

GENERAL  
REGISTER

9/10/49  
10/27/53



1949-1953

Sept. 10. 1949  
to  
October 27. 1953

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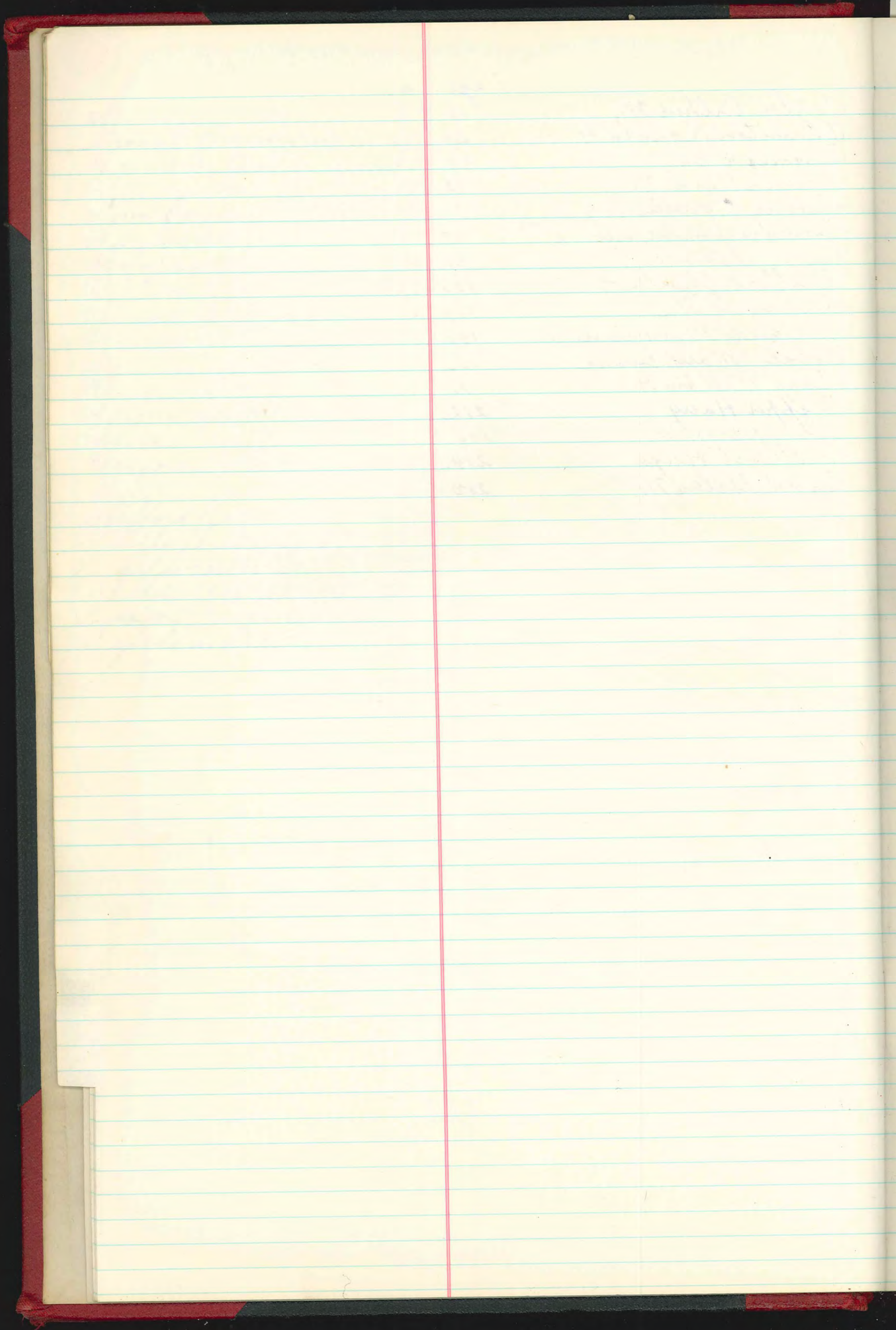
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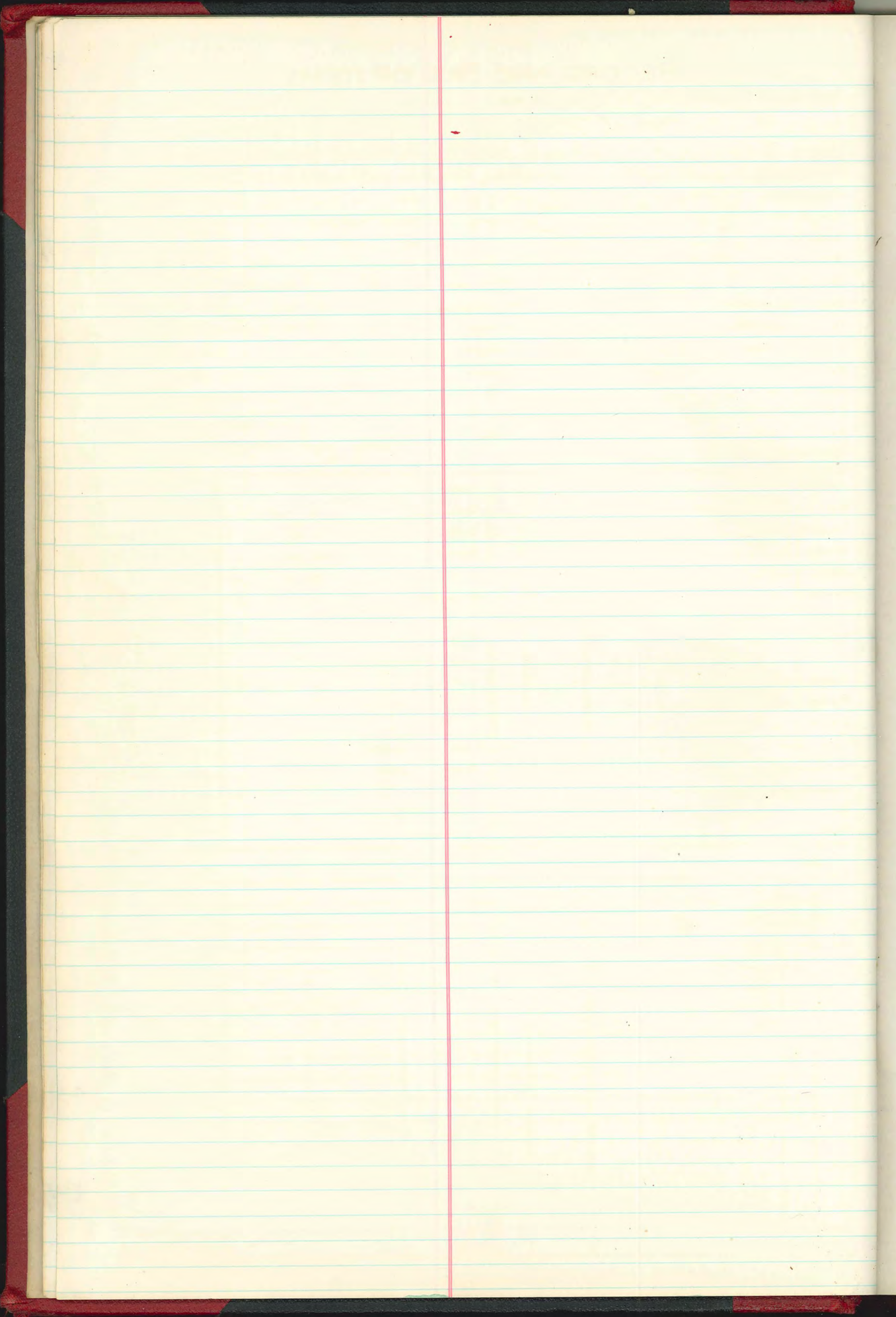
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# RECORD AND BILL OF ITEMS

Yearly No. 76

FOR THE FUNERAL OF

Total to date 2102

Millicent M. Nain

Residence 285. Rockingham Ave. Rochester N.Y. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Wentworth Sound Wife or Widow of Robert M. Nain

Date of Birth 1 (Year) 1 (Month) 10 (Day) Age { 22 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1949 (Year) Sept (Month) 10 (Day) { \_\_\_\_\_ Months { Single \_\_\_\_\_ { \_\_\_\_\_ Days { Married  \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation Housewife Date of Entry \_\_\_\_\_

Birth-place Brockton, Mass His Birth-place Barbados, British Date of Disch. \_\_\_\_\_

Name of Father Hubert A. Allenby Her Birth-place East Douglas Rank \_\_\_\_\_

Maiden Name of Mother Mabel M. Martison Secondary Drowning Vet's Organization No. \_\_\_\_\_

Cause of Death—Primary Asphyxia by Residence \_\_\_\_\_

Certifying Physician J. Edgar P. Med. Et Cemetery Riverside

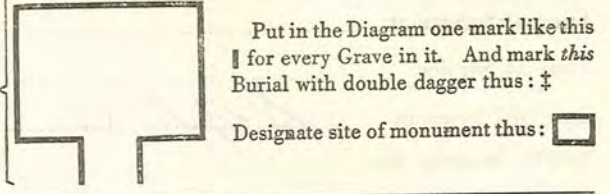
Place of Burial Rochester N.Y. Lot No. \_\_\_\_\_

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

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

Date of Interment Sept. 14

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



Casket No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Interior No. _____	Bearers _____
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault _____	Automobiles _____
Garment _____	Newspaper Notices _____
Slippers _____	<u>Removals Preparations</u>
Embalming _____	<u>Casket Pine Box and</u>
Washing and Dressing _____	<u>Steaming Permits</u> <span style="float: right;">125 00</span>
Shaving _____	Transportation Charges <span style="float: right;">47 09</span>
Services _____	Officiating Clergyman _____
Use of Chairs _____	Amount of Bill <span style="float: right;">172 09</span>
Church Charges _____	Goods Ordered by <u>Hedges Memorial Chapel</u>
Cemetery Charges _____	Bill Charged to _____
Music _____	
Flowers _____	

DR.

CR.

<u>Informant</u>	<u>Sept 23</u>	<u>1949 Check</u>	<u>172 09</u>
<u>Alfred. Allenby</u>			
<u>Falmouth</u>			
<u>Shipped to</u>			
<u>Hedges Memorial Chapel</u>			
<u>271 University Ave</u>			
<u>Rochester, N.Y.</u>			
		<b>PAID</b>	
		<u>By</u>	
		<u>Hedges Memorial Chapel</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 78

FOR THE FUNERAL OF

Total to date 21 04

Herbert A. Allenby

Residence The Falls, Falmouth Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Nantucket Sound Wife or Widow of Mabel M. Martinson

Date of Birth 1 (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age { 52 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1949 (Year) Sept (Month) 10 (Day) \_\_\_\_\_ { 3 Months { Single \_\_\_\_\_ { \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 6 Days { Married  { N.W. 1911

Birth-place Barbadoes, Bridgetown Occupation Clergyman Date of Entry \_\_\_\_\_  
 Name of Father Can not be learned His Birth-place Unknown Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother " " " " Her Birth-place " " Rank \_\_\_\_\_  
 Cause of Death—Primary Asphyxia by Secondary Drowning Vet's Organization No. \_\_\_\_\_  
 Certifying Physician F. Lloyd Med. W. Residence \_\_\_\_\_  
 Place of Burial Falmouth Cemetery Oak Grove

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Sept. 14, 1949 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Alfred Allenby

Put in 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 No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Interior No. _____	Bearers _____
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault _____	Automobiles _____
Garment _____	Newspaper Notices _____
Slippers _____	<u>Removals, Preparation,</u>
Embalming _____	<u>Pine Box, and</u>
Washing and Dressing _____	<u>Sewing Permits</u> <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 <u>Wm. C. Davis Co.</u>
Cemetery Charges _____	Bill Charged to _____
Music _____	
Flowers _____	

DR.

CR.

<u>Informant</u>		<u>Oct. 18, 1949</u>	<u>check</u>	<u>70 64</u>
<u>H. Alfred Allenby</u>				
<u>Falmouth</u>				
<u>Shipped to</u>				
<u>Wm. C. Davis Co.</u>				
<u>Falmouth</u>				





















# RECORD AND BILL OF ITEMS

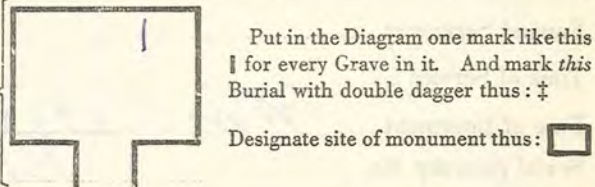
Yearly No. 87

FOR THE FUNERAL OF

Total to date 2113.

Harry L. Dunham

Residence 152 Main St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. Wife or Widow of Mary B. Padelock  
 Date of Birth 1 870 Nov 27 Age 78 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 11 Months } { Single \_\_\_\_\_ }  
 Date of Death 19 49 Nov 20 Age { 7 Days } { Married \_\_\_\_\_ }  
 (Year) (Month) (Day)  
 Maiden Name \_\_\_\_\_  
 Birth-place Richmond Indiana Occupation Fisherman Date of Entry \_\_\_\_\_  
 Name of Father George H. Dunham His Birth-place Nantucket Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Fannie Case Her Birth-place Nantucket Rank \_\_\_\_\_  
 Cause of Death—Primary Diabetes Mellitus Secondary Hypertension Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Folger Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 616  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Oct 23, 1949 Section \_\_\_\_\_  
 Social Security No. Miss Edward Backus



Casket No. <u>115</u>	<u>185 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers <u>/</u>	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>Services</u>	<u>30 00</u>	Officiating Clergyman <u>Thompson</u>	
Washing and Dressing _____		Amount of Bill	<u>295 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.

275 00

CR.

				Jan. 26	1950 G. Cash	250 00
				June 20	" Bal	45 00
						<u>295 00</u>
<b>PAID</b>						
By <u>Edw Backus</u>						

# RECORD AND BILL OF ITEMS

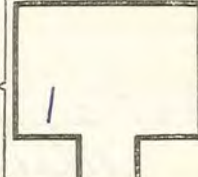
Yearly No. 88.

FOR THE FUNERAL OF

Total to date 2114

Arthur M. Taylor

Residence 40 North Liberty St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 40 " " Wife or Widow of Phoebe A. Snow  
 Date of Birth 1 July 26 (Year) (Month) (Day) Age { 81 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1949 Nov 2 (Year) (Month) (Day) { 3 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 7 Days { Married   
 Birth-place So. Boston Occupation Carpenter Date of Entry \_\_\_\_\_  
 Name of Father Benj. J. Taylor His Birth-place Nantucket Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Mary E. Beebe Her Birth-place Nant Rank \_\_\_\_\_  
 Cause of Death—Primary Chronic Myo Secondary Cardiac Decompenation Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Folger Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 539  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Nov. 5. 1949 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Phoebe A. Taylor



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

Casket No. <u>110 12</u>	<u>135 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>None</u>	<u>25 00</u>	Automobiles	
Garment _____		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	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Thompson</u>	
Cemetery Charges	<u>20 00</u>	Amount of Bill	
Music _____		Goods Ordered by	
Flowers _____		Bill Charged to	

DR.

265.00

CR.

		<u>Dec 5. 1949</u>	<u>check</u>	<u>265 00</u>
			<b>PAID</b>	
			<u>By Phoebe Taylor</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 89

FOR THE FUNERAL OF

Total to date 2115

J. Hatcher R. Baker

Residence 110 West Broadway Derry N.H. Age of husband or wife if alive ..... years

Place of Death Blakys Cong. Home 6 mos Wife or Widow of .....

Date of Birth 1 880 Dec 12 (Year) (Month) (Day) Age { 68 Years { Sex Divorced } Color or Race

Date of Death 19 49 Nov 5 (Year) (Month) (Day) Age { 10 Months { Single ..... } Color or Race

Maiden Name ..... Age { 24 Days { Married ..... } Color or Race

Birth-place Nantucket Occupation Retired Draftsman Date of Entry .....

Name of Father Joseph S. Baker His Birth-place Nant Date of Disch. ....

Maiden Name of Mother Louisa Robinson Her Birth-place Nant Rank .....

Cause of Death—Primary Cerebral Hem Secondary Conclusions Vet's Organization No. ....

Certifying Physician ..... Residence General Arteriosclerosis

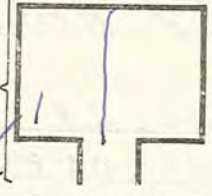
Place of Burial Nantucket Cemetery P.H.

Funeral Service at ..... Lot No. 930

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

Date of Interment Nov. 11. 1949 Section front

Social Security No. ..... Herbert R. Smith



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

Designate site of monument thus:

Casket No. ....	Candles .....	
Size ..... Made by .....	Gloves .....	
Interior No. ....	Bearers .....	
Handles .....	Hearse to <u>Cemetery from Boat</u>	<u>25 00</u>
Plate .....	Removal <u>Cemetery Chgs</u>	<u>20 00</u>
Outside Box or Vault .....	Automobiles .....	
Garment .....	Newspaper Notices .....	
Slippers .....		
Embalming .....		
Washing and Dressing .....		
Shaving .....	<u>1/2 Lot No 930</u>	<u>30 00</u>
Services .....		
Use of Chairs .....	Transportation Charges .....	
Church Charges .....	Officiating Clergyman .....	
Cemetery Charges .....	Amount of Bill .....	<u>75 00</u>
Music .....	Goods Ordered by .....	
Flowers .....	Bill Charged to <u>Herbert R. Smith</u>	

DR.

CR.

Mr. Herbert R. Smith	Nov 11. 1949	Check	75 00
52 Boston Street			
Methuen Mass			
		PAID	
		By Herbert R. Smith	

# RECORD AND BILL OF ITEMS

Yearly No. 90

FOR THE FUNERAL OF

Total to date 2116

*Owille Coffin*

Residence 55 Orange St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 55 Orange Wife or Widow of Gertude R Clark

Date of Birth 1 1859 Dec 27 Age { 89 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 10 Months { Single \_\_\_\_\_  
 (Year) (Month) (Day) { 30 Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation Clk Retired 44<sup>th</sup> Date of Entry \_\_\_\_\_

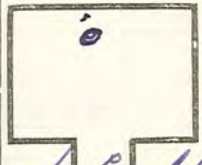
Birth-place Nantucket Name of Father Charles Frederick Coffin His Birth-place Nant Date of Disch. \_\_\_\_\_

Maiden Name of Mother Eliza P Gardner Her Birth-place Nant. Rank \_\_\_\_\_

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nant. Cemetery P.H.

Funeral Service at Cremated Nov 29 Lot No. 116  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 Dec 29 Section \_\_\_\_\_

Social Security No. 032-10-0885 Charles Clark Coffin

Casket No. <u>110<sup>12</sup></u>	135	00	Candles		
Size _____ Made by _____			Gloves		
Interior No. _____			Bearers		
Handles <u>Pine shells</u>	30	00	Hearse to		
Plate _____			Removal		
Outside Box or Vault <u>1</u>			Automobiles		
Garment _____			Newspaper Notices		
Slippers _____					
Embalming <u>&amp; Services</u>	50	00			
Washing and Dressing _____					
Shaving <u>4 Transfers</u>	20	00	<u>J. S. Waterman &amp; Sons</u>	165	00
Services _____			Transportation Charges <u>to Boston</u>	12	64
Use of Chairs _____			Officiating Clergyman <u>Horton</u>	235	00
Church Charges <u>Fr</u>			Amount of Bill	412	64
Cemetery Charges _____			Goods Ordered by _____		
Music _____			Bill Charged to _____		
Flowers _____					

DR. 235.00CR.

			<u>Jan 27</u>	<u>1950 Check</u>	412	64	
				<u>Pa. J. S. Waterman &amp; Sons</u>	165	00	
				<b>PAID</b>	247	64	
				<u>Wells</u>	12	64	
					235	00	

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 91

FOR THE FUNERAL OF

Total to date 2117

Residence 14 Duince St. 2144 Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. 1 mo. 25 days Wife or Widow of William D. Jaffray  
 Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age { 83 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1949 (Year) Nov (Month) 29 (Day) \_\_\_\_\_ Months \_\_\_\_\_ Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Days \_\_\_\_\_ Married \_\_\_\_\_  
 Birth-place Brooklyn N.Y. Occupation House wife Date of Entry \_\_\_\_\_  
 Name of Father Jared B. Flagg His Birth-place Unknown Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Unknown Her Birth-place Unknown Rank \_\_\_\_\_  
 Cause of Death—Primary Coronary thrombosis Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician F. Olguin M.D. Ex. Residence \_\_\_\_\_  
 Place of Burial Manhasset Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 203 Put in the Diagram one mark like this  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_ | for every Grave in it. And mark this  
 Date of Interment Dec 1. Section \_\_\_\_\_ | Burial with double dagger thus: †  
 Social Security No. \_\_\_\_\_ Designate site of monument thus: □  
Charles Scribner East Hills N.J. Nepean

Casket No. <u>115<sup>12</sup></u>	<u>185 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
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>
Garment _____		Newspaper Notices	<u>315 00</u>
Slippers _____		Transportation Charges	
Embalming <u>4 Services</u>	<u>50 00</u>	Officiating Clergyman <u>Johnson</u>	
Washing and Dressing _____		Amount of Bill	<u>320 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 _____			
	<u>315.00</u>		

DR.

CR.

		<u>McK 24</u>	<u>1950. Check.</u>	<u>320 00</u>
			<u>Pd Wood</u>	<u>5 00</u>
				<u>315 00</u>
			<b>PAID</b>	
			<u>By Marie W. Burch</u>	

RECORD AND BILL OF ITEMS

Yearly No. 92

FOR THE FUNERAL OF

Total to date 2118

*Mary A. Weyer*

Residence *12 New Street* *51 yrs 19 days* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *12 New St.* Wife or Widow of *Edgar F. Weyer Jr*

Date of Birth *1 Nov 19* { *51* Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)  
 Date of Death *19 49 Nov 30* { *0* Months { Single \_\_\_\_\_  
 (Year) (Month) (Day) Age { *11* Days { Married \_\_\_\_\_

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

Birth-place *Nantucket* Occupation *House Wife* Date of Entry \_\_\_\_\_

Name of Father *Joseph Lima* His Birth-place *N. Bedford* Date of Disch. \_\_\_\_\_

Maiden Name of Mother *Priscilla F. Robinson* Her Birth-place *Dorchester* Rank \_\_\_\_\_

Cause of Death—Primary *Sudden death* Secondary *Coronary* Vet's Organization No. \_\_\_\_\_  
*thrombosis*

Certifying Physician *F. J. Med. Ex.* Residence \_\_\_\_\_

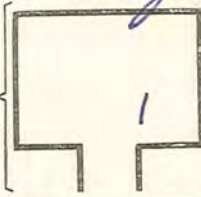
Place of Burial *Nantucket* Cemetery *St. Marys*

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

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

Date of Interment *Dec 2* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ *Cecilia Huyer*



Put in 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 No. <i>115<sup>12</sup> XX</i>	<i>240 00</i>	Candles <i>1</i>	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <i>Pine</i>	<i>25 00</i>	Automobiles <i>Please 1</i>	<i>3 00</i>
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <i>+ Services</i>	<i>50 00</i>	Officiating Clergyman <i>Fitzgerald</i>	
Washing and Dressing		Amount of Bill	<i>373 00</i>
Shaving		Goods Ordered by	
Services <i>Transfer</i>	<i>10 00</i>	Bill Charged to	
Use of Chairs			
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges	<i>20 00</i>		
Music			
Flowers			

DR.

*370.00*

CR.

			<i>Jan 3 1949</i>	<i>Cash</i>	<i>370 00</i>
				<i>Love</i>	<i>3 00</i>
				<b>PAID</b>	
				<i>By Ernest Lima</i>	

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 93

FOR THE FUNERAL OF

Total to date 2119

William Emerson Chadwick

Residence 6 Brooks Court Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. Wife or Widow of Mary F. Brown

Date of Birth 1 (Year) 1 (Month) 1 (Day) Age 76 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
Date of Death 1949 (Year) Dec (Month) 1 (Day) 4 Months { Single \_\_\_\_\_ }  
11 Days { Married  } \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation Carpenter Date of Entry \_\_\_\_\_

Birth-place Nantucket Name of Father Wm H. Chadwick His Birth-place Nant. Date of Disch. \_\_\_\_\_

Maiden Name of Mother Sarah B. Her Birth-place Nant. Rank \_\_\_\_\_

Cause of Death—Primary Cerebral Hem Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nantucket Cemetery PH

Funeral Service at \_\_\_\_\_ Lot No. 299

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

Date of Interment Dec 4 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Mary F. Chadwick



Put in 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 No. <u>110</u> <sup>12</sup>	<u>135 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment _____		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>Fredrickson</u>	
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>250 00</u>
Music _____		Goods Ordered by	
Flowers _____		Bill Charged to	

DR.

250.00

CR.

			<u>Jan. 3 1950</u>	<u>Cash</u>	<u>250 00</u>

**PAID**  
By Mary F. Chadwick

# RECORD AND BILL OF ITEMS

Yearly No. 94

FOR THE FUNERAL OF

Total to date 2120

*Leonard P. Morris*

Residence Masonic Home Charlton, Mass 01464 Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Mary C. Easton

Date of Birth	<u>1 859</u> (Year)	<u>Dec 12</u> (Month)	(Day)	Age	<u>89</u> Years	Sex _____ Single _____ Married _____	Color or Race _____
Date of Death	<u>19 49</u> (Year)	<u>Dec 7</u> (Month)	(Day)		<u>11</u> Months		
Maiden Name	_____	_____	(Day)		<u>25</u> Days		

Birth-place Nantucket Occupation Mason

Name of Father William Morris His Birth-place Nant

Maiden Name of Mother Phoebe Ann Ferris Her Birth-place Nant

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

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

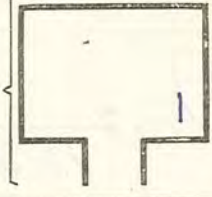
Place of Burial Nant Cemetery N.H.

Funeral Service at \_\_\_\_\_ Lot No. 745

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

Date of Interment Dec 10 Section \_\_\_\_\_

Social Security No. Masonic 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 No. _____	Candles _____	
Size _____ Made by _____	Gloves _____	
Interior No. _____	Bearers _____	
Handles _____	Hearse to <u>Cemetery from Boat</u>	<u>25 00</u>
Plate _____	Removal <u>Cemetery Chgs</u>	<u>20 00</u>
Outside Box or Vault _____	Automobiles _____	
Garment _____	Newspaper Notices _____	
Slippers _____	Transportation Charges _____	
Embalming _____	Officiating Clergyman <u>Masons</u>	<u>45 00</u>
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.

					<u>Mch 20. 50 check</u>	<u>45 00</u>

PAID  
 By Masons.







# RECORD AND BILL OF ITEMS

Yearly No. 1.

