Plate .....	Removal.....	
Outside Box or Vault .....	Automobiles.....	
Burial Suit .....	.....	
Slippers .....	Newspaper Notices.....	
Embalming.....	.....	
Washing and Dressing .....	<u>Funeral from Boat.</u>	<u>25 00</u>
Shaving .....	<u>Cemetery Chgt</u>	<u>20 00</u>
Services .....	.....	
Use of Chairs .....	Transportation Charges.....	
Church Charges.....	Officiating Clergyman.....	
Cemetery Charges.....	Amount of Bill.....	<u>45 00</u>
Music.....	Goods Ordered by <u>E. J. Wilson</u>	
Flowers .....	Bill Charged to .....	

DR.

CR.

		<u>Mch. 24. 49</u>	<u>Check</u>	<u>45 00</u>

PAID

By E. J. Wilson.



# RECORD AND BILL OF ITEMS

Yearly No. 19

FOR THE FUNERAL OF

Total to date 2045

Residence Paulletta Keena Page  
Lawrence Farms Mount Kisco N.Y. Age of husband or wife if alive ..... years

Place of Death " " " " Wife or Widow of Ralph H. Page

Date of Birth 1 875 (Year) (Month) (Day) Age { 73 Years { Sex ..... { Color or Race  
 Date of Death 19 49 (Year) (Month) (Day) { 11 Months { Single .....  
 Maiden Name ..... { 22 Days { Married .....

Birth-place Detroit Mich. Occupation None

Name of Father James J. Keena His Birth-place ?

Maiden Name of Mother unknown Her Birth-place ?

Cause of Death—Primary Anterior sclerotic Secondary heart disease

Certifying Physician ..... Residence .....

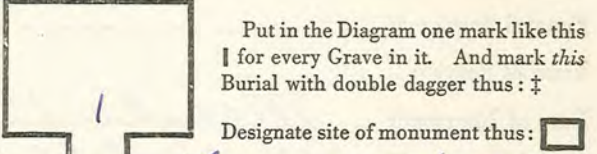
Place of Burial Nantucket Cemetery P.H.

Funeral Service at ..... Lot No. 798

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

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

Social Security No. James K. Page  Lawrence Farms Mt Kisco



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>Personal</u> .....	<u>25 00</u>	<u>Toll Call</u> .....	<u>85 00</u>
Use of Chairs <u>Transfer</u> .....	<u>10 00</u>	<u>Funeral Director Service</u> .....	<u>1 81</u>
Church Charges <u>Funeral</u> .....	<u>25 00</u>	Transportation Charges .....	<u>37 19</u>
Cemetery Charges <u>Cemetery charges</u> .....	<u>20 00</u>	Officiating Clergyman <u>Thompson</u> .....	<u>10 00</u>
Music <u>rec of Director's mat.</u> .....	<u>15 00</u>	Amount of Bill .....	<u>134 00</u>
Flowers .....		Goods Ordered by .....	
		Bill Charged to .....	

DR.

85.00

CR.

Bill to <u>Estate of Ralph H. Page</u>	<u>May 11, 1949</u>	<u>check</u>	<u>134 00</u>
<u>The Guarantee Trust Co. of New York</u>			
<u>140 Broadway N.Y. City</u>			
<u>Attention Mr. W. C. Bloom</u>			
		<b>PAID</b>	
		<u>By James K. Page</u>	

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 21

FOR THE FUNERAL OF

Total to date 2046

*John B Gardner*

Residence 58 Union St. Age of husband or wife if alive..... years

Place of Death N. E. H. 2 days Wife or Widow of Ida Mendence

Date of Birth 1872 Feb 28 (Year) (Month) (Day) Age { 77 Years { Sex..... { Color or Race

Date of Death 1949 Mch 17 (Year) (Month) (Day) { 0 Months { Single..... {

Maiden Name..... { 17 Days { Married..... {

Birth-place Fitchburg Occupation Carpenter & Engineer.

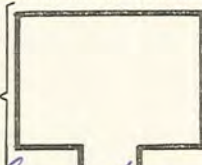
Name of Father Chandler B. Gardner His Birth-place Nantucket


Maiden Name of Mother Suey Starbuck Her Birth-place Nantucket

Cause of Death—Primary congestive heart. Secondary disease, heart block & myo.

Certifying Physician Mengel Residence.....


Place of Burial Nantucket Cemetery Newtown

Funeral Service at..... Lot No. 

Time of Service..... Grave No. 

Date of Interment Mch. 20. 1949. Section.....

Social Security No. 033-05-7126 Ida M. 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. <u>110<sup>12</sup></u>	<u>135 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>50 00</u>		
Washing and Dressing.....			
Shaving.....			
Services <u>Transfered</u>	<u>10 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>260 00</u>
Music.....		Goods Ordered by <u>Ida M. Gardner</u>	
Flowers.....		Bill Charged to.....	

DR.

260.00

CR.

			<u>June 4, 1949 Check</u>	<u>260 00</u>

**PAID**  
By Ida M Gardner

## RECORD AND BILL OF ITEMS

Yearly No. 21

FOR THE FUNERAL OF

Total to date 2047

Roy G. Wald Reed.

Residence Vestal Street Extension Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1948 Nov 18 (Year) (Month) (Day) Age { \_\_\_\_\_ Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1949 Mar 18 (Year) (Month) (Day) { \_\_\_\_\_ Months { Single \_\_\_\_\_ { \_\_\_\_\_

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

Birth-place Nantucket Occupation None

Name of Father Raymond P. Reed His Birth-place Boston

Maiden Name of Mother Florence Benson Her Birth-place Harrison, N. J.

Cause of Death—Primary found dead in crib Secondary Presumably due to asperation of

Certifying Physician F. O. G. M. D. E. P. Residence Vermont

Place of Burial Kenilworth, N. J. Cemetery Graceland Memorial

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

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

Date of Interment Mar 20, 49 Section \_\_\_\_\_

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

Raymond P. Reed

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>375.00</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>None</u>	Newspaper Notices	
Burial Suit		Transportation Charges	
Slippers		Officiating Clergyman	
Embalming	<u>10.00</u>	Amount of Bill	
Washing and Dressing		Goods Ordered by	
Shaving		Bill Charged to	
Services	<u>Transfer</u>		
Use of Chairs	<u>telegram to NY</u>		
Church Charges	<u>1.38</u>		
Cemetery Charges			
Music			
Flowers			
<u>72.38</u>			

DR.

72.38

CR.

		May 8, 1949 Check	72.38
<b>PAID</b>			
By <u>Raymond P. Reed</u>			

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to date 2048

Harry Dunham

Residence 23 Pleasant St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " 24 Wife or Widow of Bertha M. Chapman

Date of Birth 14 Nov 29 (Year) (Month) (Day) Age { 84 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1949 Nov 18 (Year) (Month) (Day) { 3 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 18 Days { Married

Birth-place Nantucket Occupation Farmer

Name of Father Living A. Dunham His Birth-place Nantucket

Maiden Name of Mother Elizabeth Harlow Her Birth-place "

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

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

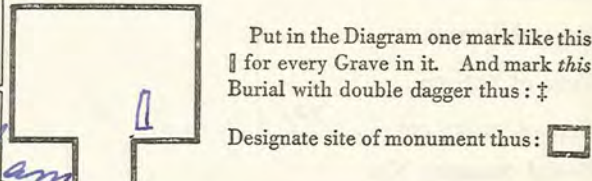
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 808

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

Date of Interment Mar 21 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Bertha M. Dunham



Casket or Coffin No.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Burial Suit		Newspaper Notices	
Slippers		<u>Removal Preparations</u>	
Embalming		<u>Casket Pine Box &amp; Preference</u>	<u>100 00</u>
Washing and Dressing		<u>Opening &amp; Closing Grave</u>	<u>20 00</u>
Shaving		<u>Cartage &amp; use of Device &amp; mats</u>	<u>10 00</u>
Services		Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Masons</u>	
Church Charges		Amount of Bill	<u>130 00</u>
Cemetery Charges		Goods Ordered by	
Music		Bill Charged to <u>Old Age Assn.</u>	
Flowers			

DR.				CR.			
				Apr. 14	48	Check	130 00
				" 15	Wood	1 car	5 00
							125 00
						<b>PAID</b>	
						By <u>Town Treasurer</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date 2049

**George P. Swan**

Residence *14 Manor, Verbridge N.J.* Age of husband or wife if alive ..... years

Place of Death *Wayside Sanatorium, Newbury N.J.* Wife or Widow of *Mary Bunker*

Date of Birth *1* (Year) *1900* (Month) *15* (Day) Age *49* Years { Sex ..... } Color or Race

Date of Death *1949* (Year) *Mch* (Month) *15* (Day) Age { Months ..... } Single ..... Married ..... Days

Maiden Name ..... Birth-place *Oakland California* Occupation *Printer*

Name of Father *Henry Swan* His Birth-place *Nantucket*

Maiden Name of Mother *Emily Paddock* Her Birth-place *"*

Cause of Death—Primary *General Gutta* Secondary *sclerosis*

Certifying Physician ..... Residence .....  
Place of Burial *Nantucket* Cemetery *P.H.*

Funeral Service at ..... Lot No. *386*

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

Date of Interment *Mch. 20, 1949* Section .....  
Social Security No. *Mrs. Harmon J. Owens* 415 Lenoxy Place So. Orange 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 .....	Automobiles .....
Burial Suit .....	.....
Slippers .....	Newspaper Notices.....
Embalming.....	<i>Interment of Ashes</i> <span style="float: right;"><i>10 00</i></span>
Washing and Dressing .....	.....
Shaving .....	.....
Services .....	.....
Use of Chairs .....	Transportation Charges.....
Church Charges.....	Officiating Clergyman <i>Horton</i>
Cemetery Charges.....	Amount of Bill..... <span style="float: right;"><i>10 00</i></span>
Music.....	Goods Ordered by .....
Flowers .....	Bill Charged to .....

R.	DR.		CR.	
		<i>mch 18 49 Cash</i>	<i>10 00</i>	
		<b>PAID</b> <i>By Mrs. Owens</i>		

1945-1949

RECORD AND BILL OF ITEMS

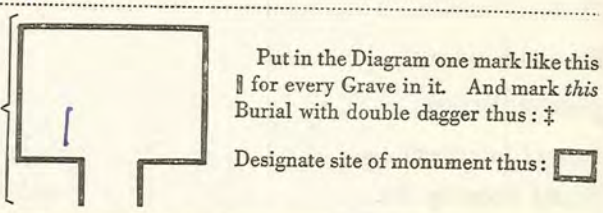
Yearly No. 24

FOR THE FUNERAL OF

Total to date 2050.

*Charles M Lewis*

Residence *3 Mulbury St.*  
 Place of Death *Taunton State Hosp 30-218* Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth *1 878 Jan 9*  
 Date of Death *19 49 Mch 18* Wife or Widow of *Succinda Sylvia*  
 Maiden Name \_\_\_\_\_  
 Birth-place *Nantucket* Occupation *Undertaker*  
 Name of Father *Israel M Lewis* His Birth-place *Nantucket*  
 Maiden Name of Mother *Mary E Wright* Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary *Arteriosclerotic* Secondary *heart disease Bronchopneum*  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial *Nantucket* Cemetery *P.H.*  
 Funeral Service at \_\_\_\_\_ Lot No. *566*  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment *Mch 22* Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



Casket or Coffin No. <i>2097 mahogany</i>		Candles _____	
Size _____ Made by _____		Gloves _____	
Lining and Pillow Set No. _____		Bearers or Porters _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <i>Clark</i>		Automobiles <i>Wood 1 Car 5.00</i>	
Burial Suit _____		<i>Pd Herbert Mch 30th</i>	
Slippers _____		Newspaper Notices _____	
Embalming _____		<i>No charge</i>	
Washing and Dressing _____		Transportation Charges _____	
Shaving _____		Officiating Clergyman <i>Masons</i>	
Services _____		Amount of Bill _____	
Use of Chairs _____		Goods Ordered by _____	
Church Charges _____		Bill Charged to _____	
Cemetery Charges _____			
Music _____			
Flowers _____			

DR.

CR.


# RECORD AND BILL OF ITEMS

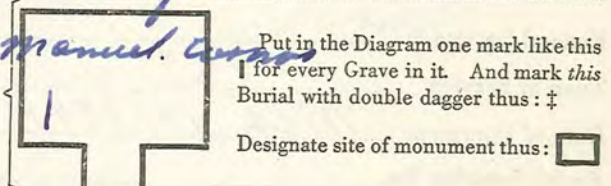
Yearly No. 25

FOR THE FUNERAL OF

Total to date 2051.