FOR THE FUNERAL OF

Total to date 2123

Manuel Correia

Residence 4 W. York St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " " " Wife or Widow of Sarah Lopes

Date of Birth 1 884 Apr 28 Age { 65 Years { Sex \_\_\_\_\_ { Color or Race Colored  
 (Year) (Month) (Day) { 8 Months { Single \_\_\_\_\_ {  
 Date of Death 1950 Jan 9 { 12 Days { Married \_\_\_\_\_ {  
 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Occupation Laborer Date of Entry \_\_\_\_\_

Birth-place Cape Verde Isls Occupation Laborer Date of Entry \_\_\_\_\_

Name of Father Cazino Correia His Birth-place Cape Verde Isls Date of Disch. \_\_\_\_\_

Maiden Name of Mother Mary Dalivamento Her Birth-place " " " " Rank \_\_\_\_\_

Cause of Death—Primary Myocarditis Secondary Coronary infarction Vet's Organization No. \_\_\_\_\_

Certifying Physician Mungus Residence Arterio Sclerosis

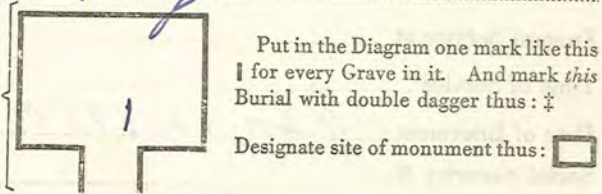
Place of Burial Nantucket Cemetery St. Marys

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

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

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

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



Casket No. <u>1157<sup>12</sup></u>	<u>235 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles <u>Pease 1.</u>	<u>3 00</u>
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>of services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving <u>Transfus</u>	<u>10 00</u>		
Services _____			
Use of Chairs <u>Candelabra etc</u>	<u>5 00</u>	Transportation Charges	<u>270 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Shavelton</u>	
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>273 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 270.00

CR.

		Feb. 8.	C. Cash	100 00
		May 3./50	Cash	25 00
		June 1./50	"	55 00
	<u>273 00</u>	Aug 21./50	"	35 00
	<u>100</u>	Oct 16./50	"	10 00
	<u>173</u>	Nov 2 51		10 00
	<u>25</u>			
	<u>148</u>			
	<u>35</u>			
	<u>93</u>			
	<u>35</u>			
	<u>58</u>			
	<u>10</u>			
	<u>48</u>			

**PAID**  
By Mrs Correia

# RECORD AND BILL OF ITEMS

Yearly No. 2

FOR THE FUNERAL OF

Total to date 2124

*Anastasia Robinson*

Residence 14 North Water St. 3394 Age of husband or wife if alive..... years

Place of Death " " " " Wife or Widow of Patrick Robinson

Date of Birth 1885 Oct 19 (Year) (Month) (Day) Age { 64 Years { Sex ..... { Color or Race

Date of Death 1950 Jan 13 (Year) (Month) (Day) { 2 Months { Single  {

Maiden Name ..... { 25 Days { Married ..... {

Birth-place Waterford Ireland Occupation Housewife Date of Entry.....

Name of Father John Kelly His Birth-place Ireland Date of Disch.....

Maiden Name of Mother Margaret Delehanty Her Birth-place " Rank.....

Cause of Death—Primary Accidental Secondary Asphyxiation Vet's Organization No.....

Certifying Physician Menger Med. G. Residence with illuminating gas

Place of Burial Northucket Cemetery St. Mary's

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

Time of Service ..... Grave No. 1

Date of Interment Jan. 16. 1950. Section front

Social Security No. ....

1

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

Designate site of monument thus:

Casket No. ....	Candles .....	
Size..... Made by.....	Gloves .....	
Interior No. ....	Bearers .....	
Handles .....	Hearse to .....	
Plate .....	Removal.....	
Outside Box or Vault .....	Automobiles.....	
Garment .....	.....	
Slippers .....	Newspaper Notices.....	
Embalming.....	.....	
Washing and Dressing .....	<u>Casket &amp; Vault</u>	<u>225 00</u>
Shaving .....	.....	
Services .....	Transportation Charges.....	
Use of Chairs .....	Officiating Clergyman <u>Fitzgerald</u>	
Church Charges.....	Amount of Bill.....	<u>225 00</u>
Cemetery Charges.....	Goods Ordered by.....	
Music.....	Bill Charged to .....	
Flowers .....	.....	

DR.		CR.	
		<u>Feb. 4</u>	<u>50 check</u>
			<u>225 00</u>



# RECORD AND BILL OF ITEMS

Yearly No. 4

FOR THE FUNERAL OF

Total to date 2/26

Albert B Chase

Residence 4 Weymouth St 75 yrs Age of husband or wife if alive..... years

Place of Death N. R. H. 5 days Wife or Widow of Eva Barnard

Date of Birth 1874 May 19 (Year) (Month) (Day) Age 75 Years { Sex ..... } Color or Race

Date of Death 1950 Jan 14 (Year) (Month) (Day) 7 Months { Single ..... } Color or Race

Maiden Name ..... 26 Days { Married ..... }

Birth-place Nantucket Occupation Truckman Date of Entry.....

Name of Father Alexander M. Chase His Birth-place Nant. Date of Disch.....

Maiden Name of Mother Mary Wilson Her Birth-place " " Rank.....

Cause of Death—Primary Cancer of throat Secondary Metastasis Vet's Organization No.....

Certifying Physician Folger Residence from lip cancer

Place of Burial Nantucket Cemetery R H

Funeral Service at ..... Lot No. 632

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

Date of Interment Jan. 17, 1950 Section.....

Social Security No. Eva B Chase

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 No. <u>135-12</u>	135.00	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	25.00	Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	40.00	Officiating Clergyman <u>Johnson</u>	
Washing and Dressing		Amount of Bill	250.00
Shaving		Goods Ordered by	
Services <u>Transfer</u>	5.00	Bill Charged to <u>Eva B Chase</u>	
Use of Chairs			
Church Charges <u>Funeral</u>	25.00		
Cemetery Charges	20.00		
Music			
Flowers			
	250.00		

DR.

CR.

			Feb 10. /50 Check		250.00
			P-1D		
			By Eva B Chase		

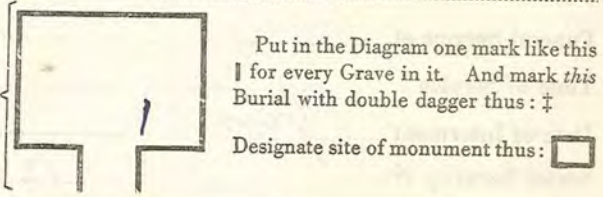
# RECORD AND BILL OF ITEMS

Yearly No. 5

FOR THE FUNERAL OF

Total to date 2/27

Residence 21 Liberty St *Annie F. Royal*  
 Place of Death " Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth 1871 June 29 (Year) (Month) (Day) Wife or Widow of Leon A. Royal  
 Date of Death 1950 Jan 15 (Year) (Month) (Day) Age { 78 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 7 Months { Single \_\_\_\_\_  
 Birth-place Nantucket Occupation Housewife { 17 Days { Married \_\_\_\_\_  
 Name of Father John H. Dunham His Birth-place Nant Military Service Record \_\_\_\_\_  
 Maiden Name of Mother Martha Chase Her Birth-place \_\_\_\_\_ Date of Entry \_\_\_\_\_  
 Cause of Death—Primary Cancer of Stomach Secondary Chronic Myo Rank \_\_\_\_\_  
 Certifying Physician Cassaday Residence \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Place of Burial Nantucket Cemetery PH  
 Funeral Service at \_\_\_\_\_ Lot No. 826  
 Time of Service \_\_\_\_\_ Grave No. 2  
 Date of Interment Jan 18 Section front  
 Social Security No. \_\_\_\_\_ *Leon A. Royal*



Casket No. <u>1157</u> <sup>12</sup>	<u>235</u> 00	Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Clack</u>	<u>175</u> 00	Automobiles <u>Wood 2</u>	
Garment		<u>Peak 2</u>	
Slippers		Newspaper Notices	
Embalming <u>of Services</u>	<u>50</u> 00		
Washing and Dressing			
Shaving			
Services <u>Transfers</u>	<u>10</u> 00		
Use of Chairs		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25</u> 00	Officiating Clergyman <u>Frederickson</u>	
Cemetery Charges	<u>20</u> 00	Amount of Bill	
Music		Goods Ordered by	
Flowers		Bill Charged to	
<b>DR. 513.00</b>			

CR.					
		<u>July 29</u>	<u>1950</u>	<u>check</u>	<u>515</u> 00
<b>PAID</b>					
<i>By Walter Royal</i>					

# RECORD AND BILL OF ITEMS

Yearly No. 6

FOR THE FUNERAL OF

Total to date 2128

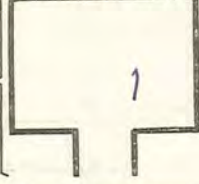
Margaret Louise Gordon

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

Place of Death " Wife or Widow of Harry Gordon

Date of Birth 1903 Dec 22 Age { 47 Years { Sex ..... Color or Race  
 (Year) (Month) (Day)  
 Date of Death 1950 Jan 18 { 0 Months { Single .....  
 (Year) (Month) (Day)      { 27 Days { Married .....

Maiden Name .....  
 Birth-place Nantucket Occupation Housewife Date of Entry.....  
 Name of Father Robert Mack His Birth-place Nant Date of Disch.....  
 Maiden Name of Mother Lottie M.O. Connor Her Birth-place Nant. Rank.....  
 Cause of Death—Primary Adeno-carcinoma of Secondary left ovary with Vet's Organization No.....  
 Certifying Physician Folger Residence Massachusetts to mesentery and Peritonium  
 Place of Burial Nantucket Cemetery P.H.

Funeral Service at ..... Lot No. 809  Put in the Diagram one mark like this  
 Time of Service ..... Grave No. 1 for every Grave in it. And mark this  
 Date of Interment Jan. 20. Section ..... Burial with double dagger thus: †  
 Social Security No. Robert Mack Designate site of monument thus:

Casket No. <u>1707<sup>12</sup></u>	<u>275 00</u>	Candles .....	
Size ..... Made by .....		Gloves .....	
Interior No. ....		Bearers .....	
Handles .....		Hearse to .....	
Plate .....		Removal .....	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles .....	
Garment .....		Newspaper Notices .....	
Slippers .....		Transportation Charges .....	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Johnson</u>	
Washing and Dressing .....		Amount of Bill .....	<u>410 00</u>
Shaving .....		Goods Ordered by <u>Harry Gordon</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>20 00</u>		
Music .....			
Flowers .....			
<u>410.00</u>			

DR.			CR.
		<u>Apr 1 50 Check</u>	<u>410 00</u>
		PAID	
		By <u>Harry Gordon</u>	



1949-1953

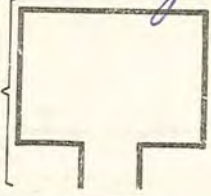
### RECORD AND BILL OF ITEMS

Yearly No. 7

FOR THE FUNERAL OF

Total to date 2129

Residence: *Milestone Road*  
 Place of Death: *Bose Hawthorne Cancer Hosp. 11 days*  
 Date of Birth: *1* (Year) (Month) (Day)  
 Date of Death: *1950 Jan 21* (Year) (Month) (Day)  
 Maiden Name: \_\_\_\_\_  
 Birth-place: *Cape Verde*  
 Name of Father: *Manuel J. Soares*  
 Maiden Name of Mother: *Margarita Victoria*  
 Cause of Death—Primary: *Cancer of floor of*  
 Certifying Physician: \_\_\_\_\_  
 Place of Burial: *Nant*  
 Funeral Service at: \_\_\_\_\_  
 Time of Service: \_\_\_\_\_  
 Date of Interment: *Jan. 24*  
 Social Security No.: \_\_\_\_\_  
 Occupation: *Candy maker*  
 Age of husband or wife if alive: *7* years  
 Wife or Widow of: \_\_\_\_\_  
 Age: *55* Years { Sex: *Widowed* } Color or Race: *Colored*  
           *9* Months { Single }  
           *20* Days { Married }  
 His Birth-place: *Cape Verde Is*  
 Her Birth-place: \_\_\_\_\_  
 Secondary: *mouth with metastasis*  
 Residence: *regional*  
 Cemetery: *St Marys*  
 Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section: \_\_\_\_\_  
 Hospital records



Casket No.	<i>75 00</i>	Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	<i>Pine 25 00</i>	Automobiles	<i>Pear 2 10 00</i>
Garment	<i>Suit 18 00</i>		<i>1 Priest 3 00</i>
Slippers		Newspaper Notices	
Embalming			
Washing and Dressing			
Shaving			
Services	<i>Transfer 5 00</i>		
Use of Chairs		Transportation Charges	<i>19 42</i>
Church Charges	<i>Funeral 25 00</i>	Officiating Clergyman	<i>Shorston 16 8 00</i>
Cemetery Charges	<i>20 00</i>	Amount of Bill	<i>200 42</i>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR. 168.00

CR.

		<i>mch 6 50</i>	<i>Cash</i>	<i>200 00</i>
By <i>Matthew Cadario</i>				


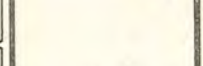
RECORD AND BILL OF ITEMS

Yearly No. 8

FOR THE FUNERAL OF

Total to date 2130

*Ellis Berry Hopkins*

Residence..... Age of husband or wife if alive..... years  
 Place of Death N. C. H. Wife or Widow of.....  
 Date of Birth 1 950 Jan 25 Stillborn Years { Sex ..... Color or Race  
 (Year) (Month) (Day) Age { Months { Single .....  
 Date of Death 19 50 Jan 25 Days { Married .....  
 (Year) (Month) (Day)  
 Maiden Name.....  
 Birth-place Nantucket Occupation None Date of Entry.....  
 Name of Father Charles A. Hopkins His Birth-place Sos Angeles Calif Date of Disch.....  
 Maiden Name of Mother Catharine P. Mayo Her Birth-place Nant Rank.....  
 Cause of Death—Primary Retro Parental Membranes detached Secondary..... Vet's Organization No.....  
 Certifying Physician Folger Residence placenta thrombosis of umbilical  
 Place of Burial Nant Cemetery St. Marys Cord.  
 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 Jan. 27. 1950 Section..... Burial with double dagger thus: †  
 Social Security No. Charles A. Hopkins Designate site of monument thus:

Casket No.		Candles	
Size..... Made by.....		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming		Transportation Charges	
Washing and Dressing		Officiating Clergyman	
Shaving		Amount of Bill	<u>15 00</u>
Services <u>of interment.</u>	<u>15 00</u>	Goods Ordered by	
Use of Chairs		Bill Charged to	
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

15 00

CR.

		<u>May 18</u>	<u>Clu 9</u>	<u>15 00</u>

1949-1953

RECORD AND BILL OF ITEMS

Yearly No. 9

FOR THE FUNERAL OF

Total to date 2131

Edward J. Coffin

Residence King St. Seaconsat 82 yrs  
 Place of Death N. C. H. 7 days Age of husband or wife if alive 82 years  
 Date of Birth 1 867 Apr 24 Wife or Widow of Maria O. Pflaum  
 Date of Death 19 50 Jan 29 Age 82 Years Sex { Color or Race {  
 Maiden Name { 9 Months { Single {  
 Birth-place Nantucket Occupation Sweeneyman Retired 10 yrs Date of Entry {  
 Name of Father George J. Coffin His Birth-place Nant. Military Service Record Date of Disch. {  
 Maiden Name of Mother Mary E. Pitman Her Birth-place Nant. Rank {  
 Cause of Death—Primary Uterine Cancer of Secondary Prostrate Vet's Organization No. {  
 Certifying Physician Menges Residence {  
 Place of Burial Nantucket Cemetery P. H. {  
 Funeral Service at Lot No. 614 {  
 Time of Service Grave No. {  
 Date of Interment Feb 1 Section {  
 Social Security No. Maria O. Coffin {  
 Diagram: Put in the Diagram one mark like this I for every Grave in it. And mark this Burial with double dagger thus: † Designate site of monument thus: □

Casket No. 170	265 00	Candles	
Size Made by		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault Pine	25 00	Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming of Services	50 00	Officiating Clergyman Dr. Gardner	
Washing and Dressing		Amount of Bill	400 00
Shaving		Goods Ordered by Mrs Coffin	
Services Transfer	15 00	Bill Charged to	
Use of Chairs			
Church Charges Funeral	25 00		
Cemetery Charges	20 00		
Music			
Flowers			
DR.	400.00		
			CR.

	Apr 4	50 Cash	400.00

RECORD AND BILL OF ITEMS

Yearly No. 10

FOR THE FUNERAL OF

Total to date 2182

*Maurice G. Mullaowny Jr*

Residence 31 Pleasant St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 31 Pleasant St. Wife or Widow of \_\_\_\_\_

Date of Birth 1932 Nov 1 (Year) (Month) (Day) Age { 17 Years { Sex \_\_\_\_\_ { Color or Race  
 Date of Death 1950 Feb 2 (Year) (Month) (Day) { 3 Months { Single ✓  
 Maiden Name \_\_\_\_\_ { 1 Days { Married \_\_\_\_\_

Birth-place Nantucket Occupation None Date of Entry \_\_\_\_\_

Name of Father Maurice Mullaowny His Birth-place Newfoundland Date of Disch. \_\_\_\_\_

Maiden Name of Mother Philippina Davis Her Birth-place " Military Service Record \_\_\_\_\_ Rank \_\_\_\_\_

Cause of Death—Primary Virus Pneumonia Secondary Mental Deficiency Vet's Organization No. \_\_\_\_\_

Certifying Physician Menges Residence since birth

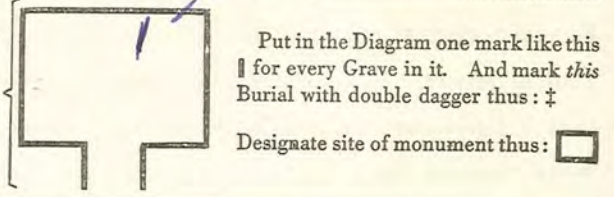
Place of Burial Nantucket Cemetery St Marys

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

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

Date of Interment Feb 4 Section \_\_\_\_\_

Social Security No. Mrs Mullaowny



Casket No. 110	135 00	Candles	
Size Made by		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault Pine	25 00	Automobiles	
Garment	17 50	Newspaper Notices	
Slippers			
Embalming Services	35 00	Transportation Charges	
Washing and Dressing		Officiating Clergyman Fitzgerald	
Shaving		Amount of Bill	272 50
Services Transfer	10 00	Goods Ordered by Mrs Mullaowny	
Use of Chairs		Bill Charged to	
Church Charges Funeral	25 00		
Cemetery Charges	20 00		
Music Used Prayers Rail etc	5 00		
Flowers			

DR. 272 50

CR.

		Feb. 25	50 Cash		272 00

# RECORD AND BILL OF ITEMS

Yearly No. 11

FOR THE FUNERAL OF

Total to date 2133

*Hattie McLeod*

Residence 8 Farmer St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 1 mo. 15 days Wife or Widow of John McLeod

Date of Birth 1882 July 28 Age { 67 Years } Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 7 Months } Single \_\_\_\_\_  
 Date of Death 1950 Feb. 13 { 16 Days } Married \_\_\_\_\_  
 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Birth-place Nantucket Occupation House work & Taxi Date of Entry \_\_\_\_\_  
 Name of Father Benjamin Beckman His Birth-place Nant Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Mary E Her Birth-place Nant Rank \_\_\_\_\_

Cause of Death—Primary Ephoric Myx. Secondary general arteriosclerosis Military Service Record \_\_\_\_\_  
 Certifying Physician F. Olan Residence Mitral regurgitation Society's Organization No. \_\_\_\_\_  
 Place of Burial Nant Cemetery PH

Funeral Service at \_\_\_\_\_ Lot No. 662  Put in the Diagram one mark like this  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  for every Grave in it. And mark this  
 Date of Interment Feb 16 Section \_\_\_\_\_  Burial with double dagger thus: †  
 Social Security No. \_\_\_\_\_ Charles W. Grant  Designate site of monument thus: □

Casket No. <u>115</u>	200 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	25 00	Automobiles <u>Pease 1</u>	5 00
Garment <u>Grey Dress</u>	20 00	Newspaper Notices	
Slippers _____			
Embalming _____	50 00		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	10 00	Transportation Charges	
Use of Chairs _____		Officiating Clergyman <u>Folk</u>	5 00
Church Charges <u>Funeral</u>	25 00	Amount of Bill	360 00
Cemetery Charges _____	20 00	Goods Ordered by _____	
Music _____		Bill Charged to _____	
Flowers _____			

DR.

350.00

CR.

		<u>May 22/50 Check</u>	<u>360 00</u>
		<b>PAID</b>	
		<i>By Charles W. Grant</i>	

RECORD AND BILL OF ITEMS

Yearly No. 12 FOR THE FUNERAL OF Total to date 2134

Residence 84 1/2 Main St. Delhi, N.Y. Arthur C. Weyer  
 Age of husband or wife if alive ..... years  
 Place of Death ..... Wife or Widow of Clara Louise Selden  
 Date of Birth 1 { 82 Years Sex ..... Color or Race  
 (Year) (Month) (Day) { 7 Months Single .....  
 Date of Death 1950 Feb 15 (Year) (Month) (Day) Age { 4 Days Married .....  
 Maiden Name .....  
 Birth-place Nantucket Occupation Editor & Publisher Date of Entry .....  
 Name of Father Unknown His Birth-place ..... Date of Disch. ....  
 Maiden Name of Mother Unknown Her Birth-place ..... Rank .....  
 Cause of Death—Primary Atherosclerotic Secondary Heart disease Vet's Organization No. ....  
 Certifying Physician ..... Residence .....  
 Place of Burial Nantucket Cemetery PH  
 Funeral Service at ..... Lot No. 42  Put in the Diagram one mark like this  
 Time of Service ..... Grave No. 1  for every Grave in it. And mark this  
 Date of Interment Feb 21, 1950 Section ..... Burial with double dagger thus: †  
 Social Security No. Robert S. Weyer Delhi, N.Y.  Designate site of monument thus: □

Casket No.	Candles	
Size Made by	Gloves	
Interior No.	Bearers <u>Personal Services</u>	10 00
Handles	Hearse to <u>Cemetery</u>	25 00
Plate	Removal <u>from Boat</u>	10 00
Outside Box or Vault	Automobiles	
Garment	<u>Cemetery Chgs</u>	20 00
Slippers	Newspaper Notices	
Embalming		
Washing and Dressing		
Shaving		
Services	<u>toll call and</u>	
Use of Chairs	Transportation Charges <u>Wood Hole</u>	7 00
Church Charges	Officiating Clergyman <u>Dr. Gardner</u>	
Cemetery Charges	Amount of Bill	72 00
Music	Goods Ordered by	
Flowers	Bill Charged to	

DR.		CR.	
		<u>Mch 6, 1950 check</u>	<u>72 00</u>
		PAID	
		By R. J. McCall	

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 13

FOR THE FUNERAL OF

Total to date 2135

Residence Map Doroff New Street Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 3 days Wife or Widow of Isabell Milare

Date of Birth 1887 Oct (Year) (Month) (Day) Age { 75 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1950 Feb 23 (Year) (Month) (Day) Age { 4 Months { Single \_\_\_\_\_ {

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

Birth-place Russia Occupation Boatblack Date of Entry \_\_\_\_\_

Name of Father Joseph Doroff His Birth-place Russia Military Service Record \_\_\_\_\_

Maiden Name of Mother Sada Her Birth-place \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Cause of Death—Primary Malnutrition & F. Olga Secondary stroke Rank \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

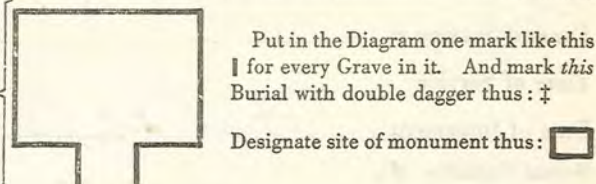
Place of Burial Nantucket Cemetery Newtown

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

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

Date of Interment February 25 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Social Security No. Isabell Doroff



Casket No. _____	Candles _____		
Size _____ Made by _____	Gloves _____		
Interior No. _____	Bearers _____		
Handles _____	Hearse to _____		
Plate _____	Removal _____		
Outside Box or Vault _____	Automobiles _____		
Garment _____			
Slippers _____	Newspaper Notices _____		
Embalming _____	<u>Removals, Preparation</u>		
Washing and Dressing _____	<u>Casket, Pine Box and</u>		
Shaving _____	<u>Professional Services</u>	<u>100 00</u>	
Services _____	<u>Opening &amp; Closing Grave</u>	<u>20 00</u>	
Use of Chairs _____	<u>Carriage &amp; Hotel Over &amp; Mats</u>	<u>10 00</u>	
Church Charges _____	Transportation Charges _____		
Cemetery Charges _____	Officiating Clergyman <u>Horton</u>	<u>5 00</u>	
Music _____	Amount of Bill <u>135 00</u>		
Flowers _____	Goods Ordered by <u>Old Age Ass.</u>		
	Bill Charged to _____		

DR.

CR.

			<u>7</u>	<u>Mar 11</u>	<u>50 check</u>	<u>135 00</u>

PAID  
By Town Treasurer

RECORD AND BILL OF ITEMS

Yearly No. 14

FOR THE FUNERAL OF

Total to date 2136

Residence #130 Green St. Fairhaven Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 11 Union St 141 Wife or Widow of James J. Poulton

Date of Birth 1897 Feb 26 (Year) (Month) (Day)

Date of Death 1950 Feb 24 (Year) (Month) (Day) Age { 52 Years } Sex { } Color or Race { }  
 { 11 Months } Single { }  
 { 27 Days } Married ✓

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

Birth-place England Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father Wallace Mackie His Birth-place England Date of Disch. \_\_\_\_\_

Maiden Name of Mother Hannah Schofield Her Birth-place " Rank \_\_\_\_\_

Cause of Death—Primary Pulmonary Edema Secondary Abdominal Ascites Vet's Organization No. \_\_\_\_\_

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

Place of Burial New Bedford Cemetery Acushnet Military Service Record \_\_\_\_\_

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 Feb 27/50 Section \_\_\_\_\_ Burial with double dagger thus: †

Social Security No. \_\_\_\_\_ James J. Poulton Designate site of monument thus: ☐

Casket No.	1707 <sup>12</sup>	295 00	Candles	
Size	_____	_____	Gloves	
Interior No.	_____	_____	Bearers	
Handles	_____	_____	Hearse to	
Plate	_____	_____	Removal	
Outside Box or Vault	Pine	25 00	Automobiles	
Garment	_____	_____	Newspaper Notices	3 75
Slippers	_____	_____	" " Telegrams	3 25
Embalming	_____	50 00	Removals Preparation	
Washing and Dressing	_____	_____	Casket Pine Box and all	425 00
Shaving	Francis	10 00	other Prof Services	125 00
Services	_____	_____	Transportation Charges to Woods Hole	6 30
Use of Chairs	_____	_____	Officiating Clergyman	131 30
Church Charges	Funeral	25 00	Amount of Bill	427 90
Cemetery Charges	_____	20 00	Goods Ordered by E. J. Wilson	
Music	_____	_____	Bill Charged to _____	
Flowers	_____	_____		

DR.

427 90

CR.