Angelina Pees

Residence 15 West York Lane - 434-4 Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. 6 days Wife or Widow of Albert Pees  
 Date of Birth 1-11-77 Dec 25 Sex \_\_\_\_\_ Color or Race Portuguese  
 Date of Death 1949 March 28 Age 72 Years 3 Months 3 Days Single \_\_\_\_\_ Married \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Occupation House wife  
 Birth-place St. Michael's Azores His Birth-place St. Michael's  
 Name of Father Gordon ? Her Birth-place \_\_\_\_\_  
 Maiden Name of Mother Amelia Anasta  
 Cause of Death - Primary Arterio-sclerosis Secondary Diabetes Mellitus  
 Certifying Physician Collins Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. next tomanuel corner  
 Date of Interment March 30 Section 1  
 Social Security No. \_\_\_\_\_ Albert Pees



Casket or Coffin No.	<u>1107</u>	<u>150.00</u>	Candles	
Size	_____	_____	Gloves	
Lining and Pillow Set No.	_____	_____	Bearers or Porters	
Handles	_____	_____	Hearse to	
Plate	_____	_____	Removal	
Outside Box or Vault	<u>Pine</u>	<u>25.00</u>	Automobiles	<u>Wood 2. 10.00</u>
Burial Suit	_____	_____		<u>Please 2. 10.00</u>
Slippers	_____	_____	Newspaper Notices	
Embalming	<u>&amp; Services</u>	<u>50.00</u>		
Washing and Dressing	_____	_____		
Shaving	_____	_____		<u>280.00</u>
Services	<u>Transfer</u>	<u>10.00</u>	Transportation Charges	
Use of Chairs	_____	_____	Officiating Clergyman	<u>Shoultan</u>
Church Charges	<u>Funeral</u>	<u>25.00</u>	Amount of Bill	<u>300.00</u>
Cemetery Charges	<u>imperial crypt</u>	<u>15.00</u>	Goods Ordered by	<u>Pees</u>
Music	<u>and Prayers &amp; etc</u>	<u>5.00</u>	Bill Charged to	<u>275.00</u>
Flowers	_____	_____		

DR.

280.00

CR.

may 4 1949 check

**PAID**

By Albert Pees

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to date 2052

Sydney H. Ball

Residence 829 Park Ave. N.Y. City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Mary Ainsley

Date of Birth 1877 Dec 11 (Year) (Month) (Day) Age { 71 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 3 Months { Single \_\_\_\_\_ {  
 { 28 Days { Married \_\_\_\_\_ {

Date of Death 1949 Apr 8 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Birth-place Chicago Ill. Occupation Mining Engineer

Name of Father Franklin Ball His Birth-place U.S.

Maiden Name of Mother Elizabeth Hall Her Birth-place U.S.

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

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

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 227

Time of Service \_\_\_\_\_ Grave No. 3

Date of Interment Mar 11, 1949 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 _____ <u>80 00</u>		
Plate _____	Removal <u>Cash advanced</u> <u>20 00</u>		
Outside Box or Vault _____	Automobiles <u>Wood 1</u> <u>5 00</u>		
Burial Suit _____	" <u>Am Port</u> <u>2 00</u>		
Slippers _____	Newspaper Notices _____		
Embalming _____	<u>Car for clergy</u> <u>5 00</u>		
Washing and Dressing _____	<u>Funeral Directors Service</u> <u>76 42</u>		
Shaving _____	Transportation Charges _____		
Services <u>Personal</u> <u>25 00</u>	Officiating Clergyman <u>Parrons</u> <u>25 00</u>		
Use of Chairs _____	Amount of Bill <u>213 42</u>		
Church Charges <u>Funeral</u> <u>25 00</u>	Goods Ordered by _____		
Cemetery Charges <u>20 00</u>	Bill Charged to _____		
Music <u>Use of Device &amp; Grass</u> <u>40 00</u>			
Flowers _____			

DR. 80.00 CR.

<u>May 10</u>	<u>Pd of Wood</u>	<u>7 00</u>	<u>Apr. 30</u>	<u>check</u>	<u>213 00</u>
				<b>PAID</b>	
				<u>Apr. 30. 42.</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 27

FOR THE FUNERAL OF

Total to date 2053

Mary Freeman

Residence Wadfish Park Section Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 6 days Wife or Widow of Unknown

Date of Birth 1886 Jan 1 (Year) (Month) (Day) Age { 63 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1949 Apr 11 (Year) (Month) (Day) { 3 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 10 Days { Married \_\_\_\_\_ {

Birth-place Providence R.I. Occupation Housework

Name of Father Unknown His Birth-place ?

Maiden Name of Mother Unknown Her Birth-place ?

Cause of Death—Primary Cerebral Embolism Secondary Hypertension, Arteriosclerosis

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

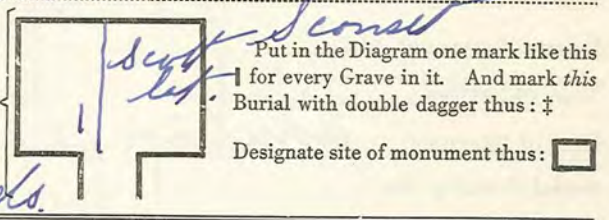
Place of Burial Nantucket Cemetery Newtown

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

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

Date of Interment March 13 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		Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Removal Preparation	
Embalming		Casket Pine Box & Slippers	100 00
Washing and Dressing		Opening & Closing Case	20 00
Shaving		Cartage fare of Driver & matts	10 00
Services		Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Folk</u>	5 00
Church Charges		Amount of Bill	135 00
Cemetery Charges		Goods Ordered by <u>Welfare Dept.</u>	
Music		Bill Charged to _____	
Flowers			

DR.		CR.	
		May 6 1949 check	135 00
		<b>PAID</b>	
		By Town Treasurer Welfare Dept.	

# RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF

Total to date 2054

*Francis W. Thomas*

Residence 28 West Chester Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death Pocasset Sanatorium <sup>6 mos 6 days</sup> Wife or Widow of \_\_\_\_\_  
 Date of Birth 1902 Sept. 7 (Year) (Month) (Day) Age { 46 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1949 Apr. 18 (Year) (Month) (Day) Age { 7 Months { Single  { \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Age { 11 Days { Married \_\_\_\_\_ { \_\_\_\_\_  
 Birth-place Nantucket Occupation Nurse  
 Name of Father Charles Thomas His Birth-place Nantucket  
 Maiden Name of Mother Sillian R. Orpin Her Birth-place Nantucket  
 Cause of Death—Primary Pulmonary T.B. Secondary \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 803  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment April 20, 1949 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>1157 12</u>		<u>220 00</u>		<u>Hospital Records Pocasset</u>	
Size.....	Made by.....			Candles.....	
Lining and Pillow Set No.....				Gloves.....	
Handles.....				Bearers or Porters.....	
Plate.....				Hearse to.....	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>			Removal.....	
Burial Suit.....				Automobiles.....	
Slippers <u>Transfer</u>	<u>5 00</u>			Newspaper Notices.....	
Embalming.....				<u>Pd Ed. Mickerson</u>	<u>5 00</u>
Washing and Dressing.....					
Shaving.....					
Services.....	<u>10 00</u>				
Use of Chairs.....				Transportation Charges.....	<u>3 00 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>			Officiating Clergyman <u>Clinton May</u>	
Cemetery Charges.....	<u>15 00</u>			Amount of Bill.....	<u>350 00</u>
Music.....				Goods Ordered by <u>Hazel Thomas</u>	
Flowers.....				Bill Charged to.....	

DR.

300.00

CR.

DR.

				<u>Apr 28 1949</u>	<u>Cash</u>	<u>350 00</u>	
					<b>PAID</b>		
					<u>By Hazel Thomas</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 29

FOR THE FUNERAL OF

Total to date 2055

Charles H. Ross

Residence Windsor Vermont Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 818 Harrison Ave Boston Wife or Widow of Hariett Wright

Date of Birth 1 July (Year) (Month) (Day) Age 76 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
1949 (Year) (Month) (Day) 9 Months { Single \_\_\_\_\_ }  
 \_\_\_\_\_ (Year) (Month) (Day) \_\_\_\_\_ Days { Married \_\_\_\_\_ }

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

Birth-place New York Occupation Salesman

Name of Father Abraham Ross His Birth-place Germany

Maiden Name of Mother Julia Her Birth-place Scotland

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

Certifying Physician Timothy Deary Residence \_\_\_\_\_

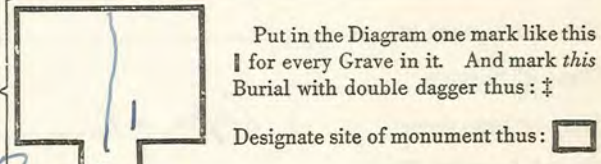
Place of Burial Nantucket Cemetery Newtown

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

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

Date of Interment April 23 1949 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Cyril S. Ross



Casket or Coffin No. <u>2097</u>	<u>385 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 <u>Transfers</u>	<u>10 00</u>	<u>Pol. H. C. Le Buff.</u>	<u>78 28</u>
Embalming _____		<u>Toll Calls</u>	<u>2 10</u>
Washing and Dressing _____		Transportation Charges	<u>490 00</u>
Shaving _____	<u>25 00</u>	Officiating Clergyman <u>Masons</u>	
Services _____		Amount of Bill	<u>570 38</u>
Use of Chairs _____	<u>25 00</u>	Goods Ordered by <u>Cyril S. Ross</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Bill Charged to <u>Windsor National Bank</u>	
Cemetery Charges _____	<u>20 00</u>		
Music _____			
Flowers _____			

DR.

490.00

CR.

		<u>July 15</u>	<u>1949 Check</u>		<u>570 38</u>
			<b>PAID</b>		
			By <u>Windsor National Bank</u> <u>Windsor Vt.</u>		

1945-1949

## RECORD AND BILL OF ITEMS

Yearly No. 30

FOR THE FUNERAL OF

Total to date 2056

Lydia S. Freeborn

Residence 108 Main St. Age of husband or wife if alive..... years

Place of Death N.C.H. 10 hrs Wife or Widow of.....

Date of Birth 1880 June 18 { 68 Years { Sex..... Color or Race  
 (Year) (Month) (Day) { {  
 Date of Death 1949 Apr. 27 Age { 10 Months { Single  {  
 (Year) (Month) (Day) { { { Married..... {  
 Maiden Name..... { 6 Days {

Birth-place Nantucket Occupation Matron


Name of Father Millard F. Freeborn His Birth-place Newport R.I.

Maiden Name of Mother Mary A. Wilber Her Birth-place Nantucket

Cause of Death—Primary Codomoary Secondary.....

Certifying Physician Foley Med. Co. Residence.....

Place of Burial Nantucket Cemetery P.H.

Funeral Service at..... Lot No. 425  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 Apr. 27 Section..... Designate site of monument thus:

Social Security No. Rhoda F. Gardner

Casket or Coffin No. <u>115<sup>n</sup></u>	185 00	Candles.....	
Size..... Made by.....		Gloves.....	
Lining and Pillow Set No.....		Bearers or Porters.....	69
Handles.....		Hearse to.....	
Plate.....		Removal.....	
Outside Box or Vault <u>Pine</u>	25 00	Automobiles.....	
Burial Suit.....		Newspaper Notices.....	
Slippers.....		Transportation Charges.....	
Embalming <u>of Services</u>	50 00	Officiating Clergyman <u>Dr. Gardner</u>	
Washing and Dressing.....		Amount of Bill.....	310 00
Shaving.....		Goods Ordered by.....	
Services <u>Transfer</u>	05 00	Bill Charged to.....	
Use of Chairs.....			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges.....	20 00		
Music.....			
Flowers.....			
<b>DR.</b>	<b>316.00</b>	<b>CR.</b>	

			July 14	1949	check		310 00		
					PAID				
					By Elizabeth M. Donald				

# RECORD AND BILL OF ITEMS

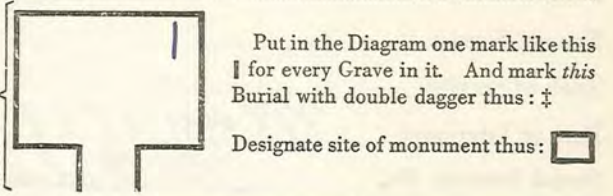
Yearly No. 31

FOR THE FUNERAL OF

Total to date 2057

Isaac W. Moroney

Residence Old South Road Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. 1 day Wife or Widow of Ella J. Donahugh  
 Date of Birth 1 856 Apr 3 Age 93 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 49 May 11 (Day) Age 1 Months Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ 8 Days Married ✓  
 Birth-place Calhoun, N. H. Occupation Retired  
 Name of Father Isaac Moroney His Birth-place Three Rivers Conn.  
 Maiden Name of Mother Caroline Chamberlain Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary Uremia, Urinary Secondary retention, Carcinoma of Prostate  
 Certifying Physician Folger, Med. Ex. Residence Bladder & Rectum  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 814  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment April 5 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Old Age 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		<u>Removal Preparation</u>	
Embalming		<u>Casket Pine Box &amp; Professional Services</u>	100 00
Washing and Dressing		<u>Opening &amp; Closing Grave</u>	20 00
Shaving		<u>Coitage &amp; use of Dinner &amp; mat</u>	10 00
Services		Officiating Clergyman <u>Thompson</u>	
Use of Chairs		Amount of Bill	130 00
Church Charges		Goods Ordered by	
Cemetery Charges		Bill Charged to <u>Old Age Assn</u>	
Music			
Flowers			

DR.		CR.	
		June 17, 1949	Check 130 00
		<b>PAID</b>	
		By _____ Treasurer	

# RECORD AND BILL OF ITEMS

Yearly No. 82

FOR THE FUNERAL OF

Total to date 2058

Residence Robinson Park, Katonah, N.Y. Age of husband or wife if alive..... years

Place of Death Harlem Valley Hosp. Wife or Widow of Louis A. Loiseau

Date of Birth 1 (Year) 1 (Month) 1 (Day) Age { 83 Years { Sex ..... Color or Race

Date of Death 1949 (Year) May (Month) 14 (Day) { 6 Months { Single ..... Color or Race

Maiden Name ..... Days Married ..... Days

Birth-place Boston Occupation at Home

Name of Father Edward W. Cobb His Birth-place Nantucket

Maiden Name of Mother Elizabeth Worth Her Birth-place "

Cause of Death—Primary ..... Secondary.....