			Mar 6/50 Check	131 30



# RECORD AND BILL OF ITEMS

Yearly No. 15

FOR THE FUNERAL OF

Total to date 2137

Robert H. Chisholm

Residence Cliff Road 49 yrs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 2 mas Wife or Widow of Alice S. Atcherson

Date of Birth 1873 Sept 7 (Year) (Month) (Day)

Date of Death 1950 Feb 26 (Year) (Month) (Day) Age { Years \_\_\_\_\_ Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
Months \_\_\_\_\_ Single \_\_\_\_\_  
Days \_\_\_\_\_ Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birth-place Kennard More Scotia Occupation Carpenter & Hotel Porter Date of Entry \_\_\_\_\_

Name of Father William H. Chisholm His Birth-place Kennard More Date of Disch. \_\_\_\_\_

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

Cause of Death—Primary Cancer of Prostrate Secondary with general Organization No. \_\_\_\_\_

Certifying Physician Cassaday Residence Mithestitis, Chronic Myo. & Asthma

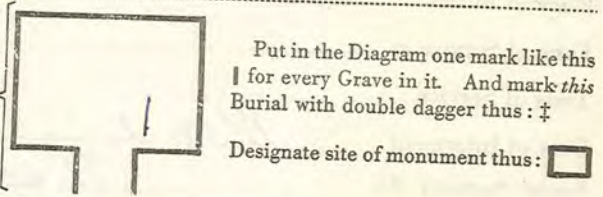
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 684

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

Date of Interment Mar 1/50 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Mrs Carol Brown



Casket No. <u>1707<sup>12</sup></u>	<u>295 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	<u>3 75</u>
Slippers _____		" " <u>telegrams</u>	<u>3 28</u>
Embalming _____	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfus</u>	<u>10 00</u>		
Use of Chairs _____			<u>425 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Transportation Charges	
Cemetery Charges _____	<u>20 00</u>	Officiating Clergyman <u>Thompson &amp; Masons</u>	
Music _____		Amount of Bill	<u>432 08</u>
Flowers _____		Goods Ordered by _____	
		Bill Charged to _____	

DR. 425.00

CR.

RECORD AND BILL OF ITEMS

Yearly No. 16

FOR THE FUNERAL OF

Total to date 2138

*William J. Rowley*

Residence Upper Vestal St. Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1 Jan 28 Age { 44 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 0 Months { Single ✓ } \_\_\_\_\_  
 (Year) (Month) (Day) { 29 Days { Married } \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation Laborer + Gardener Date of Entry \_\_\_\_\_

Birth-place Nantucket Occupation \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Name of Father Marvin S. Rowley His Birth-place New Brunswick Canada Military Service Record \_\_\_\_\_

Maiden Name of Mother Sybil M. Reay Her Birth-place Nantucket Rank \_\_\_\_\_

Cause of Death—Primary Sudden death Secondary Pistol shot Vet's Organization No. \_\_\_\_\_

Certifying Physician Folger Med Exp Residence in head (Suicide)

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 590

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

Date of Interment Mch 2 / 1950 Section \_\_\_\_\_

Social Security No. Marvin S. Rowley

}

Put in 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 No. <u>110</u>	135 00	Candles		
Size _____ Made by _____		Gloves		
Interior No. _____		Bearers		
Handles		Hearse to		
Plate		Removal		
Outside Box or Vault <u>Clark</u>	175 00	Automobiles		
Garment <u>Suit</u>	16 00	Newspaper Notices		
Slippers		Transportation Charges		
Embalming	50 00	Officiating Clergyman <u>Folk</u>		
Washing and Dressing		Amount of Bill	426 00	
Shaving <u>Transfer</u>	5 00	Goods Ordered by		
Services		Bill Charged to		
Use of Chairs				
Church Charges <u>Funeral</u>	25 00			
Cemetery Charges	20 00			
Music				
Flowers				
426.00				

DR.

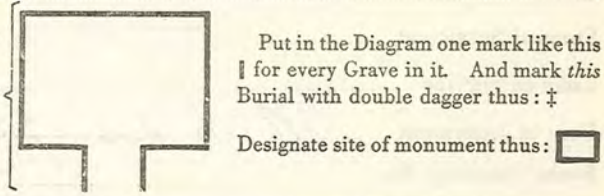
CR.

	Mch	1.	<u>50 cash</u>	420 00
			<u>Due</u>	6 00
				426 00
			<b>PAID</b>	
			By <u>Marvin S Rowley</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 17 FOR THE FUNERAL OF Maude Este Stonell Total to date 2139

Residence 29 Fair St 35 yrs Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 29 Fair St Wife or Widow of \_\_\_\_\_  
 Date of Birth 1 879 Apr 23 { 70 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) Age { 10 Months { Single \_\_\_\_\_ {  
 Date of Death 19 50 Mar 15 { 20 Days { Married \_\_\_\_\_ {  
 (Year) (Month) (Day) Maiden Name \_\_\_\_\_  
 Birth-place California Occupation Debutian Date of Entry \_\_\_\_\_  
 Name of Father Alfred B. Stonell His Birth-place Philadelphia Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Elizabeth Este Her Birth-place Daton Ohio Rank \_\_\_\_\_  
 Cause of Death—Primary Sudden death Secondary Heart disease Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Folger Med Ep Residence Coronary Thrombosis  
 Place of Burial Nantucket Cemetery P.H.U.  
 Funeral Service at \_\_\_\_\_ Lot No. 742  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Mar 18 / 50 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



Casket No. <u>115</u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault	<u>25 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>4 Services</u>	<u>50 00</u>	Officiating Clergyman <u>Johnson</u>	<u>325 00</u>
Washing and Dressing		Amount of Bill	<u>330 00</u>
Shaving _____		Goods Ordered by	
Services <u>Transfers</u>	<u>10 00</u>	Bill Charged to <u>Roy E. Sanguinetti</u>	
Use of Chairs _____			
Church Charges	<u>25 00</u>		
Cemetery Charges	<u>20 00</u>		
Music _____			
Flowers _____			
<b>DR. 325.00</b>		<b>CR.</b>	

				<u>Jan. 13</u>	<u>51. Check</u>				<u>330 00</u>
PAID									
By <u>Roy E. Sanguinetti</u>									

# RECORD AND BILL OF ITEMS

Yearly No. 18

FOR THE FUNERAL OF

Total to date 2.140

Lincoln J. Culey

Residence 5 New Mill, 844 Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 5 New Mill Wife or Widow of Dorcas E. Dunham

Date of Birth 1865 Sept 22 Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 1950 Mch 27 Age { 84 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
(Year) (Month) (Day) { 5 Months { Single \_\_\_\_\_  
 { 27 Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birth-place Nantucket Occupation Cabinet Maker Date of Entry \_\_\_\_\_

Name of Father Thomas E. Culey His Birth-place Nantucket Date of Disch. \_\_\_\_\_

Maiden Name of Mother Margaret Johnson Her Birth-place Ireland Rank \_\_\_\_\_

Cause of Death—Primary Cerebral Hem. Secondary Arteriosclerosis Vet's Organization No. \_\_\_\_\_

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

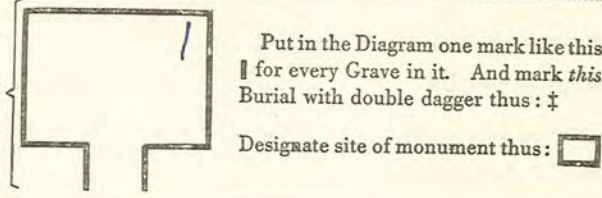
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 620

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

Date of Interment Mch 23, 1950 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Dorcas E. Culey



Casket No. <u>110</u>	<u>135 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault _____	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>&amp; 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>Johnson</u>	
Cemetery Charges _____	<u>20 00</u>	Amount of Bill	<u>250 00</u>
Music _____		Goods Ordered by <u>Dorcas Culey</u>	
Flowers _____		Bill Charged to _____	
DR. <u>250.00</u>			

DR.			CR.		
			<u>Apr 26, 1950</u>	<u>Checks</u>	<u>250 00</u>
			PAID		
			By <u>Dorcas E. Culey</u>		

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 19

FOR THE FUNERAL OF

Total to date 2141

Residence Mose Ford  
Codfish Park Seaconset Age of husband or wife if alive \_\_\_\_\_ years

Place of Death M. C. H. & hus. Wife or Widow of Flayie Sedbetter

Date of Birth 1884 Mch 17 Age 66 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 1950 Mch 22 Age 0 Months { Single \_\_\_\_\_ }  
(Year) (Month) (Day)

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

Birth-place Alabama Occupation Gardener Date of Entry \_\_\_\_\_

Name of Father Unknown His Birth-place \_\_\_\_\_ Date of Disch. \_\_\_\_\_

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

Cause of Death—Primary Influenza Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

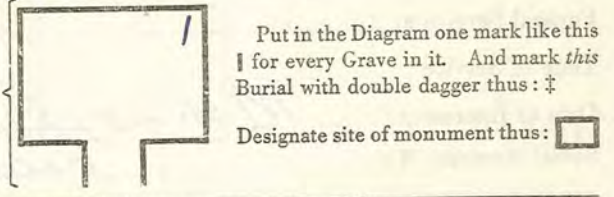
Place of Burial Nantucket Cemetery P.H.

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

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

Date of Interment March 25/50 Section \_\_\_\_\_

Social Security No. Flayie Ford



Casket No. 1097	345 00	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	25 00	Automobiles <u>Please 1</u>	5 00
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>of Service</u>	50 00	Officiating Clergyman <u>Hortons</u>	5 00
Washing and Dressing		Amount of Bill	480 00
Shaving		Goods Ordered by <u>Mrs Ford</u>	
Services <u>Transfer</u>	5 00	Bill Charged to " "	
Use of Chairs			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	20 00		
Music			
Flowers			
<b>470.00</b>			

DR.		Apr 15 1950 Cash	480 00
		<b>PAID</b>	
		<u>By Mrs Ford</u>	

RECORD AND BILL OF ITEMS

Yearly No. 20

FOR THE FUNERAL OF

Total to date 2142

Baby Guil Ledwell

Residence N.C.H. Place of Death N.C.H. Date of Birth 1950 Mch 22 Date of Death 1950 Mch 22 Maiden Name Birth-place Nantucket Occupation None Name of Father Richard F. Ledwell His Birth-place Nant. Maiden Name of Mother Anne Mackerwey Her Birth-place Whitman Mass Cause of Death - Primary Prematal Asphyxia Secondary Short of Collens Residence umbilical cord tight around neck Place of Burial Nantucket Cemetery St Marys



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 items and costs. Items include Casket No., Size, Interior No., Handles, Plate, Outside Box or Vault, Garment, Slippers, Embalming, Washing and Dressing, Shaving, Services, Use of Chairs, Church Charges, Cemetery Charges, Music, Flowers, Candles, Gloves, Bearers, Hearse to Removal, Automobiles, Newspaper Notices, Transportation Charges, Officiating Clergyman, Amount of Bill, Goods Ordered by, Bill Charged to. Costs listed include 15 00 for Transportation of Interment and 15 00 for Amount of Bill.

Table with columns for DR. (Debit) and CR. (Credit). Entry: June 15th 1950 Cash 15 00. PAID By Richard Ledwell

# RECORD AND BILL OF ITEMS

Yearly No. 21

FOR THE FUNERAL OF

Total to date 2143

Residence 85 Main St 42 yrs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 85 Main St Wife or Widow of Jucy Compton

Date of Birth 1886 Aug 25 (Year) (Month) (Day) Age { 63 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1950 Mar 28 (Year) (Month) (Day) { 7 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 3 Days { Married

Birth-place New Bedford Occupation Merchant Date of Entry U.S.A. Sept 7, 1917 at camp  
 Name of Father Joshua B Ashley 2nd His Birth-place New Bedford Date of Disch. May 16, 1919 at camp  
 Maiden Name of Mother Dannie M. Heron Her Birth-place New Bedford Rank mess Sgt. Field & Army  
 Cause of Death—Primary Bronchogenic Secondary Carcinoma Vet's Organization No. 528 Special Casualty  
 Certifying Physician Menges Residence \_\_\_\_\_  
 Place of Burial New Bedford Cemetery Oak Grove  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Mar 31 1950 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Jucy C. Ashley Designate site of monument thus:

Casket No. <u>435-12</u>	<u>325 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<u>30 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____			<u>90</u>
Embalming <u>J. Service</u>	<u>50 00</u>		<u>485 00</u>
Washing and Dressing _____			<u>237 00</u>
Shaving _____			
Services <u>Transfer</u>	<u>10 00</u>		
Use of Chairs _____		Transportation Charges	<u>16 10</u>
Church Charges _____		Officiating Clergyman <u>Johnson</u>	
Cemetery Charges _____		Amount of Bill <u>Mrs Ashley</u>	<u>669 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR.

415.00

CR.

			<u>July 28, 1950 check</u>	<u>669 00</u>
			<b>PAID</b>	
			<u>By Pacific National Bank Admpt.</u>	
			<u>&amp; Mrs Ashley</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to date 2144

Mabel Winslow

Residence 3 Quince St 76-7-28 Age of husband or wife if alive..... years

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

Date of Birth 1 873 Aug 1 (Year) (Month) (Day) Age { 76 Years { Sex { ..... } Color or Race

Date of Death 19 50 Mch. 29 (Year) (Month) (Day) Age { 7 Months { Single  } ..... } { 28 Days { Married { ..... } } { ..... }

Maiden Name.....

Birth-place Nantucket Occupation House work Date of Entry.....

Name of Father John M Winslow His Birth-place Nant. Date of Disch.....

Maiden Name of Mother Eliza B. Randall Her Birth-place Nant. Rank.....

Cause of Death—Primary Fracture left femur Secondary with other Vet's Organization No.....

Certifying Physician Folger Med. Co. Residence ensuing pneumonia & Hypostatic

Place of Burial Nantucket Cemetery P. H. Pneu.

Funeral Service at..... Lot No. 785 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.....

Date of Interment April 1, 1950 Section..... Designate site of monument thus:

Social Security No. Bessie C. Winslow

Casket No. <u>115</u>	190	00	Candles.....	
Size..... Made by.....			Gloves.....	
Interior No.....			Bearers.....	
Handles.....			Hearse to.....	
Plate.....			Removal.....	
Outside Box or Vault.....	25	00	Automobiles <u>Wood</u>	5 00
Garment.....			Newspaper Notices.....	
Slippers.....				
Embalming <u>of Services</u>	50	00		
Washing and Dressing.....				
Shaving.....				
Services <u>Transfers</u>	10	00		
Use of Chairs.....			Transportation Charges.....	
Church Charges <u>Funeral</u>	25	00	Officiating Clergyman <u>Thompson</u>	
Cemetery Charges.....	20	00	Amount of Bill.....	330 00
Music.....			Goods Ordered by.....	
Flowers <u>Door Cups</u>	5	00	Bill Charged to <u>Mr Geo M Poland</u>	
<b>328.00</b>				

DR.

CR.

May	24	Pd Wood	5	00	May	24	1950 Check	330	00
PAID									
Mrs Poland.									



# RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date 2145.

Catherine J. Lobo.

Residence 154 Orange St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Barnstable Co Sanatorium 1-1-20 Wife or Widow of \_\_\_\_\_

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

Date of Death 1950 Apr 4 (Year) (Month) (Day) Age { 30 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 6 Months { Single \_\_\_\_\_ {  
 { 15 Days { Married \_\_\_\_\_ {

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

Birth-place Nantucket Occupation Waitress Date of Entry \_\_\_\_\_

Name of Father Joseph Lobo His Birth-place Cape Verde Date of Disch. \_\_\_\_\_

Maiden Name of Mother Mary Fernandes Her Birth-place Harwich Mass Rank \_\_\_\_\_

Cause of Death—Primary Tuberculosis Secondary Meningitis Vet's Organization No. \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence Pubhony J.B.

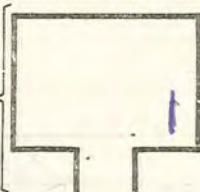
Place of Burial \_\_\_\_\_ Cemetery \_\_\_\_\_

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

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

Date of Interment Apr. 7, 1950 Section \_\_\_\_\_

Social Security No. 115-22-1456 Mary Lobo.



Put in 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 No. <u>1707</u> <sup>12</sup>	<u>270</u> <u>00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>25</u>		Automobiles <u>1 Priest</u>	<u>3 00</u>
Garment _____		Newspaper Notices	
Slippers _____		<u>E. D. Nickerson Brown</u>	<u>60 00</u>
Embalming _____			<u>3 50</u>
Washing and Dressing _____		Transportation Charges	
Shaving <u>Transfer</u>	<u>10 00</u>	Officiating Clergyman <u>F. Shoveton</u>	
Services _____	<u>10 00</u>	Amount of Bill	<u>423 00</u>
Use of Chairs _____		Goods Ordered by <u>Mary Lobo</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Bill Charged to _____	
Cemetery Charges _____	<u>20 00</u>		
Music _____			
Flowers _____			

DR.

366.00

CR.

			<u>June 10</u>	<u>1950 Cr. Cash</u>	<u>250 00</u>
	<u>423 00</u>		<u>July 8</u>	<u>1952 " "</u>	<u>20 00</u>
	<u>250 00</u>		<u>July 30</u>	<u>1953 " "</u>	<u>20 00</u>
	<u>173 00</u>	<u>Bal</u>	<u>Sept 9</u>	<u>1954 " "</u>	<u>25 00</u>
	<u>20 00</u>				
	<u>153 00</u>				
	<u>20 00</u>				
	<u>133 00</u>				
	<u>25 00</u>				
	<u>108 00</u>				

# RECORD AND BILL OF ITEMS

Yearly No. 24

FOR THE FUNERAL OF

Total to date 2146

Marietta Arpin

Residence 154 Orange 64 yrs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 10 days Wife or Widow of Herbert A. Arpin

Date of Birth 1885 July 31 (Year) (Month) (Day) Age { 64 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1950 April 7 (Year) (Month) (Day) { 8 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 7 Days { Married \_\_\_\_\_ {

Birth-place Nantucket Occupation House Maid Date of Entry \_\_\_\_\_

Name of Father Spring A. Dunham His Birth-place Nant Date of Disch. \_\_\_\_\_

Maiden Name of Mother Mrs. J. Hayes Her Birth-place Nant Rank \_\_\_\_\_

Cause of Death—Primary Asphyxia Secondary Mediastinal Tumor Vet's Organization No. \_\_\_\_\_

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

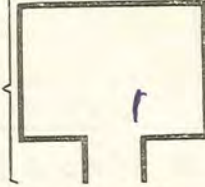
Place of Burial Nantucket Cemetery Newtown

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

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

Date of Interment April 10/50 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Edgar F. Arpin



Casket No. <u>435</u> <sup>12</sup>	3.35 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	25 00	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>of Services</u>	50 00		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	5 00	Transportation Charges	
Use of Chairs _____		Officiating Clergyman <u>Johnson</u>	
Church Charges <u>Funeral</u>	25 00	Amount of Bill	460 00
Cemetery Charges _____	20 00	Goods Ordered by <u>Edgar Arpin</u>	
Music _____		Bill Charged to <u>Alfred Arpin</u>	
Flowers _____			

DR.

\$ 460.00

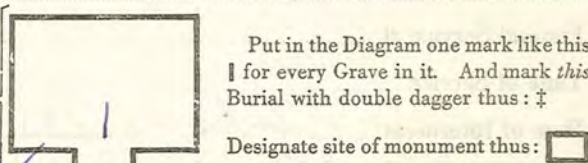
CR.

			May 15,	1950 Cash	450 00
				Due	10 00
					460 00
				PAID	
				By <u>Alfred Arpin</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 25 FOR THE FUNERAL OF Ann S. Robb Total to date 2147

Residence 34 Liberty St. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death Hotel Wentworth N.Y. city Wife or Widow of Eagleson Robb  
 Date of Birth 1882 June 25 (Year) (Month) (Day) Age 67 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 1950 Apr 8 (Year) (Month) (Day) Age 9 Months { Single \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ { Married \_\_\_\_\_ }  
 Birth-place Wilmington Del. Occupation None Date of Entry \_\_\_\_\_  
 Name of Father Unknown His Birth-place Unknown Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_ Her Birth-place \_\_\_\_\_ Rank \_\_\_\_\_  
 Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 1164  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment April 11/50 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Nancy D. Humphrey 2095 Massie Ave Louisville Ky



Casket No.		Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Garment		Newspaper Notices	
Slippers		<u>Lot No 1164</u>	<u>60 00</u>
Embalming		Transportation Charges	
Washing and Dressing		Officiating Clergyman	<u>75 00</u>
Shaving		Amount of Bill	<u>135 00</u>
Services	<u>15 00</u>	Goods Ordered by <u>Mrs. Humphrey</u>	
Use of Chairs <u>Transfer</u>	<u>15 00</u>	Bill Charged to	
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>20 00</u>		
Music			
Flowers			

DR. 75.00 CR.

<u>Alexander Humphrey</u>	<u>June 7</u>	<u>1950 Check</u>	<u>135 00</u>
<u>Kentucky Home Life Bldg</u>		<u>Pd P H C A Lot</u>	<u>60</u>
<u>Louisville 2, Ky</u>			<u>75 00</u>
<b>PAID</b>			
<u>By Alexander Humphrey</u>			

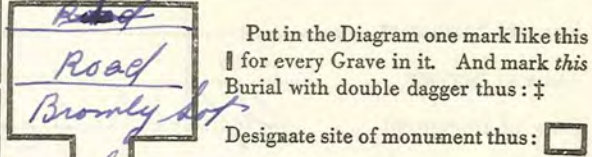
# RECORD AND BILL OF ITEMS

Yearly No. 25

FOR THE FUNERAL OF

Total to date 2148

Residence 99 Orange St  
 Place of Death Falmouth Police Station Wife or Widow of Sena M. Cospin  
 Date of Birth 1902 Feb 1 (Year) (Month) (Day) Age 48 Years Sex Divorced Color or Race Boston  
 Date of Death 1950 Apr 12 (Year) (Month) (Day) Age 2 Months Single Married  
 Maiden Name \_\_\_\_\_  
 Birth-place Baltimore Md Occupation Laborer Date of Entry 4/23/42  
 Name of Father John J. Remsburg His Birth-place \_\_\_\_\_ Date of Disch. 9/17/42  
 Maiden Name of Mother Katherine Dougherty Her Birth-place unknown Rank C.M.M. U.S.N.  
 Cause of Death—Primary Generalized Arteriosclerosis Secondary \_\_\_\_\_ Vet's Organization No. C-452675  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nant. Cemetery Newtown  
 Funeral Service at \_\_\_\_\_ Lot No. Road  
 Time of Service \_\_\_\_\_ Grave No. Bronly lot  
 Date of Interment Apr. 15, 1950 Section \_\_\_\_\_  
 Social Security No. 033-05-7139 Sena M. Remsburg



Casket No.		Candles	
Size..... Made by.....		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Garment		Newspaper Notices	
Slippers		Jenkins Funeral Home	
Embalming		Falmouth	144 00
Washing and Dressing		Transportation Charges	55 00
Shaving		Officiating Clergyman <u>Legion</u>	
Services		Amount of Bill	199 00
Use of Chairs		Goods Ordered by	
Church Charges <u>Funeral from Boat</u>	25 00	Bill Charged to	
Cemetery Charges	20 00		
Music <u>Costage of used device &amp; mats</u>	10 00		
Flowers			

DR. 53.00 CR.

			<u>Aug 22</u>	<u>G.V.A.</u>	<u>150 00</u>

# RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to date 2149

Ellen W Thomas

Residence Goose Pond Rd. 25 yrs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 8 days

Date of Birth 1 873 (Year) Dec 11 (Month) (Day) Wife or Widow of \_\_\_\_\_

Date of Death 1950 (Year) Apr 13 (Month) (Day) Age { 76 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 3 Months { Single  Married \_\_\_\_\_ } { 23 Days { \_\_\_\_\_

Birth-place Portland Me Occupation None Date of Entry \_\_\_\_\_

Name of Father Chenier Thomas His Birth-place ? Date of Disch. \_\_\_\_\_

Maiden Name of Mother Mellie Webster Her Birth-place Cape Elizabeth Me Rank \_\_\_\_\_

Cause of Death—Primary Arteriosclerosis Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

Place of Burial Portland Me Cemetery Mt Pleasant

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

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

Date of Interment April 17, 1950 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 No. <u>170</u>	<u>265 00</u>	Candles _____	
Size _____ Made by _____		Gloves _____	
Interior No. _____		Bearers _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>4 handles</u>	<u>30 00</u>	Automobiles _____	
Garment <u>Grey Dress</u>	<u>22 50</u>	Newspaper Notices _____	
Slippers _____			
Embalming <u>7</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Personal</u>	<u>25 00</u>	<u>Toll Calls</u>	<u>2 85</u>
Use of Chairs <u>Transfer</u>	<u>10 00</u>	Transportation Charges _____	<u>30 09</u>
Church Charges _____		Officiating Clergyman _____	<u>4 02 50</u>
Cemetery Charges _____		Amount of Bill _____	<u>4 35 44</u>
Music _____		Goods Ordered by <u>Robert D Congdon</u>	
Flowers _____		Bill Charged to _____	

DR. 402 50

CR.

					<u>435 44</u>
		<u>Feb 14 51</u>	<u>check</u>		
<b>PAID</b>					
<u>By Robert D Congdon, Acct.</u>					

# RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF

Total to date 2/50.

Harold W. Killen

Residence 55. N. Liberty St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 20 Days Wife or Widow of Beatrice M. Smith

Date of Birth 1892 Dec 16 (Year) (Month) (Day) Age { Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { Months { Single \_\_\_\_\_  
 { Days { Married \_\_\_\_\_

Date of Death 1950 Apr 13 (Year) (Month) (Day)

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

Birth-place Nantuxet Occupation Fuel Oil distributor Date of Entry \_\_\_\_\_

Name of Father John Killen His Birth-place Ireland Date of Disch. \_\_\_\_\_

Maiden Name of Mother Mary Ann O'Neal Her Birth-place Nant. Rank \_\_\_\_\_

Cause of Death—Primary Coronary thrombosis Secondary Hypertension Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nant. Cemetery St. Mary's

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

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

Date of Interment Apr 17/50 Section \_\_\_\_\_

Social Security No. 028-03-7361 Beatrice M. Killen



Put in 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 No. <u>1157</u>	<u>2.35 00</u>	Candles	
Size..... Made by.....		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	<u>25 00</u>	Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming <u>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>Freshnellton</u>	
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>360 00</u>
Music		Goods Ordered by <u>Beatrice</u>	
Flowers		Bill Charged to	

DR.

360.00

CR.