Certifying Physician ..... Residence.....

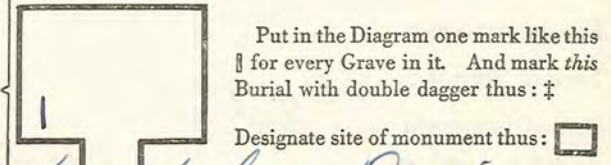
Place of Burial Nantucket Cemetery North

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

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

Date of Interment May 17, 1949 Section 1

Social Security No. Roland S. Loiseau, 5 Chelsea Drive



Casket or Coffin No.		Candles <u>Port-Washington L.C. N.Y.</u>	
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>" 1 Cur Post</u>	<u>5 00</u>
Slippers.....		Newspaper Notices.....	<u>125 00</u>
Embalming.....			
Washing and Dressing.....			
Shaving.....			
Services.....	<u>25 00</u>		
Use of Chairs <u>Transfer from Boat</u>	<u>10 00</u>	Transportation Charges.....	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Johnson</u>	
Cemetery Charges.....	<u>20 00</u>	Amount of Bill..... <u>1.4 same</u>	<u>140 00</u>
Music <u>use of Dances &amp; Mats</u>	<u>10 00</u>	Goods Ordered by.....	
Flowers <u>Casket Spray</u>	<u>35</u>	Bill Charged to.....	

DR.

90 00  
12 50

CR.

July 19	Pd Wood	15 00	May 24	th Check	140 00
	" Vroomveld	35 00			

**PAID**  
By  
Universal Funeral Home  
Sevington Ave at 52nd St  
New York 22 N.Y.

# RECORD AND BILL OF ITEMS

Yearly No. 33

FOR THE FUNERAL OF

Total to date 2059

*Charlotte P. Owen*

Residence 75 King St. Frammouth. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Barnstable Co Sanatorium Wife or Widow of \_\_\_\_\_

Date of Birth 1875 Nov. 4 { 73 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) Age { 5 Months { Single   
 Date of Death 1949 May 13 (Year) (Month) (Day) { 22 Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation Practical Nurse

Birth-place Nantucket His Birth-place England


Name of Father William Owen Her Birth-place Ireland

Maiden Name of Mother Julia Leonard Secondary right breast.

Cause of Death—Primary Carcinoma of Certifying Physician \_\_\_\_\_

Place of Burial Nantucket Residence \_\_\_\_\_

Funeral Service at \_\_\_\_\_ Cemetery P. H.

Time of Service \_\_\_\_\_ Lot No. 317  Put in the Diagram one mark like this for every Grave in it. And mark this Burial with double dagger thus: †

Date of Interment May 17, 1949 Section \_\_\_\_\_ Designate site of monument thus:

Social Security No. \_\_\_\_\_ Hospital records Barnstable.

Casket or Coffin No.		Candles	
Size	Made by	Gloves	
Lining and Pillow Set No.		Bearers or Porters	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Burial Suit		Newspaper Notices	
Slippers		<u>Funeral from Boat</u>	<u>25 00</u>
Embalming		<u>Cemetery Chgs</u>	<u>20 00</u>
Washing and Dressing		<u>Use of 19 service</u>	<u>5 00</u>
Shaving		Transportation Charges	
Services		Officiating Clergyman <u>Frederickson</u>	
Use of Chairs		Amount of Bill	<u>50 00</u>
Church Charges		Goods Ordered by <u>Ed. Nickerson</u>	
Cemetery Charges		Bill Charged to	
Music			
Flowers			

DR.

CR.

				<u>June 9, 1949</u>	<u>check</u>	<u>50 00</u>
					<b>PAID</b>	
					By <u>Edwin D. Nickerson</u>	
					<u>Bourne.</u>	

1945-1949

RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 2060

*Walton H. Adams*

Residence *17 Fair St.* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *Johney Hosp. Wareham* Wife or Widow of *Nancy S. Grant*

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

Date of Death *1949 May 20* (Year) (Month) (Day) Age *68* Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

*2* Months { Single \_\_\_\_\_ }

*25* Days { Married \_\_\_\_\_ }

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

Birth-place *Nantucket* Occupation *Asst Post Master*

Name of Father *Wallace N. Adams* His Birth-place *Nantucket*

Maiden Name of Mother *Dymna B. Catheart* Her Birth-place \_\_\_\_\_

Cause of Death—Primary *Acute Myocardial* Secondary *infarction, Coronary*

Certifying Physician \_\_\_\_\_ Residence *Acclusion*

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

Funeral Service at \_\_\_\_\_ Lot No. *475*

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

Date of Interment *May 23* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ *Nancy S. Adams*



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	<i>20 00</i>		
Use of Chairs	<i>Transfers 10 00</i>	Transportation Charges	
Church Charges	<i>Funeral 25 00</i>	Officiating Clergyman <i>Johnson</i>	
Cemetery Charges	<i>20 00</i>	Amount of Bill	<i>75 00</i>
Music		Goods Ordered by <i>Nancy S Adams</i>	
Flowers		Bill Charged to _____	

DR.

*75.00*

CR.

		<i>Aug 1.</i>	<i>1949 Check</i>	<i>75 00</i>

**PAID**  
By *Nancy S Adams*



# RECORD AND BILL OF ITEMS

Yearly No. 35

FOR THE FUNERAL OF

Total to date 2061

Minnie E. H. Dalman

Residence Our Island Home 5 yrs Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1 866 Jan. 28 Age { 83 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
(Year) (Month) (Day) { 3 Months { Single   
Date of Death 19 49 May 21 { 23 Days { Married \_\_\_\_\_  
(Year) (Month) (Day)

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

Birth-place New York City Occupation House work

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

Maiden Name of Mother Mary A. Johnson Her Birth-place \_\_\_\_\_

Cause of Death—Primary Sudden death Secondary due to General Arteriosclerosis

Certifying Physician Folger Med. Ex. Residence & Chronic Myocarditis

Place of Burial Nantucket Cemetery PH

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

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

Date of Interment May 22 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Charles Warren 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. <u>110 12</u>	<u>135 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 <u>Transfer</u>	<u>5 00</u>		
Services			
Use of Chairs		Transportation Charges	<u>245 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman	<u>5 00</u>
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>250 00</u>
Music		Goods Ordered by <u>Chas. Warren Rogers</u>	
Flowers		Bill Charged to	

DR. 245.00 CR.

		<u>July 18 1949</u>	<u>check</u>	<u>250 00</u>
			<b>PAID</b>	
			<u>By Chas. W. Rogers</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 2062

Harold N. Jewett ~~Benjamin H. Fickner~~ Harold N. Jewett  
Residence 9 Howard St Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. Wife or Widow of Grace Jewett

Date of Birth 1 899 Mar 20 Age { 50 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 19 49 May 27 Age { 2 Months { Single \_\_\_\_\_ {  
(Year) (Month) (Day) { 7 Days { Married

Maiden Name \_\_\_\_\_ Occupation Caretaker

Birth-place New Bedford Name of Father Charles A. Jewett His Birth-place Providence R.I.

Maiden Name of Mother Almyra A. Vincent Her Birth-place New Bedford

Cause of Death—Primary Uremia Chronic Secondary Nephritis, Coronary infection

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

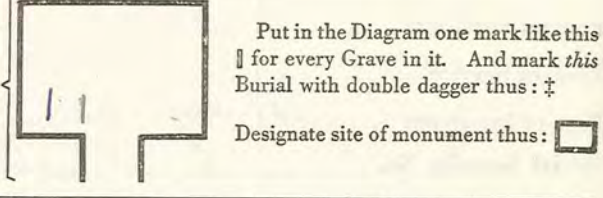
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 840

Time of Service \_\_\_\_\_ Grave No. 2

Date of Interment May 29. Section \_\_\_\_\_

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



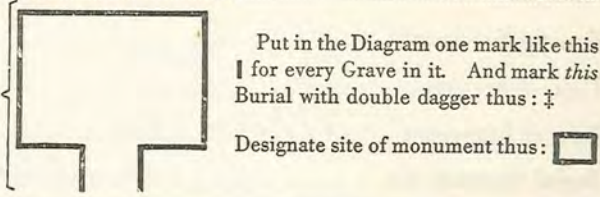
Casket or Coffin No. <u>435<sup>12</sup></u>	<u>295 00</u>	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>Black</u>	<u>150 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>J. Services</u>	<u>50 00</u>	Officiating Clergyman <u>Thompson</u>	
Washing and Dressing _____		Amount of Bill	<u>550 00</u>
Shaving _____		Goods Ordered by <u>Grace Jewett</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>20 00</u>		
Music _____			
Flowers _____			
DR.	<u>550 00</u>	CR.	

		<u>July 9.</u>	<u>1949 check</u>	<u>550 00</u>
			<b>PAID</b>	
			By _____	
			<u>Grace J. Jewett</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 37 FOR THE FUNERAL OF Total to date 2063

Benj H Ticknor & Edgred C Cuddy Benjamin H Ticknor  
 Residence 9 Pleasant St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death M. C. H. 1 day Wife or Widow of Theresa Markus  
 Date of Birth 1 883 Age { 66 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 49 May 27 { Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { Days { Married \_\_\_\_\_  
 Birth-place Hingham Mass Occupation Publisher (Retired)  
 Name of Father Benj H Ticknor His Birth-place N. H.  
 Maiden Name of Mother Caroline Cushman Her Birth-place ?  
 Cause of Death—Primary Sudden death Secondary Heart disease & Coronary  
 Certifying Physician Foley Med Ex Residence Thrombosis  
 Place of Burial Boston Cemetery Mt Auburn  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ 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		Automobiles	
Burial Suit		Newspaper Notices	
Slippers		<u>Removals Preparation</u>	
Embalming		<u>Casket Pine Box &amp; all other</u>	
Washing and Dressing		<u>Professional Services</u>	<u>125 00</u>
Shaving		Transportation Charges	<u>11 64</u>
Services		Officiating Clergyman <u>toll call</u>	<u>80</u>
Use of Chairs		Amount of Bill	<u>137 44</u>
Church Charges		Goods Ordered by	
Cemetery Charges		Bill Charged to <u>Robert E Goodwin</u>	
Music			
Flowers			

DR.		CR.	
	<u>Shipped to Eastman Funeral Home</u>	<u>Aug 17</u>	<u>1949 check</u>
			<u>137 44</u>
			<b>PAID</b>
			<u>By Robert E. Goodwin, Adm.</u>
			<u>9th Floor, 84 State St</u>
			<u>Boston 9.</u>

# RECORD AND BILL OF ITEMS

Yearly No. 38

FOR THE FUNERAL OF

Total to date 2064

*Margaret Mooney*

Residence 11 Pleasant Street Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 21 days Wife or Widow of James D. Mooney

Date of Birth 1 Apr 1949 (Year) (Month) (Day) Age { 84 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1949 May 29 (Year) (Month) (Day) { 1 Months { Single \_\_\_\_\_

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

Birth-place Ireland Occupation House work

Name of Father Bartholomew Driscoll His Birth-place Ireland

Maiden Name of Mother Ellen O. Hearn Her Birth-place Ireland

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

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

Place of Burial Nantucket Cemetery St. Marys

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

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

Date of Interment May 31 Section \_\_\_\_\_

Social Security No. Town Clerk Records

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>110 B</u>	<u>135 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 <u>Pass 1.</u>	<u>5 00</u>	
Burial Suit <u>Grey dress</u>	<u>20 00</u>	<u>" 1 Priest</u>	<u>3 00</u>	
Slippers _____		Newspaper Notices		
Embalming	<u>35 00</u>			
Washing and Dressing				
Shaving				
Services <u>Transfer</u>	<u>5 00</u>		<u>265 00</u>	
Use of Chairs		Transportation Charges		
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Fitzgerald</u>		
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>273 00</u>	
Music		Goods Ordered by		
Flowers		Bill Charged to <u>Roy E Sanguinetti</u>		

DR. 265.00 CR.

<u>Mrs Christopher M Clifford</u>		<u>May 29</u>	<u>51 Check</u>		<u>245.70</u>
<u>87. Sotheland Rd.</u>			<u>10% Deduction</u>		<u>273.00</u>
<u>Brookline</u>			<u>on Bill.</u>		
			<b>PAID</b>		
			<u>By Grace M. Henry</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 39

FOR THE FUNERAL OF

Total to date 2065

Edward C. Cuddy

Residence 17 Liberty St 30 yrs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 3 hrs Wife or Widow of Grace Potter Cuddy

Date of Birth 1 872 March 17 Age { 77 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 2 Months { Single \_\_\_\_\_ {  
 { 13 Days { Married \_\_\_\_\_ {

Date of Death 1949 May 30 Maiden Name \_\_\_\_\_  
 (Year) (Month) (Day)

Birth-place New Bedford Occupation Automobile Salesman

Name of Father Thomas M. Cuddy His Birth-place St. Johns, N.B.

Maiden Name of Mother Anna Powell Her Birth-place St. Johns, N.B.

Cause of Death—Primary Sudden death Secondary Coronary thrombosis and internal

Certifying Physician Folger Med. Ex. Residence hemorrhage from perforating ulcer of

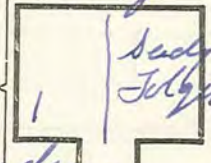
Place of Burial Nantucket Cemetery St. Marys duo Hemmison

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

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

Date of Interment June 1 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Estelle M. Shephardson



Casket or Coffin No. <u>170. 12</u>	250 00	Candles	
Size _____ Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	25 00	Automobiles <u>Pease 1 Print</u>	3 00
Burial Suit _____		Newspaper Notices	008 95
Slippers _____			380 00
Embalming <u>of Services</u>	50 00		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	10 00		
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman <u>Fitzgerald</u>	
Cemetery Charges	20 00	Amount of Bill	390 95
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 380.00

	CR.
	Nov. 1, 1949 Check 390 95
PAID	
By Tower, Jabot. & Hiller Atty's. 35 Congress St Boston	

# RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to date 2066

Yearly No.

Charles Clifford Turner

Residence 34 No. Liberty Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " " 7094 Wife or Widow of Margaret Mc Hale

Date of Birth 1 Oct 13 (Year) (Month) (Day) Age { 70 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Date of Death 1949 June 1 (Year) (Month) (Day) Age { 7 Months { Single \_\_\_\_\_ } \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age { 19 Days { Married  } \_\_\_\_\_

Birth-place Mantucket Occupation Butcher

Name of Father Alfred Turner His Birth-place Mantucket

Maiden Name of Mother Susan E. Ray Her Birth-place "

Cause of Death—Primary Myocardial Secondary failure

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

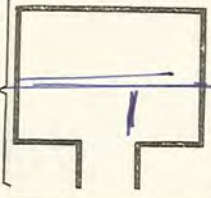
Place of Burial North Cemetery North

Funeral Service at \_\_\_\_\_ Lot No. sweet's

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

Date of Interment June 2 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>4357<sup>12</sup></u>	<u>325 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 _____		Transportation Charges _____	
Embalming <u>of Services</u>	<u>50 00</u>	Officiating Clergyman <u>Thompson</u>	
Washing and Dressing _____		Amount of Bill _____	<u>455 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>20 00</u>		
Music _____			
Flowers _____			

DR. 485.00

CR.

			Sept. 21	1949 Check	450 00		
				Dues	5 00		
				PAID			
				By Margaret Turner			

# RECORD AND BILL OF ITEMS

Yearly No. 41 FOR THE FUNERAL OF Total to date 2067

Grace L. Dennis

Residence Au Island Home Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " 3 yrs Wife or Widow of James H. Dennis

Date of Birth 1873 May 14 Age 76 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 1949 June 1 Age 0 Months Single \_\_\_\_\_  
(Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Married \_\_\_\_\_  
(Year) (Month) (Day)

Birth-place Nantucket Occupation Housework

Name of Father James Welcomb His Birth-place Nantucket

Maiden Name of Mother Abbie ? Her Birth-place \_\_\_\_\_

Cause of Death—Primary Sudden death Secondary heart disease Coronary Thrombosis

Certifying Physician Folger Med Ey Residence \_\_\_\_\_  
Nantucket

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

Funeral Service at \_\_\_\_\_ Lot No. 206

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

Date of Interment June 4 Section \_\_\_\_\_

Social Security No. James Dennis



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>Removal Preparation</u>	
Embalming _____		<u>Casket Pine Box &amp; Proffensio</u>	<u>100 00</u>
Washing and Dressing _____		<u>Opening &amp; Closing Grave</u>	<u>20 00</u>
Shaving _____		<u>Carriage &amp; use of Brou &amp; mats</u>	<u>10 00</u>
Services _____		Transportation Charges _____	
Use of Chairs _____		Officiating Clergyman <u>Folk</u>	
Church Charges _____		Amount of Bill _____	<u>130 00</u>
Cemetery Charges _____		Goods Ordered by _____	
Music _____		Bill Charged to <u>Welfare Dept.</u>	
Flowers _____			

DR.	CR.
	<u>July 1. 1949 check</u>
	<u>130 00</u>
	<b>PAID</b>
	By _____ <u>Town Treasurer.</u>

# RECORD AND BILL OF ITEMS

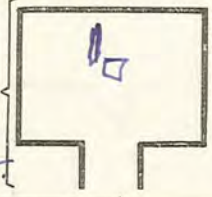
Yearly No. 42

FOR THE FUNERAL OF

Total to date 2068

Nelson H. Crocker

Residence 42 Pine Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N.C.H. 6 days Wife or Widow of Amie Mae Shaw  
 Date of Birth 1 858 Oct. 20 6 days Age { 90 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 19 49 June 5 { 7 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 15 Days { Married \_\_\_\_\_ {  
 Birth-place Nantucket Occupation Painter  
 Name of Father Calvin F. Crocker His Birth-place Barnstable  
 Maiden Name of Mother Hepsibeth Coleman Her Birth-place Nantucket  
 Cause of Death—Primary General Arteriosclerosis Secondary \_\_\_\_\_  
 Certifying Physician Gilpatrick Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery Newtown  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment June 8 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Herbert N. Crocker



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>Removal Preparation</u>	
Embalming		<u>Casket Pine Box of Prof. Amie</u>	<u>100 00</u>
Washing and Dressing		<u>Opening of Closing Grave</u>	<u>20 00</u>
Shaving		<u>Cartage &amp; use of 2 Drivers &amp; mats</u>	<u>10 00</u>
Services		Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Horton</u>	
Church Charges		Amount of Bill	<u>130 00</u>
Cemetery Charges		Goods Ordered by <u>Bob Crocker</u>	
Music		Bill Charged to <u>Old Age Assn.</u>	
Flowers			

DR.

CR.

			<u>June 17</u>	<u>1949 check</u>	<u>130 00</u>
				<b>PAID</b>	
				<u>By</u>	
				<u>Town Treasurer</u>	



RECORD AND BILL OF ITEMS

Yearly No. 43

FOR THE FUNERAL OF

Total to date 2069

Octavius W. Lewis

Residence 179 Field St. Brockton Age of husband or wife if alive years

Place of Death Wife or Widow of Ella Norcross

Date of Birth 1 (Year) 1949 (Month) June 4 (Day) Age { 74 Years { Sex { Single { Color or Race { 7 Months { Married { Days {

Maiden Name Birth-place Nantucket Occupation Fishman Brockton Public Market

Name of Father Octavius Lewis His Birth-place Edgartown

Maiden Name of Mother Ann Chadwick Her Birth-place Edgartown

Cause of Death-Primary Venemia Secondary

Certifying Physician Residence

Place of Burial Nantucket Cemetery P-H.

Funeral Service at Lot No. 311

Time of Service Grave No. Section

Date of Interment June 7, 1949

Social Security No. Mrs. Octavius Lewis

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 or Coffin, Candles, Embalming, etc.) and costs. Includes handwritten entries for 'Funeral Jan Boat' (25 00), 'Opening & Closing Grave' (24 00), and 'Use of Doves & Mats' (5 00). Total amount of bill is 53 00.

CR.

DR.

CR.

Table for recording payments with columns for date and amount. Entry: Sept 2 1949 Check 53 00. Includes handwritten text: PAID By Hall Funeral Home.

RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to date 2070.

*Clifford M. Fisher*

Residence *631 Main St. Falmouth.* Age of husband or wife if alive..... years

Place of Death *M. V. Hospital 5 days* Wife or Widow of *Mabel Parker*

Date of Birth *1866* (Year) (Month) (Day) Age { *82* Years { Sex ..... Color or Race

Date of Death *1949 June 12* (Year) (Month) (Day) { *7* Months { Single

Maiden Name ..... { *23* Days { Married

Birth-place *Edgartown.* Occupation *Retired Yacht Captain*

Name of Father *Almer B. Fisher* His Birth-place *Edgartown*

Maiden Name of Mother *Elizabeth Andrews* Her Birth-place *Nantucket*

Cause of Death—Primary *Cardiac circulatory failure* Secondary .....

Certifying Physician ..... Residence .....

Place of Burial ..... Cemetery .....

Funeral Service at ..... Lot No. *595*  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 *June 14, 1949* Section .....  Designate site of monument thus :

Social Security No. *Henry Minstrel Edgartown*

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>Funeral from Boat</i>	<i>25 00</i>
Embalming		<i>Opening Closing grave</i>	<i>20 00</i>
Washing and Dressing			
Shaving			
Services			
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	<i>45 00</i>
Music		Goods Ordered by <i>M. V. Funeral Home</i>	
Flowers		Bill Charged to	

DR.	CR.
	<i>June 14, 1949 Cash</i> <span style="float: right;"><i>45 00</i></span>
	<b>PAID</b>
	By <i>Malcomb Perry</i>

# RECORD AND BILL OF ITEMS

271

Yearly No. 45

FOR THE FUNERAL OF

Total to date 2071

May Cecelia Thomas

Residence 443 Cleymont St. Brooklyn, N.Y. Age of husband or wife if alive 63 years

Place of Death Brooklyn Hosp. 14 days Wife or Widow of Forest Thomas

Date of Birth 1 (Year) June (Month) 14 (Day)

Date of Death 19 49 (Year) June (Month) 14 (Day) Age { 63 Years { Sex Female { Color or Race White

Maiden Name Philadelphia { 2 Months { Single     {

Birth-place Philadelphia Occupation Housewife { 19 Days { Married     {

Name of Father John Scherton His Birth-place Unknown

Maiden Name of Mother Anna Hawthorne Her Birth-place Unknown

Cause of Death—Primary     Secondary    

Certifying Physician     Residence    

Place of Burial Montucket Cemetery P H

Funeral Service at     Lot No. 803 1 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 June 17, 1949 Section    

Social Security No. Forest Thomas

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>Wood 1</u>	5 00
Burial Suit <u>   </u>				Newspaper Notices <u>   </u>	
Slippers <u>   </u>				Transportation Charges <u>   </u>	
Embalming <u>   </u>				Officiating Clergyman <u>Johnson</u>	
Washing and Dressing <u>   </u>				Amount of Bill <u>   </u>	55 00
Shaving <u>   </u>				Goods Ordered by <u>Forest Thomas</u>	
Services <u>Transfer from Boat</u>	5 00			Bill Charged to <u>   </u>	
Use of Chairs <u>   </u>					
Church Charges <u>Funeral</u>	25 00				
Cemetery Charges <u>   </u>	20 00				
Music <u>   </u>					
Flowers <u>   </u>					
DR. <u>50 00</u>			CR. <u>55 00</u>		

<u>June 17</u>	<u>Pat Allan</u>			<u>June 16 1949</u>	
		<u>5 00</u>		<u>Cash</u>	<u>55 00</u>
				<b>PAID</b>	
				<u>By Forest Thomas</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 46

FOR THE FUNERAL OF

Total to date 2072.