				<u>June 3</u>	<u>1950 Check</u>	<u>350 00</u>
					<u>Disc</u>	<u>10 00</u>
						<u>360 00</u>
					<b>PAID</b>	
					<u>By</u>	
					<u>Beatrice Killen</u>	

RECORD AND BILL OF ITEMS

Yearly No. 29

FOR THE FUNERAL OF

Total to date 2151

Residence: 5 Gay St. Emily Bunker  
 Place of Death: 5 Gay St. Wife or Widow of Lauriston Bunker  
 Date of Birth: 1862 May 29 (Year) (Month) (Day) Age 87 Years { Sex { Color or Race  
 Date of Death: 1950 Apr 22 (Year) (Month) (Day) Age 10 Months { Single {  
 Maiden Name: 24 Days { Married {  
 Birth-place: At Sea on Pacific Ocean Occupation: housework Date of Entry:  
 Name of Father: Joseph Winslow His Birth-place: Nant Military Service Record:  
 Maiden Name of Mother: Susan Shraque Her Birth-place: Nant Date of Disch.:  
 Cause of Death—Primary: General Arteriosclerosis Secondary: Chronic Myo. Vet's Organization No.:  
 Certifying Physician: Folger Residence: Carefree Decomposition  
 Place of Burial: Nant Cemetery: P. H.  
 Funeral Service at: Lot No. 474  
 Time of Service: Grave No. 1  
 Date of Interment: Apr 24 1950 Section: Put in the Diagram one mark like this  
 Social Security No.: Isabel W. Riddell. | for every Grave in it. And mark this  
 Designate site of monument thus: †

Casket No. 115	195 00	Candles	
Size Made by		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	25 00	Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming Services	50 00	Officiating Clergyman Thompson	
Washing and Dressing		Amount of Bill	325 00
Shaving Transfer	10 00	Goods Ordered by Isabel Riddell	
Services		Bill Charged to	
Use of Chairs			
Church Charges Funeral	25 00		
Cemetery Charges	20 00		
Music			
Flowers			

DR.

325.00

CR.

			May 10, 1950. Check		325 00
			<b>PAID</b>		
			By Isabel Riddell		

# RECORD AND BILL OF ITEMS

Yearly No. 30

FOR THE FUNERAL OF

Total to date 2152

John J. Fitzgerald

Residence 6 Arong St 142 Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 6 Arong St Wife or Widow of Clara Casey

Date of Birth 1 893 19 (Year) (Month) (Day) Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1950 Apr 30 (Year) (Month) (Day) Age 57 Years 1 Months 16 Days Single \_\_\_\_\_ Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation Supt Grocery Store Date of Entry 12-15-17

Birth-place Fall River His Birth-place Co Lickhulan Date of Disch. 9-30-21

Name of Father Michael Fitzgerald Her Birth-place Ireland Rank M. M. 1st

Maiden Name of Mother Bridget Roach Secondary Coronary Vet's Organization No. 150-75-93

Cause of Death—Primary Sudden death Residence Thrombosis

Certifying Physician Folger Med Ex Cemetery St. Marys

Place of Burial New London Conn Lot No. \_\_\_\_\_

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

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

Date of Interment April 4, 1950 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 No. <u>2097</u>	<u>385 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>&amp; holds</u>	<u>30 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>&amp; Services</u>	<u>50 00</u>	Officiating Clergyman	
Washing and Dressing _____		Amount of Bill	
Shaving _____		Goods Ordered by <u>Thomas J.</u>	
Services <u>Transfer</u>	<u>10 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges _____			
Music _____			
Flowers _____			
<u>475.00</u>			

DR.		CR.	
		<u>June 26 1950 Rec Cash</u>	<u>325 00</u>
		<u>Dec 18 " " Check V.A.</u>	<u>150 00</u>
			<u>475 00</u>
		<b>PAID</b>	
		By <u>J. Fitzgerald</u> & <u>V.A.A.</u>	



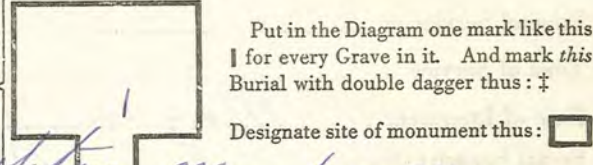
# RECORD AND BILL OF ITEMS

Yearly No. 31

FOR THE FUNERAL OF

Total to date 2153

*Charlotte H. Holms*  
 Residence Private Hosp Elm St Machias, Me. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death "Same" Wife or Widow of Frank E. Holms  
 Date of Birth 1862 Dec 9 (Year) (Month) (Day) Age { 87 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1950 May 1 (Year) (Month) (Day) { 4 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 22 Days { Married \_\_\_\_\_ {  
 Birth-place St Johns Newfoundland Occupation Housewife Date of Entry \_\_\_\_\_  
 Name of Father James J. Kelly His Birth-place Canada Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Sarah Thomas Her Birth-place Canada Rank \_\_\_\_\_  
 Cause of Death—Primary Cerebral Arteriosclerosis Secondary Terminal Vet's Organization No. \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence Broncho Pneumonia  
 Place of Burial Nant Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 720  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 3, 1950 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Mildred Heighton Machias Me



Casket No.		Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>5 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>50 00</u>
Cemetery Charges	<u>20 00</u>	Goods Ordered by	
Music		Bill Charged to	
Flowers			

DR. 50.00 CR.

			<u>July 15, 1950 Check</u>	<u>50 00</u>
			<b>PAID</b>	
			<u>By Constanta Dnelia</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 32

FOR THE FUNERAL OF

Total to date 2154

*Mary Ring*

Residence 22 Federal St. Age of husband or wife if alive..... years

Place of Death N.E.H. 5 days Wife or Widow of John C. Ring

Date of Birth 1 (Year) (Month) (Day) Age { 89 Years { Sex ..... Color or Race

Date of Death 1950 May 9 (Year) (Month) (Day) { 11 Months { Single ..... Color or Race

Maiden Name ..... { 10 Days { Married ..... Color or Race

Birth-place Prince Edwards Isls Occupation House work Date of Entry.....

Name of Father John O'Brian His Birth-place Canada Date of Disch.....

Maiden Name of Mother Mary McEachern Her Birth-place Scotland Rank.....

Cause of Death—Primary Fracture neck left Secondary femur Hypertension Vet's Organization No.....

Certifying Physician Folger Med Ex Residence Nephritis Uremia fall in house accidental

Place of Burial Nant Cemetery P.H.

Funeral Service at ..... Lot No. 346

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

Date of Interment May 12, 1950 Section.....

Social Security No. Marion R. Curtin



Put in 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 No. <u>1797</u>	<u>495</u>	<u>00</u>	Candles		
Size..... Made by.....			Gloves		
Interior No.....			Bearers		
Handles			Hearse to		
Plate			Removal		
Outside Box or Vault <u>Clark</u>	<u>185</u>	<u>00</u>	Automobiles <u>Wood 2</u>		<u>10 00</u>
Garment			<u>Pearse 1</u>		<u>3 00</u>
Slippers			Newspaper Notices		
Embalming <u>+ Services</u>	<u>50</u>	<u>00</u>			
Washing and Dressing					
Shaving <u>Transfers</u>	<u>10</u>	<u>00</u>			
Services					
Use of Chairs			Transportation Charges		<u>785 00</u>
Church Charges <u>Funeral</u>	<u>25</u>	<u>00</u>	Officiating Clergyman <u>Fr. Fitzgerald</u>		
Cemetery Charges	<u>20</u>	<u>00</u>	Amount of Bill		<u>798 00</u>
Music			Goods Ordered by		
Flowers			Bill Charged to		

DR.

785.00

CR.

<u>Mrs John Carroll</u>			<u>July 19</u>	<u>1950 check</u>	<u>798 00</u>
<u>The Old Bridge Rd</u>					
<u>Buzzards Bay Mass</u>					
				<b>PAID</b>	
				<u>By Mrs. John Carroll</u>	

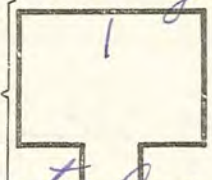
RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date 2155

Residence Ellen Chase  
2 Centre Ave. Dorchester Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death Margaret Dyckeman Rest Home Wife or Widow of Albert P Chase  
 Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age { 88 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19.50 (Year) May 7 (Month) (Day) \_\_\_\_\_ Months \_\_\_\_\_ Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Days \_\_\_\_\_ Married \_\_\_\_\_  
 Birth-place Malone N.Y. Occupation Housework Date of Entry \_\_\_\_\_  
 Name of Father Patrick Gallagher His Birth-place Ireland Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Rose Mallon Her Birth-place Ireland Rank \_\_\_\_\_  
 Cause of Death—Primary Cerebral Hem. Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St. Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 11, 1950 Section \_\_\_\_\_  
 Social Security No. of Annie H. Chase, Centre Ave. Dorchester



Put in 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 No. ....	Candles .....	
Size .....	Gloves .....	
Interior No. ....	Bearers .....	
Handles .....	Hearse to <u>Cemetery from Boat</u>	<u>25 00</u>
Plate .....	Removal <u>Cemetery Chgs.</u>	<u>20 00</u>
Outside Box or Vault .....	Automobiles .....	
Garment .....	Newspaper Notices .....	
Slippers .....	Transportation Charges .....	
Embalming .....	Officiating Clergyman <u>Shovelton</u>	
Washing and Dressing .....	Amount of Bill .....	<u>45 00</u>
Shaving .....	Goods Ordered by .....	
Services .....	Bill Charged to <u>Miss Ellen H Chase</u>	
Use of Chairs .....		
Church Charges .....		
Cemetery Charges .....		
Music .....		
Flowers .....		

DR.

CR.

<u>Miss Ellen H Chase</u>	<u>July 19</u>	<u>1950 Check</u>	<u>45 00</u>
<u>2 Centre St.</u>			
<u>Dorchester, Mass</u>			
		<b>PAID</b>	
		<u>Miss Ellen H Chase</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 2156

*Frederick C. Ayers*

Residence 14 Pearl St 76 yrs Age of husband or wife if alive..... years

Place of Death N. C. H. 1 mo. Wife or Widow of.....

Date of Birth 1874 May 10  
(Year) (Month) (Day)

Date of Death 1950 May 22  
(Year) (Month) (Day) Age { 76 Years { Sex { Color or Race  
0 Months { Single {  
12 Days { Married {

Maiden Name.....

Birth-place Nantucket Occupation Real Estate Agent Date of Entry.....

Name of Father Thomas Ayers His Birth-place Ireland Date of Disch.....

Maiden Name of Mother Ellen De Wolf Her Birth-place Ireland Rank.....

Cause of Death—Primary Myocarditis Secondary..... Vet's Organization No.....

Certifying Physician Mingos 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 May 24/50 Section..... Burial with double dagger thus: †  
Social Security No. Thomas Ayers Jr Corporation Rfd. Dennis Designate site of monument thus:

Casket No. <u>170</u>	<u>265 00</u>	Candles.....		
Size..... Made by.....		Gloves.....		
Interior No.....		Bearers.....		
Handles.....		Hearse to.....		
Plate.....		Removal.....		
Outside Box or Vault <u>Clark</u>	<u>185 00</u>	Automobiles <u>Wood</u> 2	<u>12 00</u>	
Garment.....		<u>Pease</u> 1	<u>3 00</u>	
Slippers.....		Newspaper Notices		
Embalming.....	<u>60 00</u>	<u>Shit</u>	<u>2 85</u>	
Washing and Dressing.....				
Shaving <u>Transfer</u>	<u>10 00</u>			
Services.....				<u>555 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>570 85</u>	
Music.....		Goods Ordered by.....		
Flowers.....		Bill Charged to.....		

DR.

555.00

CR.

	Aug 16 / 50 Check	570 85
PAID		
By Thomas Ayers Jr.		

# RECORD AND BILL OF ITEMS

Yearly No. 35

FOR THE FUNERAL OF

Total to date 2157

Residence 32 Pine St. 5044 Alexander Mc Garvey. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death M.C.H. 8 hrs Wife or Widow of \_\_\_\_\_

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

Date of Death 1950 June 8 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_

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

Age  $\left\{ \begin{array}{l} 77 \text{ Years} \\ 5 \text{ Months} \\ 10 \text{ Days} \end{array} \right.$  Sex  $\left\{ \begin{array}{l} \text{Single } \checkmark \\ \text{Married} \end{array} \right.$  Color or Race \_\_\_\_\_

Birth-place Providence R.I. Occupation Fisherman Date of Entry \_\_\_\_\_

Name of Father Alexander Mc Garvey His Birth-place Unknown Military Service Record \_\_\_\_\_

Maiden Name of Mother Susan Gardner Her Birth-place Wash. Rank \_\_\_\_\_

Cause of Death—Primary Coronary thrombosis Secondary left Bundle Vet's Organization No. \_\_\_\_\_

Certifying Physician Folger Residence Branch block, Hyattsville

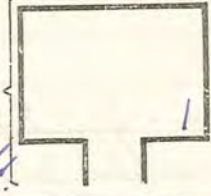
Place of Burial Wash. Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 816

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

Date of Interment May 11, 1950 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Old Age Records



Casket No. ....	Candles .....	
Size..... Made by.....	Gloves .....	
Interior No.....	Bearers .....	
Handles .....	Hearse to .....	
Plate .....	Removal <u>Opening &amp; Closing Arena</u>	20 00
Outside Box or Vault .....	Automobiles <u>Cartage &amp; use of Device &amp; mats.</u>	10 00
Garment.....	Newspaper Notices .....	
Slippers .....	<u>Removal Preparation</u>	
Embalming.....	<u>Casket Outside Case &amp; Prof Services</u>	100 00
Washing and Dressing .....	Transportation Charges <u>Baptist 1st.</u>	
Shaving .....	Officiating Clergyman <u>Fitzgerald</u>	
Services .....	Amount of Bill.....	130 00
Use of Chairs .....	Goods Ordered by .....	
Church Charges.....	Bill Charged to .....	
Cemetery Charges .....		
Music.....		
Flowers .....		

DR.

CR.

			July 3	A. J. O. R. M.	75 00
			" "	" D of P.	25 00
			Aug 16	Check O. H. A.	30 00
				PAID	

RECORD AND BILL OF ITEMS

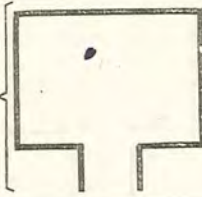
Yearly No. 36

FOR THE FUNERAL OF

Total to date 2158

Harold L Pickett

Residence 89 Church St Wren, Mass. Age of husband or wife if alive..... years  
Place of Death Brockton Wife or Widow of Anita Truman  
Date of Birth 1..... (Year, Month, Day) Age { 67 Years { Sex ..... Color or Race  
Date of Death 19 50 Feb 20 (Year, Month, Day) { 9 Months { Single .....  
Maiden Name ..... Days { Married L  
Birth-place Delaware Ohio Occupation Clergyman Date of Entry.....  
Name of Father Hardin Pickett His Birth-place Ohio Date of Disch.....  
Maiden Name of Mother Siggie Foy Her Birth-place Ohio Rank.....  
Cause of Death—Primary Heart Disease Secondary ..... Vet's Organization No. ....  
Certifying Physician ..... Residence.....  
Place of Burial Nantucket Cemetery P H  
Funeral Service at ..... Lot No. 1744  
Time of Service ..... Grave No. ....  
Date of Interment June 13, 1950 Section .....  
Social Security No. Anita J. Pickett



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

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

DR.

CR.

								No Charge	

# RECORD AND BILL OF ITEMS

Yearly No. 57

FOR THE FUNERAL OF

Total to date 2159

Eleanor E. Brown

Residence 37 N. Liberty St Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Taunton State Hosp. 9 mo & days Wife or Widow of Everett B. Brown

Date of Birth 1 860 (Year) (Month) (Day) Age { 89 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
Date of Death 19 50 June 13 (Year) (Month) (Day) { 11 Months { Single \_\_\_\_\_ {  
Maiden Name \_\_\_\_\_ { 9 Days { Married

Birth-place Boston Occupation Janitor Date of Entry \_\_\_\_\_

Name of Father Isaac Fish His Birth-place Taunton Date of Disch. \_\_\_\_\_

Maiden Name of Mother Sydia Groven Her Birth-place Boston Rank \_\_\_\_\_

Cause of Death—Primary Terminal Bronchitis Secondary Pneumonia Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nantucket Cemetery P H

Funeral Service at \_\_\_\_\_ Lot No. 688

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

Date of Interment June 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 No.	<u>75 00</u>	Candles	
Size Made by		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment		Newspaper Notices	
Slippers		<u>Paid Taunton</u>	<u>35 00</u>
Embalming			
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>Johnson</u>	
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>185 00</u>
Music		Goods Ordered by <u>Mr Brown</u>	
Flowers		Bill Charged to _____	

DR.

150.00

CR.

		<u>June 27</u>	<u>50 Cash</u>	<u>185 00</u>
		<u>July 25</u>	<u>" Bal</u>	<u>170 00</u>
				<u>185 00</u>
			<b>PAID</b>	
			<u>By Mr Brown</u>	





RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 2161

Yearly No. 39

Agnes M. O'Brien

Residence 3 Lyon St. 8 mas  
 Place of Death N. C. H. 5 days  
 Date of Birth 1 (Year) 19 50 (Month) June (Day) 15  
 Date of Death 19 50 (Year) 50 (Month) June (Day) 15  
 Maiden Name  
 Birth-place Oslo Norway  
 Name of Father G. Golbo Jensen  
 Maiden Name of Mother Hilda E.  
 Cause of Death—Primary Adenocarcinoma of Secondary right Ovary  
 Certifying Physician M. M. G.  
 Place of Burial Cranston, R.I.  
 Funeral Service at  
 Time of Service  
 Date of Interment  
 Social Security No. Mrs. Gertrude Holmes

Wife or Widow of Ole B. O'Brien  
 Age { 77 Years { Sex {  
 { 3 Months { Single {  
 { 15 Days { Married {

Color or Race  
 Occupation Housework  
 His Birth-place Oslo Norway  
 Her Birth-place Oslo  
 Residence  
 Cemetery Oakland  
 Lot No.  
 Grave No.  
 Section

Date of Entry  
 Date of Disch.  
 Rank  
 Vet's Organization 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 No. 1157 12	235 00	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles.....		Hearse to	
Plate.....		Removal	
Outside Box or Vault Pine	30 00	Automobiles	
Garment.....		Newspaper Notices	
Slippers.....			
Embalming f. Service	50 00		
Washing and Dressing.....			
Shaving.....			
Services Transfers	10 00		
Use of Chairs.....		Transportation Charges	325 00
Church Charges.....		Officiating Clergyman	5 64
Cemetery Charges.....		Amount of Bill	331 64
Music.....		Goods Ordered by Mrs. Gertrude Holmes	
Flowers.....		Bill Charged to	
	325 00		

DR.

325.00

CR.


# RECORD AND BILL OF ITEMS

Total to date 2/62

Yearly No. 40

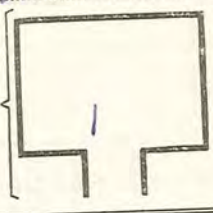
FOR THE FUNERAL OF

Residence Josephine J. Brady  
South Mill St. 25 yrs Age of husband or wife if alive..... years

Place of Death N.C.H. 14 days Wife or Widow of Malcom Brady

Date of Birth 1 892 Jan 5 Age { 58 Years { Sex ..... Color or Race  
 (Year) (Month) (Day) { 5 Months { Single .....  
 Date of Death 19 50 June 30 (Year) (Month) (Day) { 25 Days { Married .....  
 Maiden Name .....

Birth-place Cochituate, Mass Occupation Housewife Date of Entry.....  
 Name of Father Louis Champney His Birth-place Canada Date of Disch.....  
 Maiden Name of Mother Filamond? Her Birth-place France Rank.....  
 Cause of Death—Primary..... Secondary..... Vet's Organization No.....  
 Certifying Physician Mingus Residence.....  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at..... Lot No. 873  
 Time of Service..... Grave No.....  
 Date of Interment July 2 Section.....  
 Social Security No. Malcom Brady



Put in 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 No. <u>1157</u>	<u>235 00</u>	Candles .....	
Size..... Made by.....		Gloves .....	
Interior No.....		Bearers .....	
Handles .....		Hearse to .....	
Plate .....		Removal.....	
Outside Box or Vault.....	<u>185 00</u>	Automobiles <u>Wood 2</u>	<u>10 00</u>
Garment.....		<u>Pease 2</u>	<u>10 00</u>
Slippers .....		Newspaper Notices <u>Sowell 1</u>	<u>5 00</u>
Embalming <u>Services</u>	<u>50 00</u>	<u>Lot No. 873</u>	<u>60 00</u>
Washing and Dressing.....			<u>525 00</u>
Shaving .....		Transportation Charges.....	
Services <u>Transpas</u>	<u>10 00</u>	Officiating Clergyman <u>Johnson</u>	
Use of Chairs .....		Amount of Bill.....	<u>610 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Goods Ordered by <u>Malcom Brady</u>	
Cemetery Charges <u>F</u>	<u>20 00</u>	Bill Charged to .....	
Music.....			
Flowers .....			
	<u>525 00</u>		

DR.		CR.	
<u>July 26</u>	<u>Pd Wood</u>	<u>10 00</u>	<u>July 20 1950 Check</u>
<u>" 4</u>	<u>" Pease</u>	<u>10 00</u>	
<u>" 21</u>	<u>" Sowell</u>	<u>5 00</u>	
			<b>PAID</b>
			<u>By Malcom Brady</u>

# RECORD AND BILL OF ITEMS

Yearly No. 41

FOR THE FUNERAL OF

Total to date 2163

Victor V. Lawson

Residence 57 Armouth St. Boston Age of husband or wife if alive \_\_\_\_\_ years

Place of Death M.C.H. 10 days Wife or Widow of \_\_\_\_\_

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

Date of Death 1950 June 29 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age { 53 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 \_\_\_\_\_ Months { Single \_\_\_\_\_  
 \_\_\_\_\_ Days { Married \_\_\_\_\_

Birth-place Wilmington N.C. Occupation chef Date of Entry \_\_\_\_\_

Name of Father Victor Lawson His Birth-place S. Carolina Date of Disch. \_\_\_\_\_

Maiden Name of Mother Binah Bethune Her Birth-place " Rank \_\_\_\_\_

Cause of Death—Primary Uremia Hypertension Secondary Nephritis Vet's Organization No. \_\_\_\_\_

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

Place of Burial Cambridge Cemetery Cambridge

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

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

Date of Interment July 4 Section \_\_\_\_\_

Social Security No. 029-05-0839 Mrs Rose Williams 2439 Federal St.

Military Service Record



Casket No. <u>1097 Mahogany</u>	<u>345 00</u>	Candles	<u>Philadelphia Pa.</u>
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles.....		Hearse to	
Plate.....		Removal	
Outside Box or Vault <u>Pine</u>	<u>30 00</u>	Automobiles	
Garment.....		Newspaper Notices	
Slippers.....			
Embalming <u>of services</u>	<u>50 00</u>		
Washing and Dressing.....			
Shaving.....			
Services <u>Transfers</u>	<u>10 00</u>		
Use of Chairs.....		Transportation Charges <u>to Boston</u>	<u>45 50</u>
Church Charges <u>Funeral</u>	<u>20 00</u>	Officiating Clergyman <u>Fitzgerald Baptist</u>	<u>12 35</u>
Cemetery Charges.....		Amount of Bill.....	<u>467 35</u>
Music.....		Goods Ordered by.....	
Flowers.....		Bill Charged to.....	

DR.

455.00

CR.

				<u>Feb 1/51 check</u>	<u>467 35</u>
				<b>PAID</b>	
				<u>By Brenda M. Dussell atty</u>	
				<u>41 Tremont St</u>	
				<u>Boston.</u>	

# RECORD AND BILL OF ITEMS

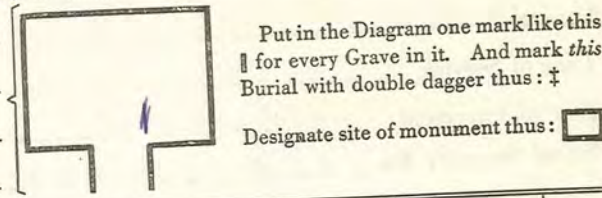
Total to date 2164.

Yearly No. 42

FOR THE FUNERAL OF

James H. Wood Jr.

Residence 36 Cliff Rd. N. H. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. H. 1 mo. Wife or Widow of Etta C. Mardiss  
 Date of Birth 1 869 (Year) (Month) (Day) Age { 80 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 50 July 5 (Year) (Month) (Day) { 8 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 4 Days { Married   
 Birth-place Nantucket Occupation Sausage mgs. Date of Entry \_\_\_\_\_  
 Name of Father James H. Wood His Birth-place Nant Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Emma C. Bowles Her Birth-place Nant Rank \_\_\_\_\_  
 Cause of Death—Primary Nephritis Secondary Hypertrophy of Prostate Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Cassaday Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 571  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment July 8 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Herbert C. Wood



Casket No. <u>1707</u>	285 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	25 00	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	50 00	Officiating Clergyman <u>Johnson</u>	415 00
Washing and Dressing _____		Amount of Bill	
Shaving _____		Goods Ordered by _____	
Services <u>Transfer</u>	10 00	Bill Charged to <u>Mrs Wood</u>	
Use of Chairs _____			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	20 00		
Music _____			
Flowers _____			
<u>415.00</u>			

DR.		CR.
	<u>Oct 20 1950 Check</u>	415 00
	<b>PAID</b>	
	<u>By Mrs Wood</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 43

FOR THE FUNERAL OF

Total to date 2165.

Ida May Chadwick

Residence 58 Oak St Newton Upper Falls Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Charles A Chadwick

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

Date of Death 1949 (Year) Nov (Month) 4 (Day) { 10 Months { Single \_\_\_\_\_

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

Birth-place Boston Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father David Bishop His Birth-place Nova Scotia Date of Disch. \_\_\_\_\_

Maiden Name of Mother Anna Middleton Her Birth-place England Rank \_\_\_\_\_

Cause of Death—Primary Caner of the Secondary Aerophagus Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nantucket Cemetery Newtown

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

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

Date of Interment July 9 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Walter B. Chadwick

Put in 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 No. ....		Candles .....			
Size..... Made by.....		Gloves .....			
Interior No. ....		Bearers .....			
Handles .....		Hearse to .....			
Plate .....		Removal.....			
Outside Box or Vault .....		Automobiles.....			
Garment.....		Newspaper Notices.....			
Slippers .....					
Embalming.....					
Washing and Dressing .....					
Shaving .....					
Services .....					
Use of Chairs .....					
Church Charges.....					
Cemetery Charges.....					
Music.....					
Flowers .....					
		Transportation Charges.....			
		Officiating Clergyman <u>Thompson</u>			
		Amount of Bill.....			10 00
		Goods Ordered by .....			
		Bill Charged to .....			

DR.

CR.

<u>Walter B. Chadwick</u>	<u>July 16</u>	<u>1950 Check</u>		<u>10 00</u>	
<u>3723 Albeanale St</u>					
<u>Washington 16 D.C.</u>					

PAID

By Walter B. Chadwick

RECORD AND BILL OF ITEMS

Yearly No. 44 FOR THE FUNERAL OF Total to date 2166

Personal information section including Residence (2 M.C. H. 180-W. 135 1/2 St. N. York), Name of Deceased (Clarence J. Riley), Date of Death (July 10, 1950), and Occupation (Lithographer).

Table of funeral expenses with columns for item, amount, and total. Includes items like Casket No. 110 (135.00), Embalming (50.00), and Services (5.00), totaling 220.00.

Payment record table with columns for description, date, and amount. Includes entries for 'Shipped to Andrew J. Bell' and 'PAID By Hazel Correa'.

1949-1953

RECORD AND BILL OF ITEMS

Yearly No. 45

FOR THE FUNERAL OF

Total to date 2/67

Albert J. Peters

Residence 321 Atlantic Ave, Buckroe Beach Va Age of husband or wife if alive

Place of Death Nantuxet Sound in boat Wife or Widow of Rosa Lee Peters

Date of Birth 1 889 Feb 2

Date of Death 1950 July 17

Age 61 Years 5 Months 15 Days Sex Single Color or Race

Birth-place Matthews Co Va Occupation Captains Commercial Fishermen

Name of Father Thomas J. Peters His Birth-place Unknown Date of Entry

Maiden Name of Mother Odelia Pratt Her Birth-place Sudden death Secondary Heart Disease

Cause of Death Primary Sudden death Secondary Heart Disease Certifying Physician Folger Med Es

Place of Burial Hampton Va Cemetery Oakland Residence Coronary thrombosis

Funeral Service at Lot No.

Time of Service Grave No.

Date of Interment July 20/50 Section

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

Casket No.	Candles	
Size Made by	Gloves	
Interior No.	Bearers	
Handles	Hearse to	
Plate	Removal	
Outside Box or Vault	Automobiles	
Garment	Newspaper Notices	
Slippers	Removals Preparation	
Embalming	Casket Outside Case & obtaining necessary paper	125 00
Washing and Dressing	Transportation Charges	71 62
Shaving	Officiating Clergyman	
Services	Amount of Bill	196 62
Use of Chairs	Goods Ordered by Laurena B Wood	
Church Charges	Bill Charged to	
Cemetery Charges		
Music		
Flowers		

DR.		CR.	
Shipped to Laurena B Wood Hampton Va tel 7251		July 31	1950 Check 196 62
		<b>PAID</b>	
		By Laurena B Wood	

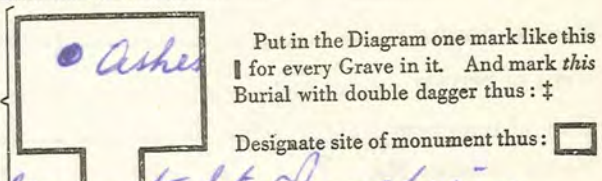
# RECORD AND BILL OF ITEMS

Yearly No. 46

FOR THE FUNERAL OF

Total to date 216.8

Residence 1139 Grant St Indiana Pa Age of husband or wife if alive..... years  
 Place of Death Indiana Co Hosp Wife or Widow of Frank Jr Muddock  
 Date of Birth 1 968 Apr 7 Sex .....  
(Year) (Month) (Day) Age { 81 Years { Sex .....  
 Date of Death 19 50 Jan 31 Single .....  
(Year) (Month) (Day) { 9 Months { Color or Race .....  
 Maiden Name ..... { 24 Days { Married .....  
 Birth-place Nantucket Occupation Housework Date of Entry.....  
 Name of Father George Henry Gardner His Birth-place Nant Date of Disch.....  
 Maiden Name of Mother Caroline Swain Her Birth-place Nant Rank.....  
 Cause of Death—Primary Cerebral Hem Secondary..... Vet's Organization No.....  
 Certifying Physician ..... Residence.....  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at ..... Lot No. 169  
 Time of Service ..... Grave No. ....  
 Date of Interment July 20 1950 Section.....  
 Social Security No. Mrs Dorothy Muddock 159 Grant St Indiana



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

DR.		CR.	
		<u>Nov 20 50</u>	<u>Check</u>
			<u>10 00</u>

PAID  
By Dorothy Muddock



# RECORD AND BILL OF ITEMS

Yearly No. 47

FOR THE FUNERAL OF

Total to date 2169

Carl F. Schroeder

Residence 240 South St. Quincy Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Surfside in Ocean Wife or Widow of \_\_\_\_\_

Date of Birth 1 (Year) 1950 (Month) July (Day) 19 (Day) Age about 58 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1950 (Year) July (Month) 19 (Day) Age \_\_\_\_\_ Months { Single  Married \_\_\_\_\_

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

Birth-place Greenfield N.H. Occupation Electrician Date of Entry \_\_\_\_\_

Name of Father Carl Schroeder His Birth-place Schwerin Germany Date of Disch. \_\_\_\_\_

Maiden Name of Mother Frances S. Fitch Her Birth-place Greenfield N.H. Rank \_\_\_\_\_

Cause of Death—Primary Sudden death Secondary Heart disease Vet's Organization No. \_\_\_\_\_

Certifying Physician Folger Med. Co. Residence Coronary thrombosis in Ocean

Place of Burial Greenfield N.H. Cemetery Greenville

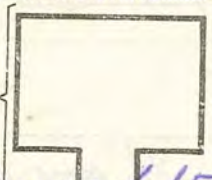
Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_

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

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

Social Security No. Mrs. Edwin Bretts 36 Oakwood St. 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 No. <u>115</u> <u>12</u>	<u>195 00</u>	Candles <u>Song Branch N.H.</u>	
Size _____ Made by _____		Gloves _____	
Interior No. _____		Bearers _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>30 00</u>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____			
Embalming <u>of services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>10 00</u>	<u>Toll Calls</u>	<u>8 55</u>
Use of Chairs _____		Transportation Charges	<u>25 51</u>
Church Charges _____		Officiating Clergyman	<u>285 00</u>
Cemetery Charges _____		Amount of Bill	<u>320 06</u>
Music _____		Goods Ordered by <u>Mrs. Edwin Bretts</u>	
Flowers _____		Bill Charged to _____	

DR.

285.00

CR.

<u>Shipped to</u>	<u>Oct. 21</u>	<u>50 check</u>	<u>320 00</u>
<u>Woodbury Funeral Home</u>			
<u>Nine Street</u>			
<u>Peterborough N.H.</u>			
		<b>PAID</b>	
		<u>By</u>	
		<u>Mrs. Edwin Bretts</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 48

FOR THE FUNERAL OF

Total to date 2170.

*William J. Chittenden Jr.*

Residence Hotel Brook Cadillac Detroit Age of husband or wife if alive..... years

Place of Death Bayton Road Sea Forest Wife or Widow of May Stevens

Date of Birth 1 874 Feb 21 { 76 Years { Sex ..... } Color or Race

Date of Death 19 50 July 25 { Age { 4 Months { Single ..... }

Maiden Name ..... { 4 Days { Married  ..... }

Birth-place Watertown N.Y. Occupation Hotel Administrator Date of Entry.....

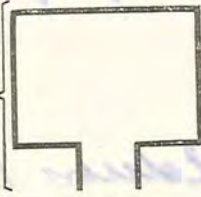
Name of Father William J. Chittenden His Birth-place Detroit Military Service Record

Maiden Name of Mother Mrs. Williams Her Birth-place Detroit Rank.....

Cause of Death—Primary Coronary Infarct Secondary Arteriosclerosis Vet's Organization No.....

Certifying Physician Monagh Residence Cornwall Avenue

Place of Burial Detroit Cemetery Woodlawn

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. May J. Chittenden

Casket No. <u>2097</u>	<u>385 00</u>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	<u>30 00</u>	Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman	
Washing and Dressing		Amount of Bill	<u>505 00</u>
Shaving		Goods Ordered by <u>Mrs. Chittenden</u>	
Services <u>Transfer</u>	<u>15 00</u>	Bill Charged to	
Use of Chairs			
Church Charges <u>Funeral for Chapel</u>	<u>25 00</u>		
Cemetery Charges			
Music			
Flowers			

DR.

505.00

CR.

			<u>Sept 26</u>	<u>1950 Check</u>	<u>505 00</u>

1949-1953

RECORD AND BILL OF ITEMS

Yearly No. 49

FOR THE FUNERAL OF

Total to date 2171

Alice M. Folger

Residence 25 Cliff Road 154M Age of husband or wife if alive 94 years

Place of Death W 4 4 Wife or Widow of Clifford Folger

Date of Birth 1 856 June 18 (Year) (Month) (Day) Age { 94 Years { Sex Female Color or Race White

Date of Death 1950 July 30 (Year) (Month) (Day) Age { 1 Months { Single

Maiden Name Brooklyn N.Y. Occupation Homemaker Married

Birth-place Brooklyn N.Y. Occupation Homemaker Date of Entry

Name of Father Fisher C. Hartshorn His Birth-place Foxboro Date of Disch.

Maiden Name of Mother Maria Her Birth-place ? Rank

Cause of Death—Primary Chronic Myo. Secondary Senility Vet's Organization No.

Certifying Physician Sewer Residence

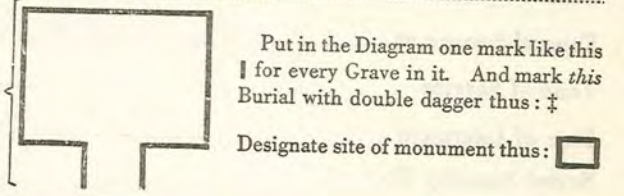
Place of Burial Nantucket Cemetery PH

Funeral Service at PH Lot No. 771

Time of Service Aug 2 Grave No.

Date of Interment Aug 2 Section

Social Security No. Ethel J. Conrad



Casket No. <u>115</u>	<u>195 00</u>	Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment		Newspaper Notices	<u>1 00</u>
Slippers		Telegram	<u>99</u>
Embalming <u>for services</u>	<u>50 00</u>	Transportation Charges	
Washing and Dressing		Officiating Clergyman <u>Thompson</u>	<u>10 00</u>
Shaving		Amount of Bill	<u>336 99</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>20 00</u>		
Music			
Flowers			

DR. 325.00

CR.

			<u>Sept 29 1950 Check</u>	<u>336 99</u>
PAID				
By H. Murray Conrad				

RECORD AND BILL OF ITEMS

Yearly No. 50

FOR THE FUNERAL OF

Total to date 2172

Paul M. Turner  
Residence 108 - East 34th St. N.Y. Age of husband or wife if alive..... years  
Place of Death Nursing Home Greenwood Wife or Widow of Maudie Sperry  
Date of Birth 1 (Year) 1 (Month) 1 (Day) Age 80 Years Sex Male Color or Race White  
Date of Death 19 (Year) 50 (Month) 10 (Day) Months 0 Single Married  
Maiden Name.....  
Birth-place Elgin Ill. Occupation Attorney Date of Entry.....  
Name of Father Daniel Turner His Birth-place Ill. Date of Disch.....  
Maiden Name of Mother Sophia Pruzinger Her Birth-place Ohio Rank.....  
Cause of Death—Primary..... Secondary..... Vet's Organization No.....  
Certifying Physician..... Residence.....  
Place of Burial Mount Cemetery P.H.  
Funeral Service at..... Lot No. 1109  
Time of Service..... Grave No.....  
Date of Interment..... Section.....  
Social Security No.....

Casket No. ....	Candles .....
Size..... Made by.....	Gloves .....
Interior No.....	Bearers .....
Handles .....	Hearse to .....
Plate .....	Removal.....
Outside Box or Vault .....	Automobiles.....
Garment .....	Newspaper Notices.....
Slippers .....	<u>Interment of Ashes</u> .....
Embalming.....	Transportation Charges.....
Washing and Dressing .....	Officiating Clergyman <u>Dumper</u> .....
Shaving .....	Amount of Bill..... <u>10 00</u>
Services.....	Goods Ordered by.....
Use of Chairs.....	Bill Charged to <u>Mrs Turner</u> .....
Church Charges.....	
Cemetery Charges.....	
Music.....	
Flowers .....	

DR.				CR.	
			<u>Sept 14</u>	<u>1950 Check</u>	<u>10 00</u>
				<b>PAID</b>	
				<u>By Mrs Turner</u>	

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 51

FOR THE FUNERAL OF

Total to date 2173

Geraldine J Chase

Residence 37 Easton St. 14 yrs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death M. C. H. 2 mos 10 days Wife or Widow of Benson Chase

Date of Birth 1 907 Sept. 13 (Year) (Month) (Day) Age { 42 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 19 50 Aug 7 (Year) (Month) (Day) { 10 Months { Single \_\_\_\_\_ {

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

Birth-place Sowell Mass Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father Alger Sarochelle His Birth-place Sowell Date of Disch. \_\_\_\_\_

Maiden Name of Mother Genevieve Belisle Her Birth-place Sowell Rank \_\_\_\_\_

Cause of Death—Primary Bran tumor Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

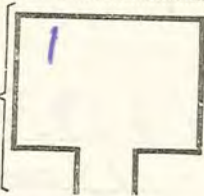
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 791

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

Date of Interment Aug 9 th. 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 No. <u>1157</u>	<u>235 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Paris</u>	<u>25 00</u>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____			
Embalming <u>J. Surico</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>10 00</u>		
Use of Chairs _____		Transportation Charges _____	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman _____	
Cemetery Charges _____	<u>20 00</u>	Amount of Bill _____	<u>365 00</u>
Music _____		Goods Ordered by <u>Benson Chase</u>	
Flowers _____		Bill Charged to _____	

DR.

365.00

CR.

				<u>Nov. 10.</u>	<u>50 Check</u>	<u>3 00 00</u>
					<u>Gratuity</u>	<u>65 00</u>
						<u>365 00</u>
					<b>PAID</b>	
					<u>By Benson Chase</u>	

RECORD AND BILL OF ITEMS

Yearly No. 5253

FOR THE FUNERAL OF

Total to date 2174.

*Geraldine J. Chase* **Albert M. Carey**

Residence 37 Easton St. 23rd West 150, W. St. N.Y. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 22nd 9 days Wife or Widow of Geraldine J. Chase

Date of Birth 1-9-07 (Year) Sept (Month) 13 (Day) 65 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 19-50 (Year) Aug (Month) 9 (Day) Age 18 Months Single \_\_\_\_\_

Maiden Name Plattsfield N.Y. 25 Days Married \_\_\_\_\_

Birth-place Sweet Main Occupation Chaplain Date of Entry \_\_\_\_\_

Name of Father Alfred J. Carey His Birth-place New York Date of Disch. \_\_\_\_\_

Maiden Name of Mother Gladstone Beahle Her Birth-place Sweet Rank \_\_\_\_\_

Cause of Death—Primary Brain tumor Secondary Acute Heart failure myo with Vet's Organization No. \_\_\_\_\_

Certifying Physician Cassadaga Engle Residence Cardiac enlargement Influenza

Place of Burial New York Cemetery Woodlands

Funeral Service at \_\_\_\_\_ Lot No. 791

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

Date of Interment Aug 12 1950 Section \_\_\_\_\_

Social Security No. Benson Chase Kathryn Minshall

Military Service Record

Put in 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 No. <u>1157</u>	<u>235 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>30 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman	
Washing and Dressing _____		Amount of Bill	
Shaving _____		Goods Ordered by _____	
Services <u>Transfer</u>	<u>10 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges _____			
Music _____			
Flowers _____			
	<u>325.00</u>		

DR.

325.00

CR.

				<u>Nov. 10. 50</u>	<u>Check</u>	<u>325.00</u>

PAID

By Mrs. Kathryn Minshall

# RECORD AND BILL OF ITEMS

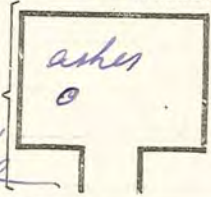
Yearly No. 5252

FOR THE FUNERAL OF

Total to date 2175

*William R. Harshe*

Residence 200 East Delaware, Chicago Ill  
 Place of Death St Lukes Hosp Chicago Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth 1 50 Jan 7 Wife or Widow of Mildred Lawrence Harshe  
 Date of Death 19 Age { 41 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 4 Months { Single \_\_\_\_\_  
 (Year) (Month) (Day) { 17 Days { Married   
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket Occupation Public Relations Date of Entry \_\_\_\_\_  
 Name of Father Robert B Harshe His Birth-place Salsbury Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Marie J. Reed Her Birth-place Boston Rank \_\_\_\_\_  
 Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Aug 10. Nant. Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Aug 10 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 No. _____	Candles _____	
Size _____ Made by _____	Gloves _____	
Interior No. _____	Bearers _____	
Handles _____	Hearse to _____	
Plate _____	Removal _____	
Outside Box or Vault _____	Automobiles _____	
Garment _____	Newspaper Notices _____	
Slippers _____	<i>Interment of Ashes</i>	<i>10 00</i>
Embalming _____		
Washing and Dressing _____		
Shaving _____		
Services _____		
Use of Chairs _____	Transportation Charges _____	
Church Charges _____	Officiating Clergyman <i>Johnson</i>	
Cemetery Charges _____	Amount of Bill _____	<i>10 00</i>
Music _____	Goods Ordered by <i>Mrs Harshe</i>	
Flowers _____	Bill Charged to _____	

DR.				CR.	
		<i>Oct 13</i>	<i>1950 Check</i>	<i>10 00</i>	

**PAID**  
*By Mrs Harshe*

RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

Total to date 2176

*Allison Holmes*

Residence *13 East Dover* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *Great Point Rip.* Wife or Widow of *Rose Breault*

Date of Birth *1* *Oct. 9.* (Month) (Day) Age *52* Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death *19.50 Aug 13* (Year) (Month) (Day) Age *10* Months Single \_\_\_\_\_

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

Birth-place *Shelburne Nova Scotia* Occupation *Fisherman* Date of Entry \_\_\_\_\_

Name of Father *Howard Holmes* His Birth-place *Nova Scotia* Date of Disch. \_\_\_\_\_

Maiden Name of Mother *Stetson* Her Birth-place " " Rank \_\_\_\_\_

Cause of Death—Primary *Sudden death* Secondary *Coronary thrombosis* Veteran's Organization No. \_\_\_\_\_

Certifying Physician *Folger Med Ex* Residence *lost balance falling on water of*

Place of Burial *Mohrstreet* Cemetery *P.H.* *Great Point*

Funeral Service at \_\_\_\_\_ Lot No. *1167 Single 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 *Aug 15.* Section \_\_\_\_\_

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

Casket No. <i>170</i>	<i>265.00</i>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <i>None</i>	<i>25.00</i>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		<i>Single Grave</i>	<i>15.00</i>
Embalming <i>Services</i>	<i>50.00</i>		
Washing and Dressing _____			<i>385.00</i>
Shaving _____		Transportation Charges	
Services _____		Officiating Clergyman <i>Johnson</i>	
Use of Chairs _____		Amount of Bill	<i>400.00</i>
Church Charges <i>Funeral</i>	<i>25.00</i>	Goods Ordered by <i>Mrs Holmes</i>	
Cemetery Charges	<i>20.00</i>	Bill Charged to _____	
Music _____			
Flowers _____			
	<i>385.00</i>		

DR. *385.00* CR.

				<i>Oct 5, 1950</i>	<i>Cash</i>	<i>400.00</i>
					<b>PAID</b>	
					<i>By</i>	
					<i>Mrs Holmes</i>	



# RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date 2177

Ida Cathcart

Residence 43 Orange St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 43 Orange St. Wife or Widow of \_\_\_\_\_

Date of Birth 1863 Dec 15 (Year) (Month) (Day) Age { Years { Sex \_\_\_\_\_ { Color or Race  
 { Months { Single  {  
 { Days { Married \_\_\_\_\_ {

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

Birth-place Nantucket Occupation None Date of Entry \_\_\_\_\_

Name of Father James F. Cathcart His Birth-place Nantucket Date of Disch. \_\_\_\_\_

Maiden Name of Mother Charlotte M. Coon Her Birth-place Nant. Rank \_\_\_\_\_

Cause of Death—Primary Heart disease Secondary Coronary thrombosis Vet's Organization No. \_\_\_\_\_

Certifying Physician Folger Med Ex Residence found on kitchen floor

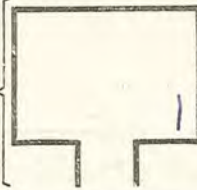
Place of Burial Nant Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 428

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

Date of Interment Gilbert Mantel 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 No. <u>110</u>	<u>135 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>None</u>	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____			
Embalming	<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>Thompson</u>	
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>245 00</u>
Music _____		Goods Ordered by <u>Gilbert Mantel</u>	
Flowers _____		Bill Charged to _____	

DR.

245.00

CR.

				<u>Oct. 17</u>	<u>50. Cash</u>	<u>245 00</u>

**PAID**  
By Gilbert Mantel

# RECORD AND BILL OF ITEMS

Yearly No. 56

FOR THE FUNERAL OF

Total to date 2178

Frederick Humphreys

Residence South Hampton, S. I. N. Y. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Nantucket Sound Wife or Widow of Eleanor Hamblin

Date of Birth 1 (Year) Oct (Month) 16 (Day) Age { 59 Years { Sex Separated Color or Race \_\_\_\_\_

Date of Death 19 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) Age { 8 Months { Single \_\_\_\_\_

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

Birth-place Marristown N. Y. Occupation owner of Humphreys Drug Paraphernalia Date of Entry \_\_\_\_\_

Name of Father Frederick H. Humphreys His Birth-place Auburn N. Y. Date of Disch. \_\_\_\_\_

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

Cause of Death—Primary Accidental drowning in Nant Sound Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

Certifying Physician Folger, med. Ex. Residence Found on Tuckermuck Aug 17 by

Place of Burial Cremated at Forest Hills, Aug 21. Edw. Coffin

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

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

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

Social Security No. Sandon Humphreys West Tisbury



Put in 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 No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Interior No. _____	Bearers _____
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault _____	Automobiles _____
Garment _____	Newspaper Notices _____
Slippers _____	<u>Removals Preparation</u>
Embalming _____	<u>Casket Outside Case &amp;</u>
Washing and Dressing _____	<u>Obtaining Necessary papers</u> 150 00
Shaving _____	<u>Cremation Expenses</u> 100 00
Services _____	Transportation Charges 12 35
Use of Chairs _____	Officiating Clergyman <u>Full Call</u> 65
Church Charges _____	Amount of Bill 263 00
Cemetery Charges _____	Goods Ordered by <u>Sandon Humphreys</u>
Music _____	Bill Charged to _____
Flowers _____	

DR.

CR.

	<u>Mrs. Frederick Humphreys</u>	<u>July</u>	<u>10.</u>	51 Check	150 00
	<u>Sitchfield Conn.</u>	<u>Sept.</u>	<u>19</u>	" " "	163 00
<b>PAID</b>					
By <u>Miss Frances A. Humphreys</u>					
<u>Sister</u>					
<u>Panther Camp.</u>					
<u>Adirondack League Club</u>					
<u>Old Forge, N. Y.</u>					

1949-1953

# RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 2179

Yearly No. 57

Claudia Joy Junis

Residence 8 No. Water St 1 yr Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Edward A. Junis

Date of Birth 1 Dec 11 Age { 69 Years Sex Separated Color or Race \_\_\_\_\_

Date of Death 19 50 Aug 18 Age { 8 Months Single \_\_\_\_\_

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

Birth-place Philadelphia Pa Occupation Hostess Date of Entry \_\_\_\_\_

Name of Father De Boss Lenox His Birth-place \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Maiden Name of Mother Etta Roberts Her Birth-place \_\_\_\_\_ Rank \_\_\_\_\_

Cause of Death—Primary Cerebral Hem. Secondary arterial hypertension Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nantux Cemetery PH Lot No. 872

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

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

Date of Interment Aug 21 Social Security No. \_\_\_\_\_

Edward Junis 27 Plymouth Rd Long Meadow 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 No. <u>110</u>	<u>135 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>of Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>5 00</u>		
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>20 00</u>		
Music _____			
Flowers _____			
	<u>260 00</u>		

1/2 Lot No 872 30 00

260 00

Transportation Charges \_\_\_\_\_

Officiating Clergyman Johnson

Amount of Bill 290 00

Goods Ordered by Edw Junis

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

DR.

CR.

				<u>Sept 8 1950 Check</u>	<u>290 00</u>
				<b>PAID</b>	
				<u>By</u>	
				<u>Edward Junis</u>	

RECORD AND BILL OF ITEMS

Yearly No. 58

FOR THE FUNERAL OF

Total to date 2180

Baby Girl Drew

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

Place of Death M. C. H. Stillborn Wife or Widow of .....

Date of Birth 1 (Year) (Month) (Day) Age { 0 Years { Sex ..... Color or Race
Date of Death 19 50 Aug 25 (Year) (Month) (Day) { 00 Months { Single .....
Maiden Name ..... Days { Married .....

Birth-place Nantucket Occupation None Date of Entry .....

Name of Father John Drew His Birth-place Pittsburgh, Pa. Military Service Record Date of Disch. ....

Maiden Name of Mother Frances Love Her Birth-place " Rank .....

Cause of Death—Primary Premature Secondary separations of Placenta Vet's Organization No. ....

Certifying Physician Menges Residence .....

Place of Burial Pittsburgh, Pa. Cemetery .....

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 ..... Designate site of monument thus: [ ]

Social Security No. John Drew 6550 Beacon St. Pittsburgh 17, Pa.

Table with columns for Casket No., Size, Interior No., Handles, Plate, Outside Box or Vault, Garment, Slippers, Embalming, Washing and Dressing, Shaving, Services, Use of Chairs, Church Charges, Cemetery Charges, Music, Flowers, Candles, Gloves, Bearers, Hearse to, Removal, Automobiles, Newspaper Notices, Transportation Charges, Officiating Clergyman, Amount of Bill, Goods Ordered by, Bill Charged to. Includes handwritten entries like 'toll calls', 'Removals Preparation', 'Shipping Case of securing papers', 'Aut Express', 'John Drew'.

Table with columns for DR. and CR. Includes handwritten entry: Sept 1, 1950 Check 28 92, and a large 'PAID' stamp with signature 'By John Drew'.

# RECORD AND BILL OF ITEMS

Yearly No. 69

FOR THE FUNERAL OF

Total to date 2181

*Sarah Estelle (Knapp) Fitch*

Residence 50 Garden St. Cambridge Age of husband or wife if alive \_\_\_\_\_ years

Place of Death on beach at Dionis Wife or Widow of Stanley G. H. Fitch

Date of Birth 1 Sept 18 Age 67 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)  
 Date of Death 1950 Aug 25 \_\_\_\_\_ Months \_\_\_\_\_  
 (Year) (Month) (Day) Single \_\_\_\_\_  
 Days \_\_\_\_\_ Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birth-place New York City Occupation None Date of Entry \_\_\_\_\_

Name of Father George E. Knapp His Birth-place Conn. Date of Disch. \_\_\_\_\_

Maiden Name of Mother Habel Murray Her Birth-place \_\_\_\_\_ Rank \_\_\_\_\_

Cause of Death—Primary Sudden death Secondary Heart disease Vet's Organization No. \_\_\_\_\_

Certifying Physician Folger Med. Co. Residence Coronary thrombosis

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

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

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

Date of Interment Aug 27 Section \_\_\_\_\_

Social Security No. Stanley G. H. Fitch \_\_\_\_\_



Casket No. <u>435.7"</u>	<u>335 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<u>185 00</u>	Automobiles <u>Pearce 3</u>	<u>30 00</u>
Garment _____		Newspaper Notices	<u>49 00</u>
Slippers _____		Washing and Dressing	<u>640 00</u>
Embalming <u>deServices</u>	<u>50 00</u>	Shaving _____	
Washing and Dressing _____		Services <u>Transfer</u>	<u>15 00</u>
Shaving _____		Use of Chairs _____	
Services _____	<u>15 00</u>	Church Charges <u>Funeral</u>	<u>25 00</u>
Use of Chairs _____		Cemetery Charges	<u>20 00</u>
Church Charges _____	<u>25 00</u>	Music <u>Cantata fused Devis + mat</u>	<u>10 00</u>
Cemetery Charges _____	<u>20 00</u>	Flowers _____	
Music _____	<u>10 00</u>		
Flowers _____			
	<u>640.00</u>		

DR.				CR.			
Jan 19		<u>Pd K. N. Pearce Cash</u>	<u>30 00</u>	Jan 19		<u>51. Check</u>	<u>719 00</u>

RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to date 2150

*Emelyn J. Medeiros*

Residence 20 Centre St. Age of husband or wife if alive..... years

Place of Death N. C. H. 4 days Wife or Widow of Antone M. Medeiros

Date of Birth 1 892 Feb 1 (Year) (Month) (Day) Age { 58 Years { Sex ..... { Color or Race

Date of Death 19 50 Aug 26 (Year) (Month) (Day) Age { 6 Months { Single ..... {

Maiden Name ..... Age { 25 Days { Married ..... {

Birth-place Nantucket Occupation Proprietor Date of Entry.....