Residence Seland S. Butcher Jr.  
4175 Washington Ave Lebanon, Mo. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Jean Piotti

Date of Birth 1 9 24 (Year) March (Month) 6 (Day) Age 25 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 19 49 (Year) June (Month) 19 (Day) Age 1 Months Single \_\_\_\_\_ Married

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

Birth-place Hannibal Mo. Occupation Doctor

Name of Father Seland S. Butcher His Birth-place \_\_\_\_\_

Maiden Name of Mother Nellie Butth. Her Birth-place \_\_\_\_\_

Cause of Death—Primary Sudden death Secondary Asphyxia due to accidental drowning

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

Place of Burial Lebanon Mo. Cemetery Cedar of Lebanon

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

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

Date of Interment June 24, 1949 Section \_\_\_\_\_

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

J. S. Waterman & 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.		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>Removal, Preparation</u>	
Embalming		<u>Casket, Pine Box, &amp; P.</u>	
Washing and Dressing		<u>Professional Services</u>	<u>100 00</u>
Shaving		<u>3 Certified Copies</u>	<u>1 50</u>
Services		Transportation Charges	<u>1.1 74.</u>
Use of Chairs		Officiating Clergyman	
Church Charges		Amount of Bill	<u>113 24</u>
Cemetery Charges		Goods Ordered by <u>J. S. Waterman &amp; Son</u>	
Music		Bill Charged to _____	
Flowers			

DR.		CR.	
		<u>July 13, 1949 Check</u>	<u>113 24.</u>
		<b>PAID</b>	
		<u>By J. S. Waterman &amp; Son</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 47

FOR THE FUNERAL OF

Total to date 2073

Alice S. Ingraham Fry

Residence 30 East 70th St N.Y. City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 4 Steps Lane Wife or Widow of George Fry

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

Date of Death 19 49 June 22 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age { 82 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

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

Birth-place New York City Occupation None

Name of Father Sidney P. Ingraham His Birth-place New York City

Maiden Name of Mother Victoria Mailard Her Birth-place New Orleans La

Cause of Death—Primary Acute Pulmonary Secondary Edema Hypertension

Certifying Physician Cassiday Residence Arturoscloosis

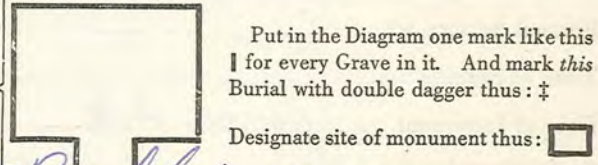
Place of Burial New York Cemetery Woodlawn

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

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

Date of Interment June 24 Section \_\_\_\_\_

Social Security No. Edgar L Newhouse Bablin N.Y.



Casket or Coffin No. <u>4357<sup>0</sup></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 &amp; hds</u>	<u>30 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>10 00</u>		
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman	
Cemetery Charges _____	<u>1 40</u>	Amount of Bill	<u>466 40</u>
Music <u>Toll Call. to N.Y.</u>		Goods Ordered by	
Flowers _____		Bill Charged to	

DR. 466.40 CR.

Shipped to	July 14	1949 Check	466 40
James E. McLaney			
874 Lexington Ave			
N.Y. City			
		PAID	
		By	
		Miss E. J. Newhouse	

# RECORD AND BILL OF ITEMS

Yearly No. 48

FOR THE FUNERAL OF

Total to date 2074

Lizzie Lewis

Residence 41 Union St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 4 days Wife or Widow of Thomas Lewis

Date of Birth 1857 Nov 21 Age { 92 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 7 Months { Single \_\_\_\_\_ {  
 Date of Death 1949 June 22 { 1 Days { Married \_\_\_\_\_ {  
 (Year) (Month) (Day)

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

Birth-place Nantucket Occupation housework own home

Name of Father Richard E. Burgess His Birth-place Nantucket

Maiden Name of Mother Catherine Smith Her Birth-place Nantucket

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

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

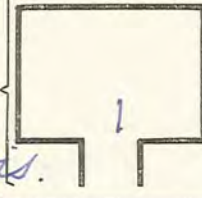
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 495

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

Date of Interment June 24 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Lincoln Lewis



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>0</sup></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</u>	<u>25 00</u>	Automobiles	
Burial Suit <u>Grey Dress</u>	<u>20 00</u>	Newspaper Notices	
Slippers _____			
Embalming <u>deserve</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>Thompson</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>305 00</u>
Cemetery Charges _____	<u>15 00</u>	Goods Ordered by <u>Lincoln Lewis</u>	
Music _____		Bill Charged to _____	
Flowers _____			

DR.

305 00

CR.

		<u>July 19</u>	<u>1949 Check</u>	<u>250 00</u>
			<u>due</u>	<u>55 00</u>
				<u>305 00</u>
			<b>P - ID</b>	
			<u>By Lincoln Lewis</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 49

FOR THE FUNERAL OF

Total to date 2075

*Lucinda S Lewis*

Residence 3 Mulberry St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 3 days Wife or Widow of Charles M. Lewis

Date of Birth 1880 Apr 21 (Year) (Month) (Day) Age { 69 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1949 June 26 (Year) (Month) (Day) Age { 2 Months { Single \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ Age { 5 Days { Married \_\_\_\_\_ {

Birth-place Nantucket Occupation House work own home

Name of Father Joseph S. De Rosa His Birth-place Fayal

Maiden Name of Mother Rosa S. Inos. Her Birth-place Neko Azores

Cause of Death—Primary Coronary thrombosis Secondary General arteriosclerosis

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

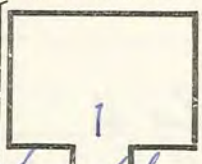
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 566

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

Date of Interment June 29 Section 1

Social Security No. \_\_\_\_\_ George E. Lewis Sudbury 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>1157 B</u>	<u>175</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 Box</u>	<u>25</u> <u>00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____			
Embalming _____			
Washing and Dressing _____			
Shaving _____			
Services _____			
Use of Chairs _____		Transportation Charges _____	
Church Charges _____		Officiating Clergyman <u>Thompson</u>	
Cemetery Charges _____		Amount of Bill _____	
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 200.00 CR.

		<u>Feb 27</u>	<u>1950 check</u>	<u>200</u>	<u>00</u>
<b>PAID</b>					
<u>By George Lewis</u>					

# RECORD AND BILL OF ITEMS

Yearly No. 50

FOR THE FUNERAL OF

Total to date 2076

Freeman H. Hibben

Residence Polpis Road Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death \_\_\_\_\_ Wife or Widow of Cannot be learned  
 Date of Birth 1882 May 19 (Year) (Month) (Day)  
 Date of Death 1949 July 4 (Year) (Month) (Day) Age { 67 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 1 Months { Single \_\_\_\_\_  
 { 15 Days { Married \_\_\_\_\_  
 Birth-place Indianapolis Ind Occupation Physician Retired 2 yrs  
 Name of Father Harold B. Hibben His Birth-place Indianapolis  
 Maiden Name of Mother Louise Freeman Her Birth-place Tue Hauto Ind  
 Cause of Death—Primary Carcinoma of Rectum Secondary with Metastasis of liver  
 Certifying Physician Folger Residence Coronary thrombosis  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 925  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment July 6 Section \_\_\_\_\_  
 Social Security No. Donald Craig



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>110.12</u>	<u>135 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>Basic</u>	<u>175 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		<u>1/2 set No 928</u>	<u>30 00</u>
Embalming <u>services</u>	<u>50 00</u>		<u>4 15 00</u>
Washing and Dressing _____			
Shaving <u>Transfer</u>	<u>10 00</u>		
Services _____			
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Johnson</u>	
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>445 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 415.00

CR.

<u>Hilder Hibben</u>	<u>Sidewalk Cafe</u>	<u>check</u>	<u>Aug</u>	<u>31</u>	<u>1950 G.V.A.</u>	<u>150 00</u>
			<u>Aug</u>	<u>23</u>	<u>1952 Co Check</u>	<u>50 20</u>
	<u>445 00</u>	<u>150</u>				
	<u>200 00</u>	<u>50 25</u>				
	<u>245 00</u>	<u>20 00</u>				
		<u>445</u>				
	<u>445</u>					
	<u>150</u>					
	<u>295</u>					



# RECORD AND BILL OF ITEMS

Yearly No. 51 FOR THE FUNERAL OF Ann. H. Bingham Penrose Total to date 2077

Residence 910. Waddington Rd. Birmingham Mich Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Pocomo Point Wife or Widow of \_\_\_\_\_

Date of Birth 1942 Feb 28 (Year) (Month) (Day) Age { 7 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1949 July 6 (Year) (Month) (Day) { 4 Months { Single   
 Maiden Name \_\_\_\_\_ { 8 Days { Married \_\_\_\_\_

Birth-place Detroit Mich. Occupation at school

Name of Father Clement A. Penrose His Birth-place Baltimore Md.

Maiden Name of Mother Mary Louise Hills Her Birth-place Detroit Mich.

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

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

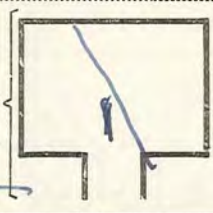
Place of Burial Nantuxet Cemetery P.B.

Funeral Service at \_\_\_\_\_ Lot No. 797

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

Date of Interment July 9, 1949 Section \_\_\_\_\_

Social Security No. Clement A. Penrose



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>4-2025</u>	<u>130 00</u>	Candles	
Size <u>4-6</u> Made by _____		Gloves	
Lining and Pillow Set No. _____		Bearers or Porters	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>Vault</u>	<u>150 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services _____			
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Dr. Walsh</u>	<u>380 00</u>
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>390 00</u>
Music _____		Goods Ordered by <u>Clement A. Penrose</u>	
Flowers _____		Bill Charged to _____	

DR.		<u>380.00</u>		CR.	
		<u>Oct. 13</u>	<u>1949 Check</u>	<u>380 00</u>	
			<b>PAID</b>		
			<u>By</u>		
			<u>Mary Louise Penrose</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to date 2078.

Frank B Gardner

Residence 18 Mt. Vernon St. Age of husband or wife if alive..... years

Place of Death Hammock Pond Wife or Widow of Anna Medeiros

Date of Birth 1899 July 7 (Year) (Month) (Day) Age { 50 Years { Sex ..... Color or Race

Date of Death 1949 July 11 (Year) (Month) (Day) { 0 Months { Single ..... {

Maiden Name ..... { 4 Days { Married ✓ {

Birth-place Nantucket Occupation Florist & Gardener

Name of Father Charles W. Gardner His Birth-place Nantucket


Maiden Name of Mother Mary Anna Desmond Her Birth-place Cambridge

Cause of Death—Primary Sudden death Secondary Coronary thrombosis

Certifying Physician Folger Med Ex Residence.....

Place of Burial Nantucket Cemetery P.H.

Funeral Service at ..... Lot No. 730

Time of Service ..... Grave No. 

Date of Interment July 13, 1949 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. Anna B Gardner Designate site of monument thus:

Casket or Coffin No. <u>115. 12</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>25 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>of Services</u>	<u>50 00</u>	Officiating Clergyman <u>Fr. Fitzgerald</u>	
Washing and Dressing		Amount of Bill	<u>310 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>20 00</u>		
Music			
Flowers			

DR. 310 00 CR.

				<u>Aug 6.</u>	<u>1949 Cash</u>	<u>300 00</u>
					<u>Disse</u>	<u>10 00</u>
						<u>310 00</u>
					<b>PAID</b>	
					<u>By Anna Gardner</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 53

FOR THE FUNERAL OF

Total to date 2079

Jessica Freeman

Residence ..... Age of husband or wife if alive ..... years

Place of Death N. C. H. 5 hrs Wife or Widow of L. Harry Freeman

Date of Birth 1 (Year) July (Month) 16 (Day) Age 75 Years { Sex ..... } Color or Race  
Date of Death 1949 (Year) July (Month) 16 (Day) { Months ..... } Single .....  
Maiden Name ..... { Days ..... } Married .....

Birth-place Rochester, N. Y. Occupation None

Name of Father Michael Shannon His Birth-place Ireland

Maiden Name of Mother Margaret Mc Kensie Her Birth-place Scotland


Cause of Death—Primary Sudden death Secondary Presumably Barbiturate poisoning

Certifying Physician Folger Med Ex Residence " Suicide

Place of Burial Nantucket Cemetery P. H.

Funeral Service at ..... Lot No. 1110

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

Date of Interment July 18 Section ..... 

Social Security No. Florence S. Bixler 75 Park Ave Bronxville N.Y. Designate site of monument thus:

Casket or Coffin No. <u>435<sup>12</sup></u>	<u>295 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>Portault</u>	<u>175 00</u>	Automobiles.....	
Burial Suit .....		Newspaper Notices.....	
Slippers .....			
Embalming.....	<u>50 00</u>		
Washing and Dressing.....	<u>5 00</u>		
Shaving <u>Transfer</u>	<u>10 00</u>	<u>Lot No 1110</u>	<u>45 00</u>
Services .....			<u>575 00</u>
Use of Chairs .....		Transportation Charges.....	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Dr. Walsh</u>	
Cemetery Charges.....	<u>20 00</u>	Amount of Bill.....	<u>620 00</u>
Music.....		Goods Ordered by <u>Florence Bixler</u>	
Flowers .....		Bill Charged to .....	

DR. 575 00 CR.

<u>Florence S. Bixler</u>	<u>Oct. 13</u>	<u>1949 Check</u>	<u>620 00</u>
<u>75 Park Ave</u>			
<u>Bronxville N.Y.</u>			
		<b>PAID</b>	

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

Total to date 2080.

*Susan F. Ripley*

Residence Kennebeck Ave. Oak Bluffs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Vineyard Haven Home Wife or Widow of William Ripley

Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age { 75 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1949 (Year) July (Month) 19 (Day) \_\_\_\_\_ { \_\_\_\_\_ Months { Single \_\_\_\_\_ { \_\_\_\_\_ Days { Married \_\_\_\_\_ { \_\_\_\_\_

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

Birth-place Harwich Mass Occupation At Home

Name of Father Fernandes Terry His Birth-place Dennis

Maiden Name of Mother Sarah F. Kelley Her Birth-place Nantucket

Cause of Death—Primary Myocarditis Secondary Carcinomatosis Breast

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

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

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

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

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

Social Security No. Oak Bluffs Town Records

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 _____	
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 _____		Transportation Charges _____	
Use of Chairs _____		Officiating Clergyman _____	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill _____	<u>45 00</u>
Cemetery Charges _____	<u>20 00</u>	Goods Ordered by _____	
Music _____		Bill Charged to <u>Old Age Aust. Oak Bluffs</u>	
Flowers _____			

DR.	<u>45.00</u>	CR.
		<u>Aug 16. 1949. Check</u>
		<u>45 00</u>
		<b>PAID</b>
		By <u>Town Treasurer Oak Bluffs</u>

# RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date 20 81

*Florence Emily Coffin*

Residence *Sankaty Ave. Sea Scout* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *21 Mt. Vernon St. Cambridge* Wife or Widow of *James P. Coffin*

Date of Birth *1* (Year) *July* (Month) *26* (Day) Age *56* Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death *19 49* (Year) *July* (Month) *26* (Day) Age *1* Months Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ Married *✓* *26* Days

Birth-place *Orono, Me.* Occupation *Proprietor of Summer Place*

Name of Father *Isaac Perry* His Birth-place *St. Johns New Foundland*

Maiden Name of Mother *Delphine Murray* Her Birth-place *Orono, Me.*

Cause of Death—Primary *Pulmonary Embolism* Secondary *Due to Hysterectomy*

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

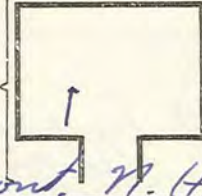
Place of Burial *Nantucket* Cemetery *P.H.*

Funeral Service at \_\_\_\_\_ Lot No. *583*

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

Date of Interment *July 30* Section \_\_\_\_\_

Social Security No. *Lewis E Perry Orono, N.H.*



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 <i>Transfer</i>	<i>15 00</i>	Transportation Charges	
Use of Chairs <i>Transfer</i>	<i>15 00</i>	Officiating Clergyman <i>Diomper</i>	
Church Charges <i>Funeral</i>	<i>25 00</i>	Amount of Bill	
Cemetery Charges	<i>20 00</i>	Goods Ordered by	
Music		Bill Charged to	
Flowers			

DR. *75 00* CR.

		<i>July 28 50</i>	<i>Check</i>	<i>75 00</i>
			<b>PAID</b>	
			<i>By Mrs. Delphine Patten</i>	
			<i>Summer St. Ext.</i>	
			<i>Newport, N.H.</i>	

RECORD AND BILL OF ITEMS

1945-1949

Yearly No. 56

FOR THE FUNERAL OF

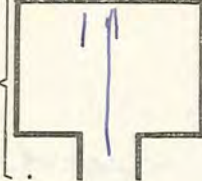
Total to date 2082

Residence 71 Foster St. New Bedford  
 Place of Death N. C. H.  
 Date of Birth 1891 Jan 6  
 Date of Death 1949 Aug 5  
 Maiden Name Bellaire C. Mo.  
 Birth-place Bellaire Co. Mo.  
 Name of Father John Robinson  
 Maiden Name of Mother Clara Morris  
 Cause of Death—Primary Cerebral Embolism  
 Certifying Physician Cassaday  
 Place of Burial Nantucket  
 Funeral Service at Nantucket  
 Time of Service Aug 7  
 Date of Interment Aug 7  
 Social Security No. Alma C. Robinson

Walter P. Robinson  
 Age of husband or wife if alive 5 days  
 Wife or Widow of Alma C. Schmalz  
 Age 68 Years { Sex Female } Color or Race \_\_\_\_\_  
 { 7 Months } Single \_\_\_\_\_  
 { \_\_\_\_\_ Days } Married \_\_\_\_\_

Occupation Salesman  
 His Birth-place Yuba City, Calif.  
 Her Birth-place Yuba City, Calif.  
 Secondary Arteriosclerosis & Chronic Myo

Residence \_\_\_\_\_  
 Cemetery P. H.  
 Lot No. 1048  
 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		<u>Removal, Preparation,</u>	
Embalming		<u>Casket, Pine Box &amp; Puffin</u>	<u>100 00</u>
Washing and Dressing		<u>Opening &amp; Closing Grave</u>	<u>20 00</u>
Shaving		<u>Cartage of free of Service</u>	<u>10 00</u>
Services		Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Johnson</u>	
Church Charges		Amount of Bill	<u>130 00</u>
Cemetery Charges		Goods Ordered by	
Music		Bill Charged to <u>P. W.</u>	
Flowers			

DR.

CR.

		<u>Sept. 2 1949</u>	<u>Check</u>	<u>130 00</u>

PAID

Byn Town Treasurer



1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 58

FOR THE FUNERAL OF

Total to date 2 084

John Winston Fowlkes

Residence 1040 Fifth Ave. N.Y. City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 5 days Wife or Widow of Suey Allen

Date of Birth 1 990 Dec 17 (Year) (Month) (Day) Age { 58 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 19 49 Aug 9 (Year) (Month) (Day) { 7 Months { Single \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ { 23 Days { Married \_\_\_\_\_ {

Birth-place Chestnut Grove, Amelia Co. Va Occupation Doctor

Name of Father John Winston Fowlkes His Birth-place Chestnut Grove Amelia Co. Va

Maiden Name of Mother Mary M. Barker Her Birth-place Mauch Chunk Penna

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

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

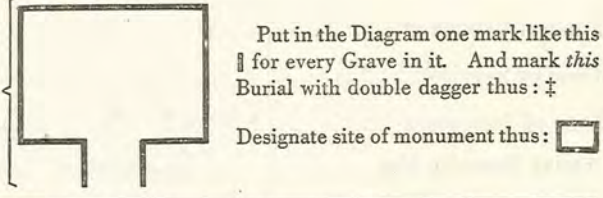
Place of Burial Kensico Reme Cemetery New York

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

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

Date of Interment Aug 11, 1949 Section \_\_\_\_\_

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



Casket or Coffin No. <u>435<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 &amp; shells</u>	<u>30 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____		Customary Gratuity	<u>2 00</u>
Embalming <u>Services</u>	<u>50 00</u>	6. Certified Copy	<u>3 00</u>
Washing and Dressing _____		Transportation Charges <u>Taxi</u>	<u>85 89</u>
Shaving <u>Transfer</u>	<u>15 00</u>	Officiating Clergyman <u>Johnson &amp;</u>	<u>4 20</u>
Services _____		Amount of Bill <u>Kingsbury</u>	<u>513 89</u>
Use of Chairs _____		Goods Ordered by _____	<u>513 89</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Bill Charged to _____	<u>513 89</u>
Cemetery Charges _____			
Music _____			
Flowers _____			

DR. 420.00 CR.

				<u>Oct 8, 1949</u>	<u>Check</u>	<u>513.89</u>
					<b>PAID</b>	
					<u>By</u>	
					<u>Breed, Abbott &amp; Morgan</u>	
					<u>15 Broad St.</u>	
					<u>New York 5, N.Y.</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 59 FOR THE FUNERAL OF Total to date 2085

Walter Thomas Collins

Residence 3 Brooklands Ave. Bronxville N.Y. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 1 day Wife or Widow of Ann Wheaton

Date of Birth 1 (Year) 1 (Month) 1 (Day) Age 71 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Date of Death 1949 Aug 9 (Year) Aug 9 (Month) 9 (Day) { \_\_\_\_\_ Months } { Single \_\_\_\_\_ } \_\_\_\_\_

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

Birth-place Perotone, Ill. Occupation Investment Broker

Name of Father Thomas Collins His Birth-place Perotone, Ill.

Maiden Name of Mother Emma Folk Her Birth-place \_\_\_\_\_

Cause of Death—Primary Prostrate obstruction Secondary Senility

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

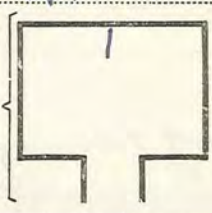
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 1181

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

Date of Interment Aug 12, 1949 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Ann W. Collins



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>110 12</u>	135.00	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 _____	50.00		
Washing and Dressing <u>Transfer</u>	15.00		
Shaving _____		<u>Lot No. 1181</u>	60.00
Services _____			270.00
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	25.00	Officiating Clergyman <u>Walsh</u>	
Cemetery Charges _____	20.00	Amount of Bill	330.00
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

CR.	DR.	CR.
	270.00	
<p><u>3.86</u></p>	<p><u>Enlisted Aug 1917. at</u></p> <p><u>Fort. Binj Harrison Indiana</u></p> <p><u>as Captain</u></p> <p><u>Dis. Jan. 4, 1919. at Camp Sherman</u></p> <p><u>as Major of Infantry U.S.A.</u></p>	<p><u>Nov. 17, 1949 Check Vets. adm. 160.00</u></p> <p><u>Jan 7 1950. " 185.00</u></p> <p style="text-align: center; font-size: 1.5em; font-weight: bold;">PAID</p> <p style="text-align: right;"><u>By Mrs. Ann W. Collins.</u></p>

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to date 2086

Yearly No. 6

Residence 8 Mills Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 6 days Wife or Widow of Willard B. Marden

Date of Birth 1 873 Apr 3 { 76 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death 1949 Aug 13 { 4 Months { Single \_\_\_\_\_ {  
 (Year) (Month) (Day) Age { 10 Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation House Wife Work, own home

Birth-place Nantucket His Birth-place Sweden

Name of Father Carl G. Greyer Her Birth-place \_\_\_\_\_

Maiden Name of Mother Marie B. Anderson Cause of Death—Primary Cardiac Decompensation Secondary Myocarditis

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

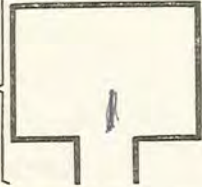
Place of Burial Nantucket Cemetery N. C. H.

Funeral Service at \_\_\_\_\_ Lot No. 567

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

Date of Interment Aug 15 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Ela M. Butler



Casket or Coffin No. <u>1707</u>	<u>270 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>25 00</u>	Automobiles	
Burial Suit		Newspaper Notices	
Slippers		Transportation Charges	
Embalming	<u>50 00</u>	Officiating Clergyman <u>Horton</u>	
Washing and Dressing		Amount of Bill	<u>400.00</u>
Shaving <u>Tranopus</u>	<u>10 00</u>	Goods Ordered by	
Services		Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>20 00</u>		
Music			
Flowers			

DR. 400.00 CR.

				<u>Oct 16</u>	<u>1949 check</u>	<u>400 00</u>
					<b>PAID</b>	
					<u>By Chas. C. Coffin &amp; E. Butler</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 61 FOR THE FUNERAL OF Total to date 2087

Philip J. Wickser

Residence 245. Knotting Terrace Buffalo N.Y. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 12 days Wife or Widow of Margaret F. Fryer

Date of Birth 1888 Apr. 4 Age { 61 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 4 Months { Single \_\_\_\_\_ {  
 Date of Death 1949 Aug. 14 { 10 Days { Married  {

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

Birth-place Buffalo N.Y. Occupation Lawyer

Name of Father John G. Wickser His Birth-place Buffalo N.Y.