Name of Father Philip Murray His Birth-place Graciosa Azores Date of Disch.....

Maiden Name of Mother Marianna Seteis Her Birth-place Nant. Rank.....

Cause of Death—Primary Carcinoma of Secondary Gall Bladder Vet's Organization No.....

Certifying Physician Menges Residence.....

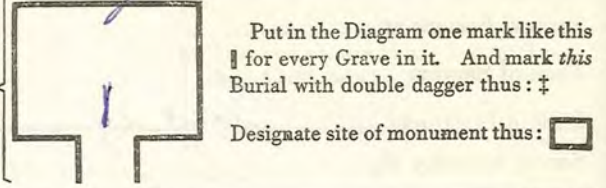
Place of Burial Nantucket Cemetery St. Marys

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

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

Date of Interment Aug 29 Section.....

Social Security No. Antone Medeiros



Casket No. <u>1797 Solid</u>	<u>535 00</u>	Candles .....	
Size..... Made by.....		Gloves .....	
Interior No.....		Bearers .....	
Handles .....		Hearse to .....	
Plate .....		Removal.....	
Outside Box or Vault .....	<u>185 00</u>	Automobiles.....	
Garment .....		Newspaper Notices.....	
Slippers .....			
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing .....			
Shaving .....			
Services <u>Transfer</u>	<u>10 00</u>		
Use of Chairs .....		Transportation Charges.....	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Fitzgerald</u>	
Cemetery Charges.....	<u>20 00</u>	Amount of Bill.....	<u>825 00</u>
Music.....		Goods Ordered by <u>Antone Medeiros</u>	
Flowers .....		Bill Charged to .....	

DR. 825.00 CR.

				<u>Nov. 18 1950 Cash</u>	<u>825 00</u>

PAID  
By Antone Medeiros.

# RECORD AND BILL OF ITEMS

Yearly No. 61

FOR THE FUNERAL OF

Total to date 2.193

*Augustas L. B. Fisher*

Residence 41 Centre St Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Taunton State Hosp Wife or Widow of Lucy A. Masterson

Date of Birth 1 872 Oct 28 Age 78 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 10 Months { Single \_\_\_\_\_  
 (Year) (Month) (Day) { \_\_\_\_\_ Days { Married

Maiden Name \_\_\_\_\_ Occupation Carpenter & Antiques dealer

Birth-place Nantucket His Birth-place Nant. Date of Entry \_\_\_\_\_

Name of Father Washington D. Fisher Her Birth-place Cape Cod Date of Disch. \_\_\_\_\_

Maiden Name of Mother Agulsta W. Baker Cause of Death—Primary Uremia Secondary \_\_\_\_\_

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

Place of Burial Nant. Cemetery P.H.

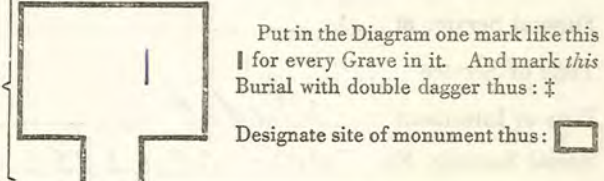
Funeral Service at \_\_\_\_\_ Lot No. 229

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

Date of Interment Aug 31, 1950 Section \_\_\_\_\_

Social Security No. Lucy A. Fisher

Military Service Record



Casket No. <u>1097</u>	<u>350 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>None</u>	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		<u>Paid Taunton F.D.</u>	<u>50 00</u>
Embalming <u>Transpa</u>	<u>5 00</u>		
Washing and Dressing _____			
Shaving _____			
Services _____	<u>10 00</u>		
Use of Chairs _____		Transportation Charges	<u>10 78</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Dr. Gerber</u>	<u>425 00</u>
Cemetery Charges <u>Opening &amp; Sealing</u>	<u>11 00</u>	Amount of Bill	<u>485 78</u>
Music _____		Goods Ordered by <u>Mrs Fisher</u>	
Flowers _____		Bill Charged to _____	

DR. 425.00

CR.

			<u>Nov. 5 1950</u>	<u>Check</u>	<u>485 78</u>
<b>PAID</b>					
<u>By Lucy A. Fisher Adm.</u>					

## RECORD AND BILL OF ITEMS

Yearly No. 62

FOR THE FUNERAL OF

Total to date 2180

*Harry B. Simmons*

Residence 10 Mt. Vernon St. N.Y.C. Age of husband or wife if alive..... years

Place of Death N.Y.C. 15 days Wife or Widow of Hazel Reynolds

Date of Birth 1 882 Aug 10 (Year) (Month) (Day) Age { 68 Years { Sex..... { Color or Race

Date of Death 1950 Sept 3 (Year) (Month) (Day) { 0 Months { Single..... {

Maiden Name..... { 24 Days { Married..... {

Birth-place Dunbury, Mass. Occupation Salesman Date of Entry.....


Name of Father Harvey B. Simmons His Birth-place Dunbury Military Service Record Date of Disch.....

Maiden Name of Mother Lillian H. Peterson Her Birth-place..... Rank.....

Cause of Death—Primary Pulmonary Embolism Secondary Mitral regurgitation; Nephritis Vet's Organization No.....

Certifying Physician Folger Residence.....

Place of Burial Nash Cemetery P.H.

Funeral Service at..... Lot No. 872  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 Sept 5 Section..... Designate site of monument thus:

Social Security No. 015-09-3950 A Lester Simmons

Casket No. <u>170</u>	<u>265 00</u>	Candles.....	
Size..... Made by.....		Gloves.....	
Interior No.....		Bearers.....	
Handles.....		Hearse to.....	
Plate.....		Removal.....	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles <u>Pearse 2</u>	<u>10 00</u>
Garment.....		<u>Wood 1</u>	<u>5 00</u>
Slippers.....		Newspaper Notices.....	
Embalming <u>Services</u>	<u>50 00</u>	<u>1/2 Ad No. 872</u>	<u>30 00</u>
Washing and Dressing.....			
Shaving <u>Transfer</u>	<u>5 00</u>		<u>390 00</u>
Services.....		Transportation Charges.....	
Use of Chairs.....		Officiating Clergyman <u>Johnson</u>	<u>10 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill.....	<u>445 00</u>
Cemetery Charges.....	<u>20 00</u>	Goods Ordered by <u>Mrs Simmons</u>	
Music.....		Bill Charged to.....	
Flowers.....			

DR. 390.00 CR.

			<u>Oct 10</u>	<u>1950 Cash</u>		<u>445 00</u>	
			<u>" 11</u>	<u>pd. Pearse</u>		<u>10 00</u>	
			<u>" 12</u>	<u>" Wood</u>		<u>5 00</u>	

PAID

By Mrs Simmons



# RECORD AND BILL OF ITEMS

Yearly No. 63

FOR THE FUNERAL OF

Total to date 2185

Mary De Rosa Reis

Residence 8 Eagle Lane 45 yrs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 1 day Wife or Widow of \_\_\_\_\_

Date of Birth 1 897 June 14 Age { 53 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 2 Months { Single   
 Date of Death 1950 Sept 8 (Year) (Month) (Day) { 25 Days { Married \_\_\_\_\_

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

Birth-place Fall River Occupation Housework Date of Entry \_\_\_\_\_

Name of Father Manuel De Rosa Reis His Birth-place St. Johns Azores Date of Disch. \_\_\_\_\_

Maiden Name of Mother Mary A. Sylvano Her Birth-place \_\_\_\_\_ Rank \_\_\_\_\_

Cause of Death—Primary Sudden Death Secondary Central Hem. Vet's Organization No. \_\_\_\_\_

Certifying Physician Folan Med Exp Residence \_\_\_\_\_

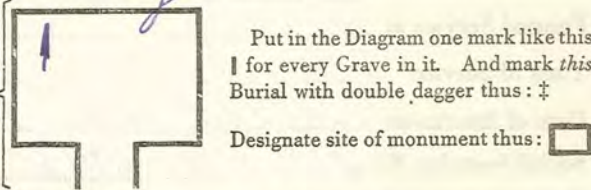
Place of Burial Nantucket Cemetery St. Mary's

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

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

Date of Interment Sept. 11. 1950 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Manuel Reis



Casket No. <u>115<sup>12</sup></u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	<u>185 00</u>	Automobiles <u>Pearl 3 00</u>	
Garment _____		<u>Chester Barnett 2 10 00</u>	
Slippers _____		Newspaper Notices _____	
Embalming <u>of Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>5 00</u>		<u>4 00 00</u>
Use of Chairs _____		Transportation Charges _____	
Church Charges _____		Officiating Clergyman <u>Shawilton</u>	
Cemetery Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill _____	<u>493 00</u>
Music _____	<u>20 00</u>	Goods Ordered by <u>Mrs Reis</u>	
Flowers _____		Bill Charged to _____	

DR.

480.00

CR.

			<u>Oct 4</u>	<u>1950 Cash</u>	<u>493 00</u>

**PAID**  
*albert*  
 By *Mrs Johnson*

# RECORD AND BILL OF ITEMS

Yearly No. 64

FOR THE FUNERAL OF

Total to date 2186

Arthur H. Grainier

Residence 73-4 th St Bangor Me. Age of husband or wife if alive.....

Place of Death Gordon Folger Hotel Wife or Widow of Alice Stone

Date of Birth 1 896 Oct 8 (Year) (Month) (Day) Age 53 53 Years { Sex ..... } Color or Race {

Date of Death 19 50 Sept 11 (Year) (Month) (Day) Age 11 Months { Single ..... } {

Maiden Name ..... Age 3 Days { Married ..... }

Birth-place England Occupation Pastry Cook Date of Entry.....

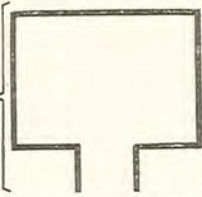
Name of Father Noah Grainier His Birth-place Birmingham Date of Disch. England

Maiden Name of Mother Clara Ann Lee Her Birth-place " " Rank.....

Cause of Death—Primary Conjunctive heart Secondary disease Vet's Organization No.....

Certifying Physician M Engle Residence.....

Place of Burial Millinocket Me. Cemetery St Martins

Funeral Service at ..... Lot No. 

Time of Service ..... Grave No. Put in the Diagram one mark like

Date of Interment Sept 14 1950 Section..... Burial with double dagger thus :

Social Security No. 108-01-6018 Designate site of monument thus :

Casket No. ....	Candles .....
Size..... Made by.....	Gloves .....
Interior No. ....	Bearers .....
Handles .....	Hearse to .....
Plate .....	Removal.....
Outside Box or Vault .....	Automobiles.....
Garment .....	Newspaper Notices.....
Slippers .....	<u>Removals Preparations</u>
Embalming.....	<u>Casket outside Case</u>
Washing and Dressing .....	<u>Securing Necessary papers</u> 100
Shaving .....	Transportation Charges.....
Services .....	Officiating Clergyman.....
Use of Chairs .....	Amount of Bill.....
Church Charges.....	Goods Ordered by <u>John J. Kelleher &amp; Sons</u>
Cemetery Charges.....	Bill Charged to .....
Music.....	
Flowers .....	

DR.

CR.

	<u>Shipped to</u>	<u>10/22 52</u>	<u>check</u>	<u>84</u>
	<u>John J. Kelleher &amp; Sons</u>		<u>Amount allowed by Probate</u>	
	<u>119 Cedar St</u>			
	<u>Bangor Me.</u>			
			<b>PAID</b>	
			<u>By Abraham J. Stone</u>	
			<u>50 Columbia St</u>	
			<u>Bangor Maine</u>	

1949-1953

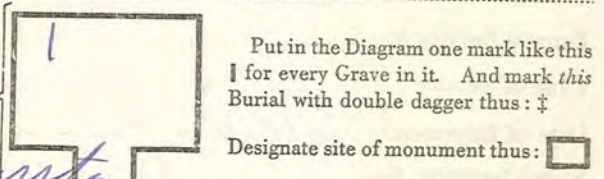
# RECORD AND BILL OF ITEMS

Yearly No. 65

FOR THE FUNERAL OF

Total to date 2187

Residence 25 Liberty St Samuel Leo Thurston  
 Place of Death M.C.H. 8 days Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth 1892 June 24 Wife or Widow of Lillian A Wood  
 Date of Death 1950 Sept 14 Age { 58 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
                   (Year) (Month) (Day)                    { 2 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_                            { 21 Days { Married \_\_\_\_\_  
 Birth-place Nantucket Occupation U.S. Postal Clerk Date of Entry \_\_\_\_\_  
 Name of Father Samuel Thurston His Birth-place Ward Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Bridget Barry Her Birth-place London Eng Vet's Organization No. \_\_\_\_\_  
 Cause of Death—Primary Coronary Artery Secondary disease  
 Certifying Physician Cassady Residence Arteriosclerosis  
 Place of Burial Nant Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 604  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Sept 18 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Lillian A Thurston



Casket No. <u>1707</u>	<u>285 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	<u>185 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>of services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>10 00</u>		
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Fitzgerald</u>	
Cemetery Charges _____	<u>20 00</u>	Amount of Bill	<u>575 00</u>
Music _____		Goods Ordered by <u>Lillian Thurston</u>	
Flowers _____		Bill Charged to _____	

DR.

575.00

CR.

		<u>Jan. 9</u>	<u>1951 Check</u>	<u>575 00</u>
			<b>PAID</b>	
			<u>By Lillian Thurston</u>	

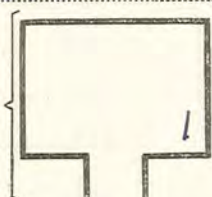
# RECORD AND BILL OF ITEMS

Yearly No. 66

FOR THE FUNERAL OF

Total to date 2188

Residence 67 Centre Street Emma F. Haywood. Age of husband or wife if alive.....ye  
 Place of Death 35 Pine Wife or Widow of William F. Haywood  
 Date of Birth 1 864 Nov 1 { 85 Years { Sex ..... { Color or Race .....  
 Date of Death 1950 Sept. 17 { 10 Months { Single ..... {  
 Maiden Name ..... { 16 Days { Married ..... {  
 Birth-place Nantucket Occupation Housework Date of Entry.....  
 Name of Father John Chimney His Birth-place Brooklyn N.Y. Date of Disch.....  
 Maiden Name of Mother Mary E. Swain Her Birth-place ..... Rank.....  
 Cause of Death—Primary Cerebral Hem. Secondary Hypertension Vet's Organization No.....  
 Certifying Physician Folger Residence .....  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at ..... Lot No. 408  
 Time of Service ..... Grave No. ....  
 Date of Interment Sept. 20 Section.....  
 Social Security No. B. Chester Pease



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

Casket No. <u>170</u>	<u>265 00</u>	Candles .....	
Size..... Made by.....		Gloves .....	
Interior No.....		Bearers .....	
Handles .....		Hearse to .....	
Plate .....		Removal .....	
Outside Box or Vault .....	<u>185 00</u>	Automobiles <u>Wood 3</u>	<u>15 00</u>
Garment .....		Newspaper Notices.....	<u>555 00</u>
Slippers .....		Transportation Charges.....	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Thompson</u>	
Washing and Dressing .....		Amount of Bill.....	<u>570 00</u>
Shaving .....		Goods Ordered by.....	
Services <u>Transfer</u>	<u>10 00</u>	Bill Charged to <u>Roy E. Sanguinetti</u>	
Use of Chairs .....			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges.....	<u>20 00</u>		
Music.....			
Flowers .....			
	<u>555 00</u>		

DR. 555.00 CR.

		<u>Jan 13</u>	<u>511 Check</u>	<u>570 00</u>
			<u>PAID</u>	
			<u>By Roy E. Sanguinetti</u>	

1949-1953

RECORD AND BILL OF ITEMS

Yearly No. 67

FOR THE FUNERAL OF

Total to date 2189

*Rose F. Varin*  
 Residence *9708-97th St. Ozon Park N.Y.* Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death *N.C.H. 29 days* Wife or Widow of *Charles J. Varin*  
 Date of Birth *1* *1950* *Sept 18* *21* Age { *67* Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { *5* Months { Single \_\_\_\_\_ {  
 (Year) (Month) (Day) { *25* Days { Married  {  
 Maiden Name \_\_\_\_\_  
 Birth-place *Ozon Park N.Y.* Occupation *Housewife* Date of Entry \_\_\_\_\_  
 Name of Father *Charles Faoulet* His Birth-place *Wood Haven N.Y.* Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother *Carrie Apple* Her Birth-place \_\_\_\_\_ Rank \_\_\_\_\_  
 Cause of Death—Primary *Sudden death* Secondary *Heart disease* Vet's Organization No. \_\_\_\_\_  
 Certifying Physician *F. L. Green Med. Ex.* Residence *Coronary Thrombosis*  
 Place of Burial *Long Island N.Y.* Cemetery *Cypress Hill*  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. *Charles J. Varin*



Put in 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 No.		Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Garment			
Slippers		Newspaper Notices	
Embalming		<i>Removals Preparation</i>	
Washing and Dressing		<i>Casket Outside Case &amp;</i>	
Shaving		<i>Securing Papers</i>	<i>125 00</i>
Services		<i>3 Certified Copies</i>	<i>01 50</i>
Use of Chairs		Transportation Charges	<i>33 70</i>
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	<i>160 20</i>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

CR.

				<i>Oct 7 1950 Check</i>	<i>160 20</i>
				<b>PAID</b>	
				<i>By Ms. Varin</i>	



# RECORD AND BILL OF ITEMS

Yearly No. 69

FOR THE FUNERAL OF

Total to date 2191

Edith C. Mason

Residence 803 1/2 Watkins Drive Clayton 5 Missouri Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Squam 3 mos Wife or Widow of Watson Sinclair Mason

Date of Birth 1 Feb 17 (Year) (Month) (Day) Age { 72 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 19 50 Sept 29 (Year) (Month) (Day) { 7 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 12 Days { Married  {

Birth-place Beloit Wisconsin Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father John Hall His Birth-place 7 Date of Disch. \_\_\_\_\_

Maiden Name of Mother Elizabeth Stumbred Her Birth-place New York Rank \_\_\_\_\_

Cause of Death—Primary Heart disease Secondary Coronary Vet's Organization No. \_\_\_\_\_

Certifying Physician Folger Med Es Residence Strombois

Place of Burial Waukegan Cemetery PH

Funeral Service at \_\_\_\_\_ Lot No. 885

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

Date of Interment Oct 2 1950 Section \_\_\_\_\_

Social Security No. Watson S Mason 836 Watkins Drive



Put in 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 No. <u>435</u>	<u>295 00</u>	Candles <u>Clayton 5 Missouri</u>	
Size _____ Made by _____		Gloves _____	
Interior No. _____		Bearers _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	<u>185 00</u>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____			
Embalmg <u>services</u>	<u>50 00</u>		
Washing and Dressing _____		<u>1/2 Lot No 885</u>	<u>30 00</u>
Shaving <u>Transfers</u>	<u>15 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>590 00</u>
Music _____		Goods Ordered by <u>Ms. Mason</u>	<u>620 00</u>
Flowers _____		Bill Charged to _____	

DR.

590.00

CR.

		<u>Nov. 11</u>	<u>1950. Cr. by Check</u>	<u>220 00</u>
		<u>Dec 14</u>	<u>" " "</u>	<u>400 00</u>
				<u>620 00</u>
		<u>Pa.</u>	<u>PHCA Lot</u>	<u>30 00</u>
				<u>590 00</u>
			<u>PAID</u>	
			<u>By Ms. Mason</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 71

FOR THE FUNERAL OF

Total to date 2092

*Dorothy M. Atkins*

Residence 116 East 53rd St N.Y. City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death M. C. H. 1 mo. 20 days Wife or Widow of Robert W. Atkins

Date of Birth 1896 Apr 8 Age { 54 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 5 Months { Single \_\_\_\_\_  
 (Year) (Month) (Day) { 24 Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birth-place Indianapolis Indiana Occupation Housewife

Name of Father Harold C. Meagre His Birth-place ? Date of Entry \_\_\_\_\_

Maiden Name of Mother Alice A. Ahlenfeldt Her Birth-place ? Date of Disch. \_\_\_\_\_

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

Certifying Physician Cassaday Residence \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 1182

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

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

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

1182

Put in 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 No. <u>3697</u>	3.95 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	185 00	Automobiles <u>Please 3</u>	15 00
Garment _____		<u>Truck for flowers</u>	5 00
Slippers _____		Newspaper Notices	
Embalming <u>Services</u>	50 00		6.95 00
Washing and Dressing _____			
Shaving <u>Transfer</u>	10 00		
Services _____			
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman <u>Frederickson</u>	25 00
Cemetery Charges _____	20 00	Amount of Bill	715 00
Music <u>Service &amp; Mats</u>	10 00	Goods Ordered by	740
Flowers _____		Bill Charged to	

DR. 695.00

DR.				CR.			
Dec	28	Pd Frederickson	25 10	Dec	26	50 Check	740 00
"	"	Pd Please	20 00	"	2		
<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;"><i>The Chase National Bank</i></p> <p style="margin: 0;"><i>of the city of New York.</i></p> </div>							



1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 71

FOR THE FUNERAL OF

Total to date 2493

Nanna R. Lindquist

Residence O.P.H. 115 Main St Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 14 days Wife or Widow of Erick W. Lindquist

Date of Birth 1866 June 22 Age { 84 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 3 Months { Single \_\_\_\_\_ {  
 (Year) (Month) (Day) { 12 Days { Married \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ Birth-place Jonkoping, Sweden Occupation None Date of Entry \_\_\_\_\_


Name of Father Schides His Birth-place Sweden Date of Disch. \_\_\_\_\_

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

Cause of Death—Primary Accidental fracture Secondary surgical Vet's Organization No. \_\_\_\_\_

Certifying Physician Folger Residence neck of right Femur, chronic myel

Place of Burial Nant Cemetery O.P.H. Hyperstatic Pneu

Funeral Service at \_\_\_\_\_ Lot No. 777  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. 2 Designate site of monument thus:

Date of Interment Oct 6 1950 Section rear

Social Security No. Walter W. Lindquist

Casket No. <u>110-12</u>	<u>135 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____			
Embalming _____	<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>Thompson</u>	
Cemetery Charges _____	<u>20 00</u>	Amount of Bill _____	<u>250 00</u>
Music _____		Goods Ordered by <u>Old Peoples Home</u>	
Flowers _____		Bill Charged to _____	

DR.

250.00

CR.

		<u>Nov 18 1950</u>	<u>Check</u>	<u>200 00</u>
			<u>Security</u>	<u>50 00</u>
				<u>250 00</u>
			<b>PAID</b>	
			<u>By O.A.H. Owen</u>	
			<u>A. Chaswick</u>	

RECORD AND BILL OF ITEMS

Yearly No. 72

FOR THE FUNERAL OF

Total to date 2194

Unidentified Body

Residence, Place of Death, Date of Birth, Date of Death, Maiden Name, Birth-place, Occupation, Name of Father, Maiden Name of Mother, Cause of Death, Certifying Physician, Place of Burial, Funeral Service at, Time of Service, Date of Interment, Social Security No., Age of husband or wife if alive, Wife or Widow of, Sex, Color or Race, Military Service Record, Date of Entry, Date of Disch., Rank, Vet's Organization No., Cemetery, Lot No., Grave No., Section. Includes a diagram for marking graves.

Table with columns for items and amounts. Rows include Casket No., Size, Interior No., Handles, Plate, Outside Box or Vault, Garment, Slippers, Embalming, Washing and Dressing, Shaving, Services, Use of Chairs, Church Charges, Cemetery Charges, Music, Flowers, Candles, Gloves, Bearers, Hearse to Removal, Automobiles, Newspaper Notices, Transportation Charges, Officiating Clergyman, Amount of Bill, Goods Ordered by, Bill Charged to.

Table with columns for DR. (Debit) and CR. (Credit). Includes handwritten entries: 'Found Sept 30/1950 by Harry Harps on shore south side of Nantucket Harbor below Ingersoll property', 'Dr. Bruce Herald down Oct. 6th.', and a 'PAID' stamp signed 'By Town Treasurer' for \$75.00.

# RECORD AND BILL OF ITEMS

Yearly No. 73

FOR THE FUNERAL OF

Total to date 2195

Emily F. Deacon

Residence 114 Main St Nantucket Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. E. H. 15 days Wife or Widow of James F. Deacon

Date of Birth 1872 May 26 Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death 1950 Oct 6 Age { 78 Years { Sex \_\_\_\_\_  
 (Year) (Month) (Day) { 4 Months { Single \_\_\_\_\_  
 { 10 Days { Married \_\_\_\_\_

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

Birth-place Nantucket Occupation house work Date of Entry \_\_\_\_\_

Name of Father William H. H. Smith His Birth-place Nantucket Date of Disch. \_\_\_\_\_

Maiden Name of Mother Sydelia B. Foley Her Birth-place Nant. Rank \_\_\_\_\_

Cause of Death—Primary Carcinoma of Secondary ascending colon Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Cassaday Residence \_\_\_\_\_


Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 686

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

Date of Interment Oct. 8 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Maxwell Deacon



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

Casket No. <u>1707 12</u>	<u>285 00</u>	Candles		
Size _____ Made by _____		Gloves		
Interior No. _____		Bearers		
Handles _____		Hearse to _____		
Plate _____		Removal _____		
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles		
Garment _____		Newspaper Notices		
Slippers _____		Transportation Charges		
Embalming <u>of services</u>	<u>50 00</u>	Officiating Clergyman <u>Horton</u>		
Washing and Dressing _____		Amount of Bill	<u>415 00</u>	
Shaving _____		Goods Ordered by <u>Quic</u>	<u>15 00</u>	
Services <u>Transfer</u>	<u>10 00</u>	Bill Charged to	<u>400 00</u>	
Use of Chairs _____				
Church Charges <u>Funeral</u>	<u>25 00</u>			
Cemetery Charges	<u>20 00</u>			
Music _____				
Flowers _____				

DR.