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

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

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

Place of Burial Buffalo N.Y. Cemetery Forest Lawn

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

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

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

Social Security No. \_\_\_\_\_ John H. Scott, West Woodland Rd. Pittsburg Pa. 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. <u>4357</u>	<u>12</u>	<u>335</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 &amp; shells</u>		<u>30</u>	<u>00</u>	Automobiles _____	
Burial Suit _____				Newspaper Notices _____	
Slippers _____					
Embalming _____		<u>50</u>	<u>00</u>		
Washing and Dressing _____					
Shaving <u>Transfus</u>		<u>10</u>	<u>00</u>		
Services _____				<u>Customary Gratuity</u>	<u>2 00</u>
Use of Chairs _____				Transportation Charges <u>Tickets</u>	<u>183 73</u>
Church Charges _____				Officiating Clergyman _____	<u>425 00</u>
Cemetery Charges _____				Amount of Bill _____	<u>560 73</u>
Music _____				Goods Ordered by _____	
Flowers _____				Bill Charged to _____	

DR. 425.00 CR.

				<u>Nov. 17, 1949</u>	<u>Check</u>	<u>560</u>	<u>73</u>
				PAID			
				By <u>Palmer, Houch &amp; Wickser</u>			

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 62

FOR THE FUNERAL OF

Total to date 2088

Yearly No.

Residence 30 Beacon St. Gloucester Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " " " Wife or Widow of John A. Coffin

Date of Birth 1858 June 28 (Year) (Month) (Day) Age { 91 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1949 Aug 11 (Year) (Month) (Day) { 1 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 13 Days { Married \_\_\_\_\_

Birth-place Nantucket Occupation At Home

Name of Father Columbus Hussey His Birth-place Nantucket

Maiden Name of Mother Nancy B. Coffin Her Birth-place Nantucket

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

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

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 487

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

Date of Interment Aug 15, 1949 Section \_\_\_\_\_

Social Security No. Mrs. Rachel Coffin 30 Beacon St Gloucester

Residence \_\_\_\_\_

Place of \_\_\_\_\_

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

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

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

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

Name of \_\_\_\_\_

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

Cause of \_\_\_\_\_

Certifying \_\_\_\_\_

Place of \_\_\_\_\_

Funeral S \_\_\_\_\_

Time of S \_\_\_\_\_

Date of I \_\_\_\_\_

Social S \_\_\_\_\_

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>Personal Services</u> <u>15 00</u>
Embalming _____	<u>Opening of Closing Gear</u> <u>20 00</u>
Washing and Dressing _____	<u>Use of Overcoat Mats</u> <u>10 00</u>
Shaving _____	Transportation Charges _____
Services _____	Officiating Clergyman <u>Horton</u> <u>5 00</u>
Use of Chairs _____	Amount of Bill <u>50 00</u>
Church Charges _____	Goods Ordered by <u>Willard Spike Funeral Home</u>
Cemetery Charges _____	Bill Charged to <u>Gloucester, Mass</u>
Music _____	
Flowers _____	

Casket or _____
Size _____
Lining an _____
Handles _____
Plate _____
Outside B _____
Burial Su _____
Slippers _____
Embalmin _____
Washing _____
Shaving _____
Services _____
Use of Ch _____
Church C _____
Cemetery _____
Music _____
Flowers _____

DR.

CR.

				<u>Aug 15, 1949</u>	<u>Check</u>	<u>50 00</u>
					<b>PAID</b>	
					<u>By</u>	
					<u>Harold N. Pike</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 63 FOR THE FUNERAL OF Irma C. Lefcourt Total to date 2089

Residence Hotel Savoy Plaza, N.Y. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N.C.H. 3 days Wife or Widow of A. E. Lefcourt  
 Date of Birth 1 (Year) Aug (Month) 15 (Day) Age { 64 Years { Sex Wid. { Color or Race \_\_\_\_\_  
 Date of Death 1949 (Year) Aug (Month) 15 (Day) { Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Days { Married \_\_\_\_\_  
 Birth-place Baltimore Md. Occupation None  
 Name of Father Henry Casteberg His Birth-place Baltimore Md.  
 Maiden Name of Mother Delelaide Lyons Her Birth-place New York City  
 Cause of Death—Primary Pulmonary bedema Secondary Coronary Infection &  
 Certifying Physician Collins Residence Intense Sclerosis  
 Place of Burial Brooklyn N.Y. Cemetery Salem Field  
 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 Aug 18, 1949 Section \_\_\_\_\_ | Burial with double dagger thus: †  
 Social Security No. \_\_\_\_\_ Designate site of monument thus: □

mark like this  
 and mark this  
 thus: †  
 t thus: □  
 ster:

5.00
0.00
0.00
5.00
0.00
Home
44

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>Removals Preparation</u>
Embalming	<u>Casket Pine Box, still call</u>
Washing and Dressing	<u>&amp; Prof Services</u> 135.00
Shaving	<u>by</u>
Services	Transportation Charges <u>Express</u> 26.84
Use of Chairs	Officiating Clergyman
Church Charges	Amount of Bill 161.84
Cemetery Charges	Goods Ordered by
Music	Bill Charged to
Flowers	

CR.

DR.

CR.

0.00	<u>Reverend Memorial Chapel</u>	<u>Sept 8, 1949</u>	<u>Check</u>	<u>161.84</u>
	<u>76th St. of Amsterdam Ave</u>			
	<u>N.Y. city</u>			
			<u>By Reverend Memorial Chapel</u>	

RECORD AND BILL OF ITEMS

Yearly No. 64

FOR THE FUNERAL OF

Total to date 2090

*George Tompkins*  
 Residence *86 Beale St. Wollaston, Mass* Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death *118 Main St.* Wife or Widow of *Mary Santorusso*  
 Date of Birth *1900 July 1* (Year) (Month) (Day) Age { *49* Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death *1949 Aug 19* (Year) (Month) (Day) { *1* Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { *18* Days { Married \_\_\_\_\_  
 Birth-place *Brooklyn N.Y.* Occupation *Radio Engineer*  
 Name of Father *Elmer E. Tompkins* His Birth-place *Peekskill, N.Y.*  
 Maiden Name of Mother *Arthenia Tompkins* Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary *Sudden death* Secondary *due to Cancer of lungs*  
 Certifying Physician *Folger, Med. Ex.* Residence \_\_\_\_\_  
 Place of Burial *Walterville Co. N.Y.* Cemetery *Shrub Oak*  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment *Aug 23, 1949* Section \_\_\_\_\_  
 Social Security No. *33 Riverside Drive, N.Y. City* Designate site of monument thus:

Casket or Coffin No. <i>435<sup>12</sup></i>	<i>295 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>None &amp; holds</i>	<i>30 00</i>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming _____	<i>50 00</i>		
Washing and Dressing _____			
Shaving _____			
Services <i>Transfer</i>	<i>20 00</i>	Transportation Charges <i>Express</i>	<i>26 84</i>
Use of Chairs _____		Officiating Clergyman	<i>395 00</i>
Church Charges _____		Amount of Bill	<i>421 84</i>
Cemetery Charges _____		Goods Ordered by _____	
Music _____		Bill Charged to _____	
Flowers _____			

DR.

*395.00*

CR.

<i>Shipped to</i>		<i>Oct. 12</i>	<i>1949 Check</i>	<i>421 84</i>
<i>George E. Bartles</i>				
<i>118 Main St.</i>				
<i>Peekskill, N.Y.</i>				
			<b>PAID</b>	
			<i>By Mary Tompkins</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 65

FOR THE FUNERAL OF

Total to date 2091

*Emma Kiddle Sanders*

Residence 66 Gates Street Montclair N.J. Age of husband or wife if aliye \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Lawrence W. Sanders

Date of Birth 1 July (Year) (Month) (Day) Age 74 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 19 49 Aug 20 (Year) (Month) (Day) { Months \_\_\_\_\_ } Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { Days \_\_\_\_\_ } Married \_\_\_\_\_

Birth-place Hoboken N.J. Occupation None

Name of Father Emil F. Kiddle His Birth-place Germany

Maiden Name of Mother Mary Glendoff Her Birth-place Lancaster Pa

Cause of Death—Primary Chronic Myo. Secondary Not Rheumatic, hypertension

Certifying Physician F. Alger Residence \_\_\_\_\_

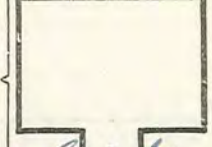
Place of Burial Montclair N.J. Cemetery Mt. Hebron

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

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

Date of Interment Aug 23 Section \_\_\_\_\_

Social Security No. Lawrence W. Sanders \_\_\_\_\_



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>2097</u>	385 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>	30 00	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming	50 00		
Washing and Dressing _____			
Shaving <u>Transpers</u>	10 00	<u>Toll Calls</u>	1 70
Services _____		<u>Customary Gratitude</u>	2 00
Use of Chairs _____		<u>Tickets</u>	51 74
Church Charges _____		Transportation Charges	475 00
Cemetery Charges _____		Officiating Clergyman	530 44
Music _____		Amount of Bill	530 44
Flowers _____		Goods Ordered by _____	
		Bill Charged to _____	

DR. 475.00 CR.

<u>Shipped to</u>		<u>Oct. 12</u>	<u>1949 Check</u>	<u>530 44</u>
<u>Debra &amp; Brown Inc</u>				
<u>55 Park Street</u>				
<u>Montclair N.J.</u>				
<u>Tel. Montclair 2-1050</u>				
			<b>PAID</b>	
			<u>By</u>	
			<u>Lawrence W. Sanders</u>	

1945-1949

# RECORD AND BILL OF ITEMS

Yearly No. 66

FOR THE FUNERAL OF

Total to date 2092

*Irma Bowers-Bartlett*

Residence 83 Gardner Rd. Scarsdale N.Y. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of George W. Bowers-Bartlett

Date of Birth 1883 Sept 2 65 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) {  
 Date of Death 1949 Aug 26 11 Months { Single \_\_\_\_\_  
 (Year) (Month) (Day) { Age { 9 Days { Married \_\_\_\_\_

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

Birth-place Chicago Ill. His Birth-place Germany

Name of Father Max Rothschild Her Birth-place Chicago Ill.

Maiden Name of Mother Rose Fuller

Cause of Death—Primary Metastatic Carcinoma Secondary Carcinoma of Rt. Breast

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

Place of Burial Cremation Boston Cemetery Mt Auburn

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

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

Date of Interment Aug 22/49 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: □

Frederick S. Hauptmann & Gardner Rd. Scarsdale N.Y.

Casket or Coffin No. <u>110</u>	<u>135 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>Pincoffs</u>	<u>30 00</u>	Automobiles _____	
Burial Suit _____		Newspaper Notices _____	
Slippers _____		<u>J. S. Watuman &amp; Sons</u>	<u>82 00</u>
Embalming _____	<u>50 00</u>	<u>Toll Call to Boston</u>	<u>86</u>
Washing and Dressing _____		<u>Tickets</u>	<u>12 14</u>
Shaving <u>Transfers</u>	<u>10 00</u>	Transportation Charges _____	<u>225 00</u>
Services _____		Officiating Clergyman _____	<u>320 00</u>
Use of Chairs _____		Amount of Bill _____	
Church Charges _____		Goods Ordered by _____	
Cemetery Charges _____		Bill Charged to _____	
Music _____			
Flowers _____			

DR. 225.00 CR.

				<u>Dec 19 1949</u>	<u>Check</u>	<u>320 00</u>
					<b>PAID</b>	
					By <u>The Northern Trust Co</u>	
					<u>Fifty South La Salle St</u>	
					<u>Chicago 90. Ill.</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 67

FOR THE FUNERAL OF

Total to date 2093

Margaret Calvert

Residence 169 Woods St. New Bedford Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 2 days Wife or Widow of John Calvert

Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age { 83 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 19 49 Aug 28 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ { \_\_\_\_\_ Months { Single \_\_\_\_\_

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

Birth-place Dorset, England Occupation Housework own home

Name of Father Thomas Allen His Birth-place England

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

Cause of Death—Primary Intestinal obstruction Secondary Ventral Hernia myocarditis

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

Place of Burial New Bedford Cemetery Acushnet

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

Time of Service 0 Grave No. \_\_\_\_\_

Date of Interment Aug 31, 1949 Section \_\_\_\_\_

Social Security No. George W. Calvert 1560 Morton Ave New Bedford



Casket or Coffin No. <u>18 Shipping Case</u>	<u>18 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; shells</u>	<u>17 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>10 00</u>		
Use of Chairs _____		Transportation Charges	<u>6 82</u>
Church Charges _____		Officiating Clergyman	<u>80 00</u>
Cemetery Charges _____		Amount of Bill	<u>86 82</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 80.00 CR.