415.00

CR.

				<u>Jan 29/51 Check</u>	<u>400 00</u>

PAID  
 By Maxwell Deacon.

# RECORD AND BILL OF ITEMS

Yearly No. 74

FOR THE FUNERAL OF

Total to date 2196

*Isabel Mabel Terry (Wall)*

Residence Lower Pearl St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Taunton State Hosp. Wife or Widow of Ernest R. Terry

Date of Birth 1905 Nov 5 (Year) (Month) (Day) Age { 45 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1950 Nov 4 (Year) (Month) (Day) Age { 10 Months { Single \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ { 29 Days Married \_\_\_\_\_ {

Birth-place Roxbury Mass Occupation Garage Proprietor Date of Entry \_\_\_\_\_

Name of Father Edwin A. Wall His Birth-place Boston Date of Disch. \_\_\_\_\_

Maiden Name of Mother Isabelle Nugent Her Birth-place Boston Rank \_\_\_\_\_

Cause of Death—Primary Acute Hallucinosia Secondary Broncho Pneum. Vet's Organization No. \_\_\_\_\_

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

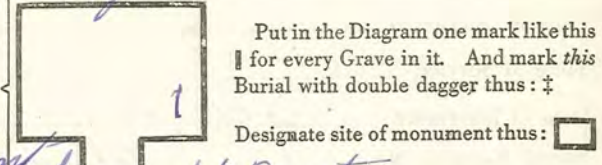
Place of Burial Nantucket Cemetery St. Marys

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

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

Date of Interment Oct 9 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Miss Mary Nugent Aunt 11 Nashua St Boston



Casket No. <u>115</u>	<u>195 00</u>	Candles _____	
Size _____ Made by _____	<u>115</u>	Gloves _____	
Interior No. _____		Bearers _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles <u>Pease</u>	<u>8 00</u>
Garment _____		Newspaper Notices _____	
Slippers _____			
Embalming _____			
Washing and Dressing _____			
Shaving <u>Transput</u>	<u>10 00</u>	<u>Paid Taunton</u>	<u>65 00</u>
Services _____	<u>25 00</u>		
Use of Chairs _____		Transportation Charges _____	<u>19 52</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Shovelton</u>	<u>300 00</u>
Cemetery Charges _____	<u>20 00</u>	Amount of Bill _____	<u>384 52</u>
Music <u>Cartag fine mats</u>	<u>10</u>	Goods Ordered by _____	<u>405 52</u>
Flowers _____		Bill Charged to _____	

DR.

390.00

CR.

		<u>Miss Mary Nugent Aunt</u>	<u>Oct</u>	<u>3</u>	<u>check</u>	<u>405 52</u>
		<u>11 Nashua St</u>				
		<u>Boston</u>				
<u>Mch</u>	<u>5</u>	<u>Pd. Pease</u>			<b>PAID</b>	
					<u>By Ethel E. Mackerman</u>	
					<u>atly</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 75

FOR THE FUNERAL OF

Total to date 2197

Mary A. Nelson

Residence 25 Union St. 1st Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 35 Pine St. 1mo Wife or Widow of William S. Nelson

Date of Birth 1863 Jan 4 Age 87 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 1950 Oct 11 Age 9 Months Single \_\_\_\_\_  
(Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Age 7 Days Married \_\_\_\_\_

Birth-place New York City Occupation None Date of Entry \_\_\_\_\_

Name of Father John Herman Andresen His Birth-place near Hamburg Germany Date of Disch. \_\_\_\_\_

Maiden Name of Mother Hennietta Schlesinger Her Birth-place Brooklyn Rank \_\_\_\_\_

Cause of Death—Primary Cerebral Hem. & emb. Secondary Hypertension Vet's Organization No. \_\_\_\_\_

Certifying Physician Collins Residence Arteriosclerosis Society

Place of Burial New York City Cemetery Woodlawn

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

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

Date of Interment Oct 14 1950 Section \_\_\_\_\_

Social Security No. W. Ripley Nelson

Casket No. <u>115</u>	<u>195 00</u>	Candles .....	
Size .....	Made by .....	Gloves .....	
Interior No. ....		Bearers .....	
Handles .....		Hearse to .....	
Plate .....		Removal .....	
Outside Box or Vault <u>Pine &amp; shells</u>	<u>30 00</u>	Automobiles .....	
Garment .....		Newspaper Notices .....	
Slippers .....			
Embalming <u>&amp; services</u>	<u>50 00</u>		
Washing and Dressing .....			
Shaving .....			
Services <u>Transfers</u>	<u>10 00</u>		
Use of Chairs .....		Transportation Charges .....	<u>38 62</u>
Church Charges .....		Officiating Clergyman .....	<u>285 00</u>
Cemetery Charges .....		Amount of Bill .....	<u>323 62</u>
Music .....		Goods Ordered by .....	
Flowers .....		Bill Charged to .....	

DR. 285.00 CR.

<u>Shipped to</u>	<u>Jan 30</u>	<u>57. G. Check</u>	<u>100 00</u>
<u>New York Funeral Service Co</u>	<u>Apr 27</u>	<u>51. " "</u>	<u>100 00</u>
	<u>Aug 27</u>	<u>" " "</u>	<u>50 00</u>
	<u>Oct 30</u>	<u>20. " " "</u>	<u>69 70</u>
<b>PAID</b>			
By <u>W. Ripley Nelson</u>			

RECORD AND BILL OF ITEMS

Yearly No. 76

FOR THE FUNERAL OF

Total to date 2198

Caroline S. Coffin

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

Place of Death 2 Prospect St. Wife or Widow of Albert R. Coffin

Date of Birth 1866 Aug 5 (Year) (Month) (Day) Age 84 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1950 Oct 11 (Year) (Month) (Day) Age 2 Months Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ 6 Days Married \_\_\_\_\_

Birth-place Nantucket Occupation Housework Date of Entry \_\_\_\_\_

Name of Father David B. Andrews His Birth-place Nant. Military Service Record Date of Disch. \_\_\_\_\_

Maiden Name of Mother Almira Easton Her Birth-place Nant. Rank \_\_\_\_\_

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

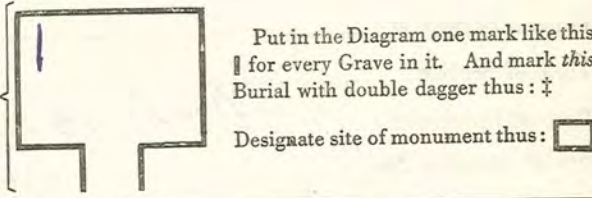
Place of Burial Nant. Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 362

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

Date of Interment October 13/50 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Edna J. Coffin.



Casket No. 1097. Mkg fur	345 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault Pine	25 00	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming f Services	50 00	Officiating Clergyman Folk	
Washing and Dressing _____		Amount of Bill	475 00
Shaving _____		Goods Ordered by Edna Coffin	
Services Transfers	10 00	Bill Charged to _____	
Use of Chairs _____			
Church Charges Funeral	25 00		
Cemetery Charges	20 00		
Music _____			
Flowers _____			

DR. 475.00 CR.

				Jan. 24/51 Check	475 00

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 77

FOR THE FUNERAL OF

Total to date 2199

Peter Gomes.

Residence 7 B Eagle Lane 14 yrs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 3 days Wife or Widow of Emily Sylvia

Date of Birth 1 891 Jan 1 Age { 59 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 19 50 Oct 17 { 9 Months { Single \_\_\_\_\_  
(Year) (Month) (Day)

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

Birth-place Fogo Cape Verde Isl Occupation Labourer Date of Entry \_\_\_\_\_

Name of Father Maximilian Gomes His Birth-place Fogo Date of Disch. \_\_\_\_\_

Maiden Name of Mother Isabella Gracia Her Birth-place Fogo Rank \_\_\_\_\_

Cause of Death—Primary Chronic Nephritis Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

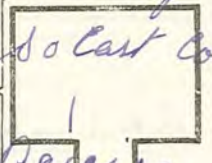
Place of Burial Nantucket Cemetery St Marys

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

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

Date of Interment Oct 17 Section \_\_\_\_\_

Social Security No. 031-01-9129 Pauline G. Pereira



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

Casket No.	Candles	
Size Made by	Gloves	
Interior No.	Bearers	
Handles	Hearse to	
Plate	Removal	
Outside Box or Vault	Automobiles	
Garment	Newspaper Notices	
Slippers	<u>Removal Preparation</u>	
Embalming	<u>Casket Outside Case &amp; Securing</u>	
Washing and Dressing	<u>Necessary Papers</u>	100 00
Shaving	<u>Opening &amp; Closing Grave</u>	20 00
Services	<u>Cartage Fuel of Device &amp; mats</u>	10 00
Use of Chairs	Transportation Charges	
Church Charges	Officiating Clergyman <u>Car Pease</u>	5 00
Cemetery Charges	<u>Stonelton</u>	135 00
Music	Amount of Bill	
Flowers	Goods Ordered by <u>Public Welfare</u>	
	Bill Charged to	

DR.

CR.

		<u>Nov 16 50</u>	<u>Check</u>		<u>135 00</u>

PAID  
By Tom Treasurer  
Welfare Dept.

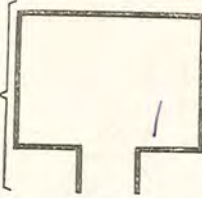
Yearly No. <sup>78</sup> 2200

RECORD AND BILL OF ITEMS

FOR THE FUNERAL OF

Total to date 2200

Residence 5 Steph Lane Age of husband or wife if alive.....y  
 Place of Death N. C. H. 14 days  
 Date of Birth 1 877 Sept 17 Wife or Widow of.....  
 Date of Death 19 50 Oct 24 Age { 73 Years { Sex .....  
 Maiden Name ..... 1 Months { Single   
 Birth-place Noank Conn. 7 Days { Married .....  
 Name of Father Clarence Fush Occupation Druggist  
 Maiden Name of Mother Caroline O'Neil His Birth-place Noank Conn. Date of Entry.....  
 Cause of Death—Primary Coronary thrombosis Her Birth-place Nantucket Date of Disch.....  
 Certifying Physician F. J. Gats Secondary Nephritis Rank.....  
 Place of Burial Nantucket Residence .....  
 Funeral Service at ..... Cemetery P.H. Vet's Organization No. ....  
 Time of Service ..... Lot No. 755 Militar Service Record  
 Date of Interment Oct 26 Grave No. ....  
 Social Security No. Eliza Lawrence Section.....



Put in the Diagram one mark like  $\dagger$  for every Grave in it. And mark  $\ddagger$  Burial with double dagger thus:  $\ddagger$   
Designate site of monument thus:  $\square$

Casket No. <u>1097 Mahgen</u>	345 00	Candles .....	
Size..... Made by.....		Gloves .....	
Interior No. ....		Bearers .....	
Handles .....		Hearse to .....	
Plate .....		Removal .....	
Outside Box or Vault .....	185 00	Automobiles <u>Peavey 2</u>	10 00
Garment .....		" <u>1</u>	3 00
Slippers .....		Newspaper Notices <u>Wood 1</u>	5 00
Embalming <u>Services</u>	50 00	Transportation Charges.....	
Washing and Dressing .....		Officiating Clergyman <u>J. S. Honerton</u>	
Shaving .....		Amount of Bill .....	640 00
Services <u>Transfers</u>	10 00	Goods Ordered by.....	66 8
Use of Chairs .....		Bill Charged to <u>Ethel E. Mackumian</u>	
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges.....	20 00		
Music <u>Candelabra etc</u>	5 00		
Flowers <u>Decor. Mat</u>	10 00		

DR.

640.00

CR.

Jan. 15.	Peavey sent Bill. Paid Wood	5 00	Jan. 12 51 / Check	668 00

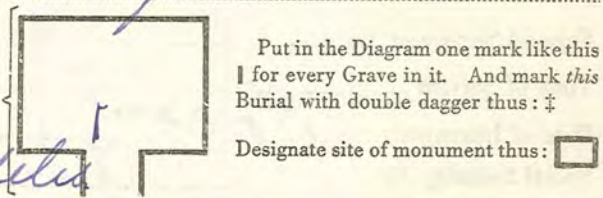
PAID  
By Ethel E. Mackumian  
14 Tremont St  
Boston



# RECORD AND BILL OF ITEMS

Yearly No. 79 2201 FOR THE FUNERAL OF Mary M. Psaradelis Total to date 2201

Residence Sia Street 20 yrs Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. E. St. 10 days Wife or Widow of Christy Psaradelis  
 Date of Birth 1902 July 15 Age 48 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1950 Sept 26 { 3 Months Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 8 Days Married \_\_\_\_\_  
 Birth-place Boston, Mass Occupation Housewife Date of Entry \_\_\_\_\_  
 Name of Father James Melanes His Birth-place Greece Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Mamie Parker Her Birth-place Philadelphia Rank \_\_\_\_\_  
 Cause of Death—Primary Coronary thrombosis Secondary Rheumatism Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Collins Residence heart disease  
 Place of Burial Nant Cemetery St. Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Oct. 30 Section \_\_\_\_\_  
 Social Security No. Christy Psaradelis



Casket No. <u>1707<sup>12</sup></u>	<u>285 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
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>
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>of Services</u>	<u>50 00</u>	Officiating Clergyman <u>Fitzgerald</u>	
Washing and Dressing _____		Amount of Bill	<u>425 00</u>
Shaving _____		Goods Ordered by _____	
Services <u>Transfers</u>	<u>15 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>20 00</u>		
Music <u>Candela etc.</u>	<u>5 00</u>		
Flowers _____			
<b>DR. 425.00</b>			

DR.		CR.	
<u>Nov 24</u>	<u>Paid Peace</u>	<u>3 00</u>	<u>Nov 20 50 Check</u>
			<u>328 00</u>
			<u>Jan. 26 /51 "</u>
			<u>50 00</u>
			<u>July 16 /51 "</u>
			<u>50 00</u>
<b>PAID</b>			
<u>By Christy Psaradelis</u>			

RECORD AND BILL OF ITEMS

Yearly No. 80.

FOR THE FUNERAL OF

Total to date 2202

Residence *Our Island Home 1-10 mos* Age of husband or wife if alive..... years

Place of Death *" " "* Wife or Widow of *Manuel V. Perry*

Date of Birth *1 884 May 30* Age { *66* Years { Sex..... { Color or Race

Date of Death *19 50 Nov 1* { *5* Months { Single..... {

Maiden Name..... { *2* Days { Married..... {

Birth-place *Azores* Occupation *Housewife* Date of Entry.....

Name of Father *Lewis* His Birth-place *Azores* Date of Disch.....

Maiden Name of Mother *Unknown* Her Birth-place *"* Rank.....

Cause of Death—Primary *Sudden death* Secondary *due to* Vet's Organization No.....

Certifying Physician *Folger Med Es* Residence *Magdalenary of Lung*

Place of Burial *N. Antucket* Cemetery *St. Marys*

Funeral Service at..... Lot No. 1

Time of Service..... Grave No. 1

Date of Interment *Nov 4* Section.....

Social Security No. *Francis V. Perry* Put in the Diagram one mark like this for every Grave in it. And mark the Burial with double dagger thus: †

Designate site of monument thus:  

Casket No. <i>110</i>	135 00	Candles.....	
Size..... Made by.....		Gloves.....	
Interior No.....		Bearers.....	
Handles.....		Hearse to.....	
Plate.....		Removal.....	
Outside Box or Vault <i>Pine</i>	25 00	Automobiles.....	
Garment <i>Grey Dress</i>	10 00	Newspaper Notices.....	
Slippers.....		Transportation Charges.....	
Embalming <i>of Services</i>	50 00	Officiating Clergyman.....	
Washing and Dressing.....		Amount of Bill.....	270 00
Shaving.....		Goods Ordered by.....	
Services <i>Transfer</i>	5 00	Bill Charged to.....	
Use of Chairs.....			
Church Charges <i>Funeral</i>	25 00		
Cemetery Charges.....	20 00		
Music.....			
Flowers.....			
DR. 270.00		CR.	

<i>Francis V. Perry</i>		<i>Jan 7 1952</i>	<i>Check</i>		200 00
<i>of U. S. Weather Bureau.</i>		<i>Dec 8 1953</i>	<i>"</i>		70 00
<i>Portland Maine.</i>					270 00
<i>1190. Westbrook St</i>					
<i>Portland Maine</i>					
			<b>PAID</b>		
			<i>By Francis Perry</i>		

# RECORD AND BILL OF ITEMS

Yearly No. 81

FOR THE FUNERAL OF

Total to date 2223

*Susan Howley*

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

Place of Death N. C. H. 3 days Wife or Widow of \_\_\_\_\_

Date of Birth 1950 Oct 30 (Year) (Month) (Day)

Date of Death 1950 Nov 2 (Year) (Month) (Day) Age { \_\_\_\_\_ Years { Sex \_\_\_\_\_ { Color or Race  
 { \_\_\_\_\_ Months { Single \_\_\_\_\_  
 { 3 Days { Married \_\_\_\_\_

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

Birth-place Mantucket Occupation None Date of Entry \_\_\_\_\_

Name of Father Preston B Howley His Birth-place Cambridge Date of Disch. \_\_\_\_\_

Maiden Name of Mother Mary Elizabeth Fish Her Birth-place Woburn Rank \_\_\_\_\_

Cause of Death—Primary Pulmonary atelectasis Secondary Neonatal Vet's Organization No. \_\_\_\_\_

Certifying Physician Collins Residence Asphusqua

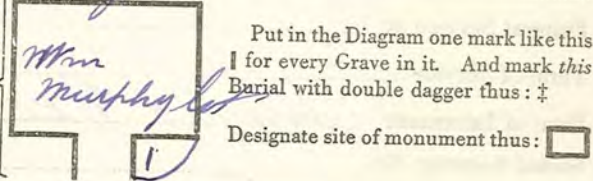
Place of Burial Mant Cemetery St. Marys

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

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

Date of Interment Nov 3 Section \_\_\_\_\_

Social Security No. Preston B Howley



Casket No. _____	Candles _____	
Size _____ Made by _____	Gloves _____	
Interior No. _____	Bearers _____	
Handles _____	Hearse to _____	
Plate _____	Removal, <u>casket, &amp; interment</u>	<u>25 00</u>
Outside Box or Vault _____	Automobiles _____	
Garment _____	Newspaper Notices _____	
Slippers _____	Transportation Charges _____	
Embalming _____	Officiating Clergyman _____	
Washing and Dressing _____	Amount of Bill _____	<u>25 00</u>
Shaving _____	Goods Ordered by _____	
Services _____	Bill Charged to _____	
Use of Chairs _____		
Church Charges _____		
Cemetery Charges _____		
Music _____		
Flowers _____		

DR.

CR.

				<u>Feb 2</u>	<u>57. Cash</u>	<u>25 00</u>

**PAID**  
By *Preston Howley*

# RECORD AND BILL OF ITEMS

Yearly No. 82

FOR THE FUNERAL OF

Total to date 2204

William A. Hawkins

Residence 356 West 145th St. N.Y. City Age of husband or wife if alive \_\_\_\_\_ year

Place of Death N. C. H. 4 days Wife or Widow of Stella ?

Date of Birth 1 Dec 125 Age { 70 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 10 Months { Single \_\_\_\_\_  
 (Year) (Month) (Day) { 11 Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birth-place Virginia Occupation Pulman Portia Retired Date of Entry \_\_\_\_\_

Name of Father John S. Hawkins His Birth-place Gooseland Va. Date of Disch. \_\_\_\_\_

Maiden Name of Mother Martha A. Johnson Her Birth-place Va. Rank \_\_\_\_\_

Cause of Death—Primary Carcinoma of Secondary Stomach Vet's Organization No. \_\_\_\_\_

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

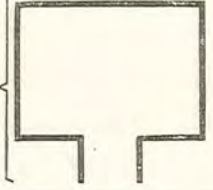
Place of Burial New York City Cemetery Woodlawn

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

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

Date of Interment Shipped Nov. 6th Section \_\_\_\_\_

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



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

Casket No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Interior No. _____	Bearers _____
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault _____	Automobiles _____
Garment _____	Newspaper Notices _____
Slippers _____	<u>Removals, Preparation, Casket, Outside Case &amp; Securing Necessary Papers</u> <u>125 00</u>
Embalming _____	Transportation Charges _____
Washing and Dressing _____	Officiating Clergyman _____
Shaving _____	Amount of Bill <u>125 00</u>
Services _____	Goods Ordered by _____
Use of Chairs _____	Bill Charged to _____
Church Charges _____	
Cemetery Charges _____	
Music _____	
Flowers _____	

DR.

CR.

<u>Theodore A. Forte</u>	<u>Nov. 16</u>	<u>1950 Money Order</u>	<u>125 00</u>
<u>189 Senoy Ave.</u>			
<u>New York City</u>			
		<b>PAID</b>	
		<u>By Theodore A. Forte</u>	

1949-1953

RECORD AND BILL OF ITEMS

Yearly No. 83

FOR THE FUNERAL OF

Total to date 2205.

Residence 10 Weymouth St  
 Place of Death " "  
 Date of Birth 1 8 66 July # 5  
 Date of Death 19 50 Nov 11  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket  
 Name of Father James G Fisher  
 Maiden Name of Mother Addie Crocker  
 Cause of Death—Primary Hypertatic Pneumonia  
 Certifying Physician Collins  
 Place of Burial Nant  
 Funeral Service at \_\_\_\_\_  
 Time of Service \_\_\_\_\_  
 Date of Interment Nov 13  
 Social Security No. \_\_\_\_\_

Age of husband or wife if alive \_\_\_\_\_ years  
 Wife or Widow of Arthur C Menter  
 Age { 84 Years { Sex \_\_\_\_\_  
 { 4 Months { Single \_\_\_\_\_  
 { 6 Days { Married \_\_\_\_\_  
 Color or Race \_\_\_\_\_  
 Military Service Record  
 Date of Entry \_\_\_\_\_  
 Date of Disch. \_\_\_\_\_  
 Rank \_\_\_\_\_  
 Vet's Organization No. \_\_\_\_\_  
 Residence \_\_\_\_\_  
 Cemetery P H  
 Lot No. 702  
 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 No. <u>110</u>	<u>135 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment _____		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 <u>Thompson</u>	
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>260 00</u>
Music _____		Goods Ordered by <u>Eleanor Foley</u>	
Flowers _____		Bill Charged to _____	
	<u>260.00</u>		

DR.		260.00	CR.
	<u>04/13/54</u>	<u>Cash</u>	<u>260 00</u>
		<b>PAID</b>	
		<u>By Eleanor Foley</u>	

RECORD AND BILL OF ITEMS

Total to date 2206

Yearly No. 84

FOR THE FUNERAL OF

Charles H. Talford

Residence 10 North Water St  
 Place of Death 20 Lily St  
 Date of Birth 1888 May 5  
 Date of Death 1950 Nov 15  
 Maiden Name  
 Birth-place New Bedford  
 Name of Father John Talford  
 Maiden Name of Mother Margaret Cumruff  
 Cause of Death—Primary Sudden death  
 Certifying Physician F. J. Med. Esq.  
 Place of Burial West  
 Funeral Service at  
 Time of Service  
 Date of Interment Nov. 18  
 Social Security No.  
 Wife or Widow of Mary E. Lamb  
 Age of husband or wife if alive  
 Age 62 Years  
 Sex  
 Color or Race  
 6 Months Single  
 10 Days Married  
 Occupation Painter  
 His Birth-place Ireland  
 Her Birth-place ?  
 Secondary Coronary  
 Residence Tuberculosis  
 Cemetery St Mary's  
 Lot No.  
 Grave No.  
 Section  
 Military Service Record  
 Date of Entry  
 Date of Disch.  
 Rank  
 Vet's Organization No.  
 Put in the Diagram one mark like this for every Grave in it. And mark with double dagger thus: †  
 Designate site of monument thus: [ ]

Casket No. 1097	345 00	Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault Pine	25 00	Automobiles	Dean Priest 3 00
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming Services	50 00	Officiating Clergyman	
Washing and Dressing		Amount of Bill	473 00
Shaving		Goods Ordered by	
Services Transfer	5 00	Bill Charged to	
Use of Chairs			
Church Charges Funeral	25 00		
Cemetery Charges	20 00		
Music			
Flowers			
	470.00		

DR. 470.00 CR.

May 9	Paid Bot Tgn.	5 00	May 9	57 Chest	473 00
				Reax	3 00
					470 00
				PAID	
				By Mary E. Talford	

# RECORD AND BILL OF ITEMS

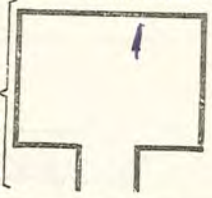
Yearly No. 85

FOR THE FUNERAL OF

Total to date 2207

Carrie B Coleman

Residence 30 Hussey St. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. 8 days Wife or Widow of Wallace S. Coleman  
 Date of Birth 1877 Apr 28 (Year) (Month) (Day) Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1950 Nov 28 (Year) (Month) (Day) Age { 73 Years { Sex \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 7 Months { Single \_\_\_\_\_  
 Birth-place Nantucket Occupation House work { \_\_\_\_\_ Days { Married \_\_\_\_\_  
 Name of Father Benjamin F. Brown His Birth-place Went Military Service Record \_\_\_\_\_  
 Maiden Name of Mother Mary A. Pinkham Her Birth-place \_\_\_\_\_ Date of Entry \_\_\_\_\_  
 Cause of Death—Primary Pulmonary Embolism Secondary Coronary Rank \_\_\_\_\_  
 Certifying Physician Foley Residence Thrombosis Vet's Organization No. \_\_\_\_\_  
 Place of Burial Nantucket Cemetery PHMV  
 Funeral Service at \_\_\_\_\_ Lot No. 58  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Nov. 30. 1950 Section Real  
 Social Security No. Henry B. Coleman



Casket No. <u>1707</u>	<u>285 00</u>	Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
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>
Garment		<u>Pease 1.</u>	<u>5 00</u>
Slippers		Newspaper Notices <u>Truck for flowers</u>	<u>5 00</u>
Embalming <u>of services</u>	<u>50 00</u>		
Washing and Dressing			<u>420 00</u>
Shaving		Transportation Charges	
Services <u>Transfers</u>	<u>15 00</u>	Officiating Clergyman <u>Johnson</u>	
Use of Chairs		Amount of Bill	<u>435 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Goods Ordered by <u>Henry B. Coleman</u>	
Cemetery Charges	<u>20 00</u>	Bill Charged to	
Music			
Flowers			
<b>DR.</b>	<b>420.00</b>		<b>CR.</b>

May 4. 1951 Check 435 00

**PAID**

By Henry B. Coleman





# RECORD AND BILL OF ITEMS

Yearly No. 87

FOR THE FUNERAL OF

Total to date 2209

Dell Edmund Bowman

Residence.....  
 Place of Death N. C. H. Age of husband or wife if alive ..... years  
 Date of Birth 1 Stillborn Wife or Widow of .....  
 (Year) (Month) (Day)  
 Date of Death 1950 Dec 3 Age { 0 Years { Sex ..... Color or Race  
 (Year) (Month) (Day) { 0 Months { Single .....  
 { 0 Days { Married .....  
 Maiden Name .....  
 Birth-place Nantucket Occupation None Date of Entry .....  
 Name of Father Charles E. Bowman His Birth-place Detroit Mich Date of Disch. ....  
 Maiden Name of Mother Anne E. Grimes Her Birth-place Hartford Conn Rank .....  
 Cause of Death—Primary 4 mos Prematurity Secondary ..... Vet's Organization No. ....  
 Certifying Physician Menges Residence .....  
 Place of Burial Nantucket Cemetery N. H.  
 Funeral Service at ..... Lot No. 917  
 Time of Service ..... Grave No. ....  
 Date of Interment Dec 4 Section .....  
 Social Security No. Charles E. Bowman



Put in 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 No. ....	Candles .....	
Size..... Made by.....	Gloves .....	
Interior No. ....	Bearers .....	
Handles .....	Hearse to .....	
Plate .....	Removal .....	
Outside Box or Vault .....	Automobiles .....	
Garment.....	Newspaper Notices.....	
Slippers .....	<u>Removal Casket</u>	
Embalming.....	<u>&amp; Interment.</u>	<u>25 00</u>
Washing and Dressing .....		
Shaving .....		
Services .....		
Use of Chairs .....	Transportation Charges.....	
Church Charges.....	Officiating Clergyman.....	
Cemetery Charges .....	Amount of Bill .....	<u>25 00</u>
Music.....	Goods Ordered by .....	
Flowers .....	Bill Charged to .....	

DR.

CR.

			<u>Mch 19</u>	<u>51. Check</u>	<u>25 00</u>

**PAID**  
 By Charles Bowman

RECORD AND BILL OF ITEMS

Yearly No. 88

FOR THE FUNERAL OF

Total to date 2210

*Ethel A. Hardy*

Residence *53 Meadow Lane Falmouth 1-3 ms* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *2* Wife or Widow of *Melvin Hardy*

Date of Birth *1* (Year) *68* (Month) *5* (Day) Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death *19 50* (Year) *Dec* (Month) *5* (Day) Age *10* Months Single \_\_\_\_\_

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

Birth-place *Cambridge* Occupation *Housewife* Date of Entry \_\_\_\_\_

Name of Father *Charles Burns* His Birth-place *?* Date of Disch. \_\_\_\_\_

Maiden Name of Mother *Lizzie Stowers* Her Birth-place *?* Rank \_\_\_\_\_

Cause of Death—Primary *Aplastic Anemia* Secondary *Undifferentiated* Vet's Organization No. \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence *Carcinoma of chest wall*

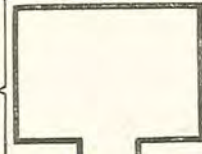
Place of Burial *Nantucket* Cemetery *P 17 Carcinoma of leg*

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

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

Date of Interment *Dec 7* Section \_\_\_\_\_

Social Security No. *Mrs Clarence Cahoon Falmouth*



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

Designate site of monument thus: □

Casket No. _____	Candles _____	
Size _____ Made by _____	Gloves _____	
Interior No. _____	Bearers <i>Cemetery Chgs</i>	<i>20 00</i>
Handles _____	Hearse to <i>Cemetery from Boat</i>	<i>25 00</i>
Plate _____	Removal <i>of B of to Cemetery</i>	<i>5 00</i>
Outside Box or Vault _____	Automobiles <i>Wood 2</i>	<i>10 00</i>
Garment _____	<i>Pearse 1</i>	<i>5 00</i>
Slippers _____	Newspaper Notices _____	
Embalming _____		
Washing and Dressing _____		
Shaving _____		
Services _____		
Use of Chairs _____	Transportation Charges _____	
Church Charges _____	Officiating Clergyman <i>Johnson</i>	<i>65 00</i>
Cemetery Charges _____	Amount of Bill _____	
Music _____	Goods Ordered by _____	
Flowers _____	Bill Charged to _____	

DR.

CR.

<i>Jan 9</i>	<i>Pd Pearse at Gus Funeral</i>	<i>Jan 9</i>	<i>1952 Check</i>	<i>65 00</i>
			<b>PAID</b>	
			<i>By</i>	
			<i>Noah M. Seelman</i>	
			<i>224 Main St</i>	
			<i>Falmouth</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 89

FOR THE FUNERAL OF

Total to date 2211

Residence Burnham N. Dell Jr.  
Princeton-Kingston Rd Princeton N.J. Age of husband or wife if alive \_\_\_\_\_ years

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

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

Date of Death 19 27 (Year) Dec (Month) 27 (Day) Age { 3 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 10 Months { Single \_\_\_\_\_ {  
 { 18 Days { Married \_\_\_\_\_ {

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

Birth-place Princeton, N. J. Occupation None Date of Entry \_\_\_\_\_

Name of Father Burnham N. Dell His Birth-place Jacksonville Fla Date of Disch. \_\_\_\_\_

Maiden Name of Mother Margaret Bissell Her Birth-place Buffalo N.Y. Rank \_\_\_\_\_

Cause of Death—Primary Post. Tonsillectomy Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

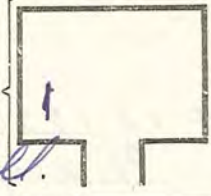
Place of Burial Nantucket Cemetery NH

Funeral Service at \_\_\_\_\_ Lot No. 1153

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

Date of Interment Dec 8, 1950 Section \_\_\_\_\_

Social Security No. Burnham N. Dell



Put in 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 No. _____	Candles _____	
Size _____ Made by _____	Gloves _____	
Interior No. _____	Bearers _____	
Handles _____	Hearse to _____	
Plate _____	Removal <u>From Boat</u>	<u>5 00</u>
Outside Box or Vault _____	Automobiles <u>Funeral</u>	<u>25 00</u>
Garment _____	<u>Cemetery Chgs</u>	<u>15 00</u>
Slippers _____	Newspaper Notices _____	
Embalming _____	Transportation Charges _____	
Washing and Dressing _____	Officiating Clergyman _____	
Shaving _____	Amount of Bill _____	<u>45 00</u>
Services _____	Goods Ordered by _____	
Use of Chairs _____	Bill Charged to _____	
Church Charges _____		
Cemetery Charges _____		
Music _____		
Flowers _____		

DR.

CR.

May 3 51. check 45 00

**PAID**  
By Mrs. Dell.

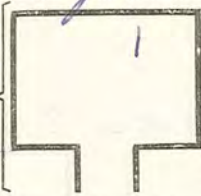

RECORD AND BILL OF ITEMS

Yearly No. 90

FOR THE FUNERAL OF

Total to date 2212

*Florence E. Roberts*

Residence *67 Main St* Age of husband or wife if alive ..... years  
 Place of Death *N.C.H. 6 days* Wife or Widow of *John F. Roberts*  
 Date of Birth *1889 Nov 1* (Year) (Month) (Day) Age { *61* Years { Sex ..... { Color or Race  
 Date of Death *1950 Dec 11* (Year) (Month) (Day) Age { *1* Months { Single ..... {  
 Maiden Name ..... Age { *10* Days { Married ..... {  
 Birth-place *Nantucket* Occupation *Housewife* Military Service Record Date of Entry .....  
 Name of Father *Lawrence Oyers* His Birth-place *Nant.* Date of Disch. ....  
 Maiden Name of Mother *Margaret Buckley* Her Birth-place *Boston* Rank .....  
 Cause of Death—Primary *Pulmonary Metastasis* Secondary *Carcinoma* Vet's Organization No. ....  
 Certifying Physician *Cassaday* Residence *of Breast*  
 Place of Burial *Nant* 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 *Dec 13 1950* Section ..... Burial with double dagger thus: †  
 Social Security No. *Margaret E. Roberts* Designate site of monument thus:

Casket No. <i>1157</i>	<i>235 00</i>	Candles .....	
Size .....	Made by .....	Gloves .....	
Interior No. ....		Bearers .....	
Handles .....		Hearse to .....	
Plate .....		Removal .....	
Outside Box or Vault <i>Pine</i>	<i>25 00</i>	Automobiles .....	
Garment .....		Newspaper Notices .....	
Slippers .....			
Embalming <i>Services</i>	<i>50 00</i>		
Washing and Dressing .....			
Shaving .....			
Services <i>Transfer</i>	<i>5 00</i>		
Use of Chairs .....		Transportation Charges .....	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>Jr. Hall</i>	
Cemetery Charges .....	<i>20 00</i>	Amount of Bill .....	<i>360 00</i>
Music .....		Goods Ordered by .....	
Flowers .....		Bill Charged to .....	

DR.		<i>360.00</i>		CR.	
		<i>Sept 8</i>	<i>1954 check</i>		<i>60 00</i>

RECORD AND BILL OF ITEMS

Yearly No. 91 FOR THE FUNERAL OF Total to date 2213

Personal information form for Annie Gardner, including residence (Oak Island Home), date of birth (1871), date of death (1950), and cause of death (fracture surgical).

Table listing funeral services and costs: Casket No. 110, Outside Box or Vault Pine, Embalming Services, Church Charges Funeral, Cemetery Charges, etc.

DR. \$245.00 CR.

Payment record table with columns for date, amount, and description. Includes entry: Apr 12 51 check 245 00 and a PAID stamp.

RECORD AND BILL OF ITEMS

Yearly No. 92

FOR THE FUNERAL OF

Total to date 2214

Alice Benton Wilmot

Residence 1 Chestnut St Age of husband or wife if alive..... years

Place of Death 1 Chestnut St Wife or Widow of.....

Date of Birth 1 (Year) 19 (Month) 11 (Day) about 85 Years { Sex ..... Color or Race

Date of Death 1950 Dec 11 (Year) (Month) (Day) Age { ..... Months { Single ..... Married ..... Days

Maiden Name.....

Birth-place Cleveland Ohio Occupation None Date of Entry.....

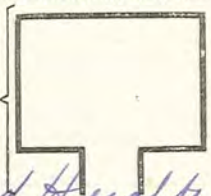
Name of Father Edward Tom His Birth-place Cleveland Military Service Record Date of Disch.....

Maiden Name of Mother Hellen Whittermore Her Birth-place " Rank.....

Cause of Death—Primary Chronic Myo Secondary Hypertension Vet's Organization No.....

Certifying Physician Folger Residence Cardiac Decomensation

Place of Burial Cleveland Ohio Cemetery Lakeview

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 Dec 15, 1950 Section Colum

Social Security No. 19101 Miss East D. Stone Cleveland Heights, Ohio

Casket No. <u>2097</u>	<u>385 00</u>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	<u>30 00</u>	Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	<u>72 58</u>
Embalming <u>services</u>	<u>50 00</u>	Officiating Clergyman	<u>475 00</u>
Washing and Dressing		Amount of Bill	
Shaving		Goods Ordered by <u>Grace Henry</u>	
Services <u>Transfus</u>	<u>10 00</u>	Bill Charged to	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

475.00

CR.

	<u>Shipped to</u>		<u>May 23</u>	<u>37. Check</u>	<u>555 58</u>
	<u>John H Brown</u>				
	<u>Cleveland Ohio</u>				
	<u>Tel. Washington 1-8116</u>				
				<b>PAID</b>	
				<u>By Grace Henry</u>	
				<u>Edward D. Mathiotte Spec.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 1

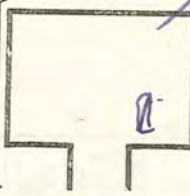
FOR THE FUNERAL OF

Total to date 2215.

*Catherine A Roberts*

Residence 11 Middle Pearl Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. 3 days  
 Date of Birth 1876 Apr 3 (Year) (Month) (Day) Wife or Widow of \_\_\_\_\_  
 Date of Death 1951 Jan 1 (Year) (Month) (Day) Age { 74 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 8 Months { Single \_\_\_\_\_  
 Birth-place Nantucket Occupation Imm Keeper Date of Entry \_\_\_\_\_  
 Name of Father John Roberts His Birth-place Ireland Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Catherine Maguire Her Birth-place Ireland Rank \_\_\_\_\_  
 Cause of Death—Primary Heart failure Secondary Kidney complication Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Messages, Out Med Ex Residence following injury  
 Place of Burial Nantucket Cemetery St Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. 4  
 Date of Interment Jan 5. Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Alice E. Roberts

Military Service Record



Put in 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 No. <u>2097</u>	<u>385</u> 00	Candles		
Size..... Made by.....		Gloves		
Interior No. ....		Bearers		
Handles		Hearse to		
Plate		Removal		
Outside Box or Vault	<u>25</u> 00	Automobiles		
Garment		Newspaper Notices		
Slippers				
Embalming <u>services</u>	<u>50</u> 00			
Washing and Dressing				
Shaving		Transportation Charges		
Services <u>Transfers</u>	<u>10</u> 00	Officiating Clergyman <u>Fr. Fitzgerald</u>		
Use of Chairs		Amount of Bill	<u>520</u> 00	
Church Charges	<u>25</u> 00	Goods Ordered by <u>Alice E Roberts</u>		
Cemetery Charges	<u>20</u> 00	Bill Charged to		
Music <u>Used Rail etc</u>	<u>5</u> 00			
Flowers				

DR. 520.00

CR.

		<u>Aug 25 / 51</u>	<u>check</u>	<u>520</u> 00
<b>PAID</b>				
<u>By Alice E. Roberts</u>				

# RECORD AND BILL OF ITEMS

Yearly No. 2

FOR THE FUNERAL OF

Total to date 2216

Eugene S. Burgess

Residence 4 Brocks Court. Age of husband or wife if alive..... years

Place of Death N.C.H. 2 days Wife or Widow of Mabel Brown

Date of Birth 1865 Aug 8 Sex..... Color or Race

Date of Death 1951 Jan 7 Age { 85 Years { Single.....

(Year) (Month) (Day)

(Year) (Month) (Day)

(Year) (Month) (Day)

(Year) (Month) (Day)

Maiden Name..... Married.....

Birth-place Nantucket Occupation Merchant Date of Entry.....

Name of Father Richard E. Burgess His Birth-place Nant. Date of Disch.....

Maiden Name of Mother Catherine Smith Her Birth-place Nant. Rank.....

Cause of Death—Primary Lobar Pneumonia Secondary Pulmonary Edema Vet's Organization No.....

Certifying Physician Folger Residence.....

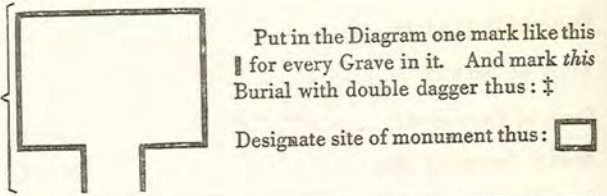
Place of Burial Nantucket Cemetery P.H.

Funeral Service at..... Lot No. 925

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

Date of Interment Jan. 10. Section.....

Social Security No. Marjorie A. Burgess



Casket No. <u>170</u>	<u>265</u>	<u>00</u>	Candles.....	
Size..... Made by.....			Gloves.....	
Interior No.....			Bearers.....	
Handles.....			Hearse to.....	
Plate.....			Removal.....	
Outside Box or Vault.....	<u>25</u>	<u>00</u>	Automobiles.....	
Garment.....			Newspaper Notices.....	
Slippers.....				
Embalming <u>Services</u>	<u>50</u>	<u>00</u>		
Washing and Dressing.....				
Shaving.....				
Services <u>Transfer</u>	<u>10</u>	<u>00</u>		
Use of Chairs.....			Transportation Charges.....	
Church Charges <u>Funeral</u>	<u>25</u>	<u>00</u>	Officiating Clergyman <u>Thompson</u>	
Cemetery Charges.....	<u>20</u>	<u>00</u>	Amount of Bill.....	<u>395</u>
Music.....			Goods Ordered by <u>Marjorie Burgess</u>	<u>00</u>
Flowers.....			Bill Charged to.....	

395.00

DR.

CR.

		<u>June 10.</u>	<u>Check</u>	<u>395</u>
			<b>PAID</b>	
			By <u>Marjorie Burgess</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 3

FOR THE FUNERAL OF

Total to date 2217

Charles H. Blount

Residence 13 Union St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 1 mo 6 days Wife or Widow of Nellie V. Folger

Date of Birth 1877 Dec 15 Age { 73 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 0 Months { Single \_\_\_\_\_ {  
 Date of Death 1951 Jan 12 { 28 Days { Married

Maiden Name \_\_\_\_\_ Birth-place Chatham Mass Occupation Fish Warden Date of Entry \_\_\_\_\_

Name of Father William F. Blount His Birth-place Chatham Date of Disch. \_\_\_\_\_

Maiden Name of Mother Sophronia Ellis Her Birth-place Asterville Rank \_\_\_\_\_

Cause of Death—Primary Cerebral Hem. Secondary Coronary disease Vet's Organization No. \_\_\_\_\_

Certifying Physician Folger Residence Rt. Hemaphysia

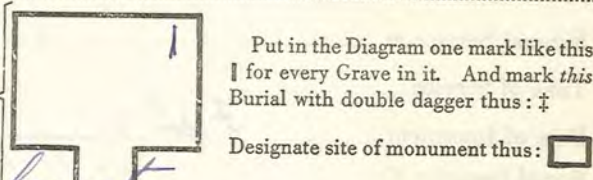
Place of Burial Norbury Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 679

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

Date of Interment Jan 15. Section Rear

Social Security No. 031-03-9620 Nellie V. Blount



Casket No. <u>115-12</u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	<u>25 00</u>	Automobiles <u>Wood 1.</u>	<u>5 00</u>
Garment _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>&amp; Services</u>	<u>50 00</u>	Officiating Clergyman <u>Fitzgerald Baptist</u>	
Washing and Dressing _____		Amount of Bill _____	<u>330 00</u>
Shaving <u>Transfers</u>	<u>10 00</u>	Goods Ordered by <u>Nellie Blount</u>	
Services _____		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. 325.00</b>			

DR.		CR.	
<u>Jan 24</u>	<u>Paid Allan</u>	<u>5 00</u>	<u>Jan 24</u>
			<u>Cash &amp; checks</u>
			<u>330.00</u>
		<b>PAID</b>	
		<u>By Nellie Blount</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 4

FOR THE FUNERAL OF

Total to date 2218

Paul De Barros

Residence 4 New Street Age of husband or wife if alive..... years

Place of Death 4 New Street Wife or Widow of.....

Date of Birth 1950 Jan. 25  
(Year) (Month) (Day)

Date of Death 1951 Feb. 1  
(Year) (Month) (Day) Age { 1 Years { Sex .....  
                              0 Months { Single ✓  
                              7 Days { Married .....

Maiden Name .....

Birth-place New Bedford Occupation None Date of Entry.....

Name of Father Peter De Barros His Birth-place Cape Verde Is. Date of Disch.....

Maiden Name of Mother Anna F. Goncalves Her Birth-place Brava Rank.....

Cause of Death—Primary Sudden death Secondary due to Vet's Organization No. ....

Certifying Physician Folger Med. Co. Residence Pneumonia

Place of Burial Nantucket Cemetery St. Marys

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

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

Date of Interment Feb 3 Section.....

Social Security No. Peter De Barros

Put in 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 No. <u>Boy</u>	<u>50 00</u>	Candles .....	
Size..... Made by.....		Gloves .....	
Interior No.....		Bearers .....	
Handles .....		Hearse to .....	
Plate .....		Removal.....	
Outside Box or Vault .....		Automobiles.....	
Garment .....		Newspaper Notices.....	
Slippers .....			
Embalming <u>services</u>	<u>25 00</u>		
Washing and Dressing .....			
Shaving .....			
Services <u>Interment</u>	<u>10 00</u>		
Use of Chairs .....		Transportation Charges.....	
Church Charges.....		Officiating Clergyman <u>Shovelton</u>	
Cemetery Charges.....		Amount of Bill.....	<u>85 00</u>
Music.....		Goods Ordered by <u>Peter De Barros</u>	
Flowers .....		Bill Charged to .....	

DR. 85. 00

CR.

		<u>March 13</u>	<u>Cash</u>	<u>85 00</u>

PAID

*By Peter De Barros*

# RECORD AND BILL OF ITEMS

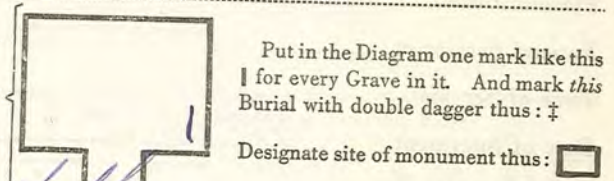
Yearly No. 5

FOR THE FUNERAL OF

Total to date 2219

Lucy H. Burchell

Residence N. E. H. 66 Change St  
 Place of Death N. E. H. 15 days Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth 1 885 Sept 9 (Year) (Month) (Day) Wife or Widow of William E. Burchell  
 Date of Death 19 51 Feb 18 (Year) (Month) (Day) Age 65 Years 5 Months 9 Days Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Single \_\_\_\_\_ Married \_\_\_\_\_  
 Birth-place Nantucket Occupation Housework  
 Name of Father John P. Fisher His Birth-place Nant.  
 Maiden Name of Mother Ella M. Provost Her Birth-place Nant.  
 Cause of Death—Primary Acute Myocardial Secondary Infarction  
 Certifying Physician Collins Residence \_\_\_\_\_  
 Place of Burial Nant. Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 820  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Feb. 21 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



Casket No. <u>110</u>	<u>135 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>for services</u>	<u>50 00</u>	Officiating Clergyman <u>Thompson</u>	
Washing and Dressing _____		Amount of Bill	<u>260 00</u>
Shaving _____		Goods Ordered by <u>Gilbert Burchell</u>	
Services <u>Transfer</u>	<u>5 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>&gt;</u>			
Cemetery Charges <u>Funeral</u>	<u>25 00</u>		
Music	<u>20 00</u>		
Flowers			
<b>DR.</b>	<u>260 00</u>		<b>CR.</b>

		<u>Jan 4</u>	<u>check</u>	<u>260 00</u>
			<b>PAID</b>	
			<u>By</u>	
			<u>Gilbert Burchell</u>	

RECORD AND BILL OF ITEMS

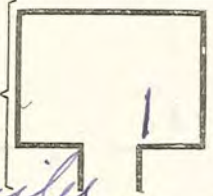
Yearly No. 6

FOR THE FUNERAL OF

Total to date 222

Charlotte G. Swinburne

Residence 3 Academy Lane, Place of Death N.C.H. 1 day, Date of Birth 1862 Aug 29, Date of Death 1951 Mar 5, Maiden Name Charlotte G. Swinburne, Birth-place Newark N.Y., Occupation housework, Name of Father James H. Whitbeck, His Birth-place Newark N.Y., Maiden Name of Mother Priscilla R. Gardner, Her Birth-place Nant., Cause of Death Primary cerebral Hem., Secondary Hypertension, Certifying Physician Menays, Residence old fracture left hip, Place of Burial Nant., Cemetery P.H., Funeral Service at Lot No. 255, Time of Service, Date of Interment Mar 7, Social Security No. Charlotte W. Hails



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

Table with 3 columns: Description, Amount, and Total. Includes items like Casket No. 115 (195 00), Outside Box or Vault (25 00), Embalming Services (50 00), Services Transfers (10 00), Church Charges Funeral (25 00), Cemetery Charges (20 00), and Amount of Bill (325).

DR.

325.00

CR.

Payment record table with columns for date and amount. Entry: Oct 2, 1951 Check 325. Includes a 'PAID' stamp and signature of Charlotte W. Hails.

# RECORD AND BILL OF ITEMS

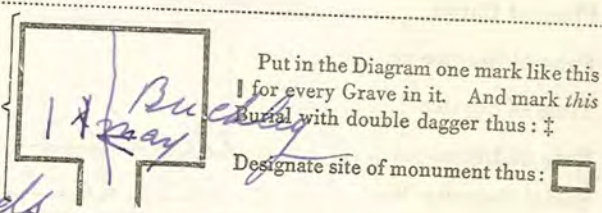
Yearly No. 7

FOR THE FUNERAL OF

Total to date 2221

Isabelle C. Doroff

Residence	New Island Home	Age of husband or wife if alive	
Place of Death	N. C. H.	Wife or Widow of	May Doroff
Date of Birth	1873	Age	78 Years
Date of Death	1951		0 Months
Maiden Name			3 Days
Birth-place	Pembroke Maine	Sex	
Name of Father	George Millier	Single	
Maiden Name of Mother	Hannah	Married	
Cause of Death-Primary	Cerebral Hem.	Occupation	Housewife
Certifying Physician	F. A. Jones	His Birth-place	England
Place of Burial	Newtown	Her Birth-place	Maine
Funeral Service at		Secondary	Chronic Myo.
Time of Service		Residence	
Date of Interment	March 12	Cemetery	
Social Security No.		Lot No.	
		Grave No.	
		Section	



Casket No.	Candles	Gloves	Bearers
Size..... Made by.....			
Interior No.			
Handles			
Plate			
Outside Box or Vault			
Garment			
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services			
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			
	Removal		
	Automobiles <u>Pease</u>		5 00
	Newspaper Notices		
	Funeral Complete		150 00
	Transportation Charges		
	Officiating Clergyman <u>Horton</u>		5
	Amount of Bill		150 00
	Goods Ordered by <u>Mrs. Donald Allen</u>		
	Bill Charged to		

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

mch	10	Paid Horton	5 00	mch 10	Rec Cash	150 00
	12	Paid Pease	5 00			

PAID

By Mrs Donald Allen

# RECORD AND BILL OF ITEMS

Yearly No. 8.

FOR THE FUNERAL OF

Total to date 2822

Louise M. Barnett.

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

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

Date of Birth 1 891 March 21 Sex Divorced Color or Race Colored

(Year) (Month) (Day)

Date of Death 19 57 March 15 Age { Years { Sex { Color or Race

(Year) (Month) (Day) { Months { Single { Colored

{ Days { Married {

Maiden Name.....

Birth-place Springfield Mass Occupation Cook Date of Entry.....

Name of Father D. Irving His Birth-place..... Date of Disch.....

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

Cause of Death—Primary Cerebral Hem. Secondary Hypertension Vet's Organization No.....

Certifying Physician Folger Residence Diabetes Mellitus

Place of Burial Nant. Cemetery St Marys

Funeral Service at..... Lot No. Price \$ 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 March 17. Section.....

Social Security No. 016-01-9188 Antone Corcia

Casket No. <u>116</u>	<u>150 00</u>	Candles.....	
Size..... Made by.....		Gloves.....	
Interior No.....		Bearers.....	
Handles.....		Hearse to.....	
Plate.....		Removal.....	
Outside Box or Vault.....	<u>25 00</u>	Automobiles <u>Pease 2</u>	<u>10 00</u>
Garment.....		" <u>1</u>	<u>3 00</u>
Slippers.....		Newspaper Notices.....	<u>285 00</u>
Embalming <u>of Service</u>	<u>50 00</u>		<u>298 00</u>
Washing and Dressing.....			
Shaving.....			
Services <u>Transfer</u>	<u>10 00</u>	Transportation Charges.....	
Use of Chairs <u>Rail etc</u>	<u>5 00</u>	Officiating Clergyman <u>Shovelton.</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill.....	<u>338 00</u>
Cemetery Charges.....	<u>21 00</u>	Goods