<u>Shipped to</u>	<u>Oct 11, 49</u>	<u>check</u>	<u>86 82</u>
<u>Kirby Funeral Home</u>			
<u>61 Parkside Rd</u>			
<u>New Bedford</u>			
		<b>PAID</b>	
		<u>By Geo. W. Calvert</u>	

RECORD AND BILL OF ITEMS

Yearly No. 68

FOR THE FUNERAL OF

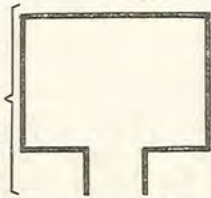
Total to date 2094

Yearly No.  
Residence  
Place of  
Date of  
Date of  
Maiden  
Birth-pla  
Name of  
Maiden  
Cause of  
Certifyin  
Place of  
Funeral  
Time of  
Date of  
Social S

Casket  
Size  
Lining a  
Handles  
Plate  
Outside  
Burial S  
Slippers  
Embal  
Washing  
Shaving  
Services  
Use of  
Church  
Cemete  
Music  
Flowers

Mabel A. Harris

Residence 16 York St. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N.C.H. 2 bus Wife or Widow of \_\_\_\_\_  
 Date of Birth 1881 Nov 13 Age { 67 Years { Sex \_\_\_\_\_ { Color or Race  
 Date of Death 1949 Aug 28 { 9 Months { Single \_\_\_\_\_ { Colored  
 Maiden Name \_\_\_\_\_ { 15 Days { Married \_\_\_\_\_  
 Birth-place Chelsea Mass Occupation Saundress  
 Name of Father Charles Harris His Birth-place Nantucket  
 Maiden Name of Mother Jennie Weedman Her Birth-place Portland, Maine  
 Cause of Death—Primary Sudden death Secondary Presumably Chronic Myo  
 Certifying Physician Folger Med. Co. Residence Hypertension Cardiac Decompensation  
 Place of Burial \_\_\_\_\_ Cemetery Pulmonary Edema  
 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>110 12</u>	<u>135 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		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Fredrickson</u>	
Washing and Dressing		Amount of Bill	<u>260 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>20 00</u>		
Music			
Flowers			

DR. 260.00 CR.

			<u>June 9, 1950 Check</u>	<u>260 00</u>
			<b>PAID</b>	
			<u>By Roy Sanguinette Adm.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 69

FOR THE FUNERAL OF

Total to date 2095

Residence 127 Lafayette St. Haddonfield N.J. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Ships Inn Innery Wife or Widow of Geraldine Bugby

Date of Birth 1878 Apr 10 (Year) (Month) (Day) Age { 71 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1944 Aug 31 (Year) (Month) (Day) Age { 4 Months { Single \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ { 21 Days { Married  {

Birth-place Camden N.J. Occupation Lawyer

Name of Father John P. Riggins His Birth-place Glen Dale N.J.

Maiden Name of Mother Martha Stafford Her Birth-place \_\_\_\_\_

Cause of Death—Primary Sudden death Secondary Heart disease, Coronary thrombosis

Certifying Physician Folger Med. Ex. Residence Found dead in Bed

Place of Burial Haddonfield N.J. Cemetery Colustown

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

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

Date of Interment Sept. 3, 1944 Section \_\_\_\_\_

Social Security No. Mrs. Geraldine B. Riggins Haddonfield 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>1797 mahg</u>	<u>495 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; hells</u>	<u>30 00</u>	Automobiles	
Burial Suit _____		Newspaper Notices	
Slippers _____			
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>10 00</u>		
Use of Chairs _____		Transportation Charges <u>Tickets</u>	<u>585 00</u>
Church Charges _____		Officiating Clergyman <u>Toll Calls</u>	<u>33 75</u>
Cemetery Charges _____		Amount of Bill	<u>621 10</u>
Music _____		Goods Ordered by <u>Mrs Riggins</u>	
Flowers _____		Bill Charged to <u>Mrs Riggins</u>	

DR.

585.00

CR.

<u>Shipped to</u>	<u>Oct. 20</u>	<u>1944 check</u>	<u>621 10</u>
<u>James Stretch</u>			
<u>Kings Highway West</u>			
<u>Haddonfield N.J.</u>			
<u>tel 9-0249</u>			
		<u>PAID</u>	
		<u>By Mrs Riggins</u>	

RECORD AND BILL OF ITEMS

Yearly No. 70

FOR THE FUNERAL OF

Total to date 2096

Robert J. Terry

Residence 13 Orange St. Place of Death Guiniah, Samar, Philippine Is. Date of Birth 1 23 20 Date of Death 19 49 July 26 Maiden Name Birth-place Nantucket Occupation Soldier U.S. Army Name of Father Herbert Terry His Birth-place Nantucket Maiden Name of Mother Sadie Mc Dougal Her Birth-place Nova Scotia, Canada Cause of Death Primary Head injuries Secondary Motor Vehicle Accident Certifying Physician Place of Burial Nantucket Cemetery St Marys Funeral Service at Lot No. Time of Service Grave No. Date of Interment Sept. 7, 1949 Section Social Security No. Sadie Terry

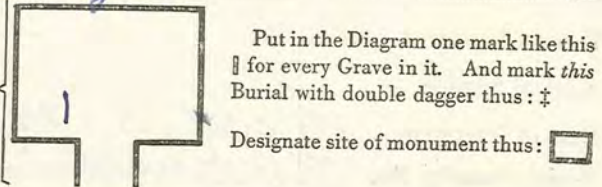


Table with columns for items and costs. Includes rows for Casket or Coffin No., Size, Lining and Pillow Set No., Handles, Plate, Outside Box or Vault, Burial Suit, Slippers, Embalming, Washing and Dressing, Shaving, Services Transfer 10 00, Use of Chairs, Church Charges Funeral 25 00, Cemetery Charges 20 00, Music Candelabra etc 5 00, Flowers. Total DR. 60.00

Table with columns for description, date, amount, and check number. Includes entry: P.V.T. Robert J. Terry, RA. 11183766 P.V.T., Sept 5 49 Check, 60 00. Includes a large 'PAID' stamp and 'By Government Check' signature.

### RECORD AND BILL OF ITEMS

Yearly No. 71

FOR THE FUNERAL OF

Total to date 2097

*Emily Burford Murray*

Residence ~~3 Bear St. 57 Mt. Vernon St Boston~~ Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 3 Bear St. Wife or Widow of \_\_\_\_\_

Date of Birth 1891 Jan 7 (Year) (Month) (Day) Age { 58 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
Date of Death 1949 Sept 8 (Year) (Month) (Day) { 8 Months { Single  {  
Maiden Name \_\_\_\_\_ { 1 Days { Married \_\_\_\_\_ {

Birth-place Cambridge Occupation Court Reporter

Name of Father George Burford His Birth-place Fitchburg

Maiden Name of Mother Cora Bent Her Birth-place Canton Mass

Cause of Death—Primary Heart disease Secondary Coronary thrombosis

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

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

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

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

Date of Interment Sept 11 Section \_\_\_\_\_

Social Security No. Mrs Georgia B. Cooke  
42 W Grove St Boston 14 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.....	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>Removals Preparation</u>
Embalming.....	<u>Casket Pine Box all other</u>
Washing and Dressing .....	<u>Prof. services</u> <u>125 00</u>
Shaving .....	Transportation Charges..... <u>11 64</u>
Services .....	Officiating Clergyman..... <u>Call</u> <u>65</u>
Use of Chairs .....	Amount of Bill <u>3 Certified copy</u> <u>1 50</u>
Church Charges.....	Goods Ordered by <u>J. S. Watman &amp; Sons</u> <u>138 79</u>
Cemetery Charges.....	Bill Charged to <u>J. S. Watman &amp; Sons</u>
Music.....	
Flowers .....	

DR.

CR.

					<u>Oct 12. 1949 Check</u>	<u>138 79</u>
					<b>PAID</b>	
					<u>By J. S. Watman &amp; Sons</u>	

1945-1949

### RECORD AND BILL OF ITEMS

Yearly No. 72

FOR THE FUNERAL OF

Total to date 2095

Jane Mänge

Residence 199 Bard Ave. Staten Island N.Y. Age of husband or wife if alive..... years  
Place of Death Narantucket Sound Wife or Widow of.....  
Date of Birth 1931 May 30 (Year) (Month) (Day) { 18 Years { Sex..... { Color or Race  
Date of Death 1949 Sept 10 (Year) (Month) (Day) { 5 Months { Single.....  
Maiden Name..... { 11 Days { Married.....  
Birth-place New Bedford Occupation Student  
Name of Father Winthrop E Mänge His Birth-place Schenectady, N. Y.  
Maiden Name of Mother Mary Miles Her Birth-place Danville, Penn  
Cause of Death—Primary Asphyxia by Secondary Drowning  
Certifying Physician Folan Med Ex Residence.....  
Place of Burial Falmouths 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 Sept. 13 1949 Section..... Designate site of monument thus : □  
Social Security No. Winthrop E Mänge 199 Bard Ave Staten Island 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.....	Removals Preparation
Embalming.....	Pine Box of Securing
Washing and Dressing.....	Permits <span style="float:right">65 00</span>
Shaving.....	Transportation Charges <span style="float:right">5 64</span>
Services.....	Officiating Clergyman.....
Use of Chairs.....	Amount of Bill <span style="float:right">70 64</span>
Church Charges.....	Goods Ordered by.....
Cemetery Charges.....	Bill Charged to <u>Wm C Davis Co</u>
Music.....	
Flowers.....	

DR. CR.

						Oct 18 1949 Check		70 64	
							<b>PAID</b>		
							<u>By Wm C Davis Co</u>		

## RECORD AND BILL OF ITEMS

Yearly No. 73

FOR THE FUNERAL OF

Total to date 2099

John K Hadley

Residence Siders Pond Rd Falmouth Age of husband or wife if alive            years  
 Place of Death Nantucket Sound Wife or Widow of             
 Date of Birth 1930 Mar 16 Age 19 Years { Sex            Color or Race             
 (Year) (Month) (Day) { 5 Months { Single             
 Date of Death 1949 Sept 10 { 26 Days { Married             
 (Year) (Month) (Day) Maiden Name             
 Birth-place Bessemer Michigan Occupation Student  
 Name of Father Cedric K Hadley His Birth-place Sunapee N.H.  
 Maiden Name of Mother Mildred Sogyan Her Birth-place Buffalo N.Y.  
 Cause of Death—Primary Asphyxiation by Secondary Drowning  
 Certifying Physician Folger Wood Esq Residence             
 Place of Burial Falmouth Cemetery Oak Grove  
 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 Sept 13 Section             Burial with double dagger thus : †  
 Social Security No. Cedric K. Hadley Falmouth 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	Removals Preparation	
Embalming	Pine Box & Securing	
Washing and Dressing	Permits	65 00
Shaving		
Services	Transportation Charges	5 64
Use of Chairs	Officiating Clergyman	70 64
Church Charges	Amount of Bill	
Cemetery Charges	Goods Ordered by	
Music	Bill Charged to	
Flowers		

DR.		CR.
64	Oct. 18 1949 Check	70 64
	PAID	
	By Wm. C. Davis Co	

# RECORD AND BILL OF ITEMS

Yearly No. 74

FOR THE FUNERAL OF

Total to date 21 00

*Emily Foster*

Residence 189 Beebe Rd. Frammouthe Age of husband or wife if alive..... years

Place of Death Nantucket Sound Wife or Widow of.....

Date of Birth 1928 May 27 Age { 21 Years { Sex..... Color or Race  
 (Year) (Month) (Day) { 3 Months { Single   
 Date of Death 1949 Sept 10 (Year) (Month) (Day) { 14 Days { Married.....

Maiden Name.....

Birth-place Wakefield, Mass. Occupation Student

Name of Father Albert A. Foster His Birth-place Wakefield, Mass.

Maiden Name of Mother Eleanor Huse Her Birth-place Georgetown, Mass.

Cause of Death—Primary Asphyxia by Secondary drowning

Certifying Physician Folger, Med. Sgt. Residence.....

Place of Burial Wakefield Cemetery Lake Side

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. .... 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>Removals Preparation</u>	
Embalming.....		<u>Pipe Box Casket</u>	
Washing and Dressing.....		<u>Securing Permits</u>	75 00
Shaving.....		Transportation Charges.....	
Services.....		Officiating Clergyman.....	5 64
Use of Chairs.....		Amount of Bill.....	80 64
Church Charges.....		Goods Ordered by.....	
Cemetery Charges.....		Bill Charged to <u>Harvey P. Moulton</u>	
Music.....			
Flowers.....			

DR.			CR.
<u>P.M.</u> <u>Harvey Moulton &amp; Sons</u>	<u>Sept 30</u>	<u>1949 Check</u>	<u>80 64</u>
<u>13 Gale Ave.</u>			
<u>Wakefield, Mass.</u>			
<u>Tel. Crystal 0737</u>			
<u>office also in Melrose</u>			
<u>17 West Wyoming Ave.</u>			
<u>Tel. Melrose 5050</u>			
		<b>PAID</b>	
		<u>Harvey P. Moulton &amp; Sons</u>	



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..... years

Race

mark like this  
and mark *this*  
thus: ‡

ent thus:

75 00

5 64

80 64

CR.

80 64

on of bus

GENERAL  
REGISTER

10/21/45  
9/10/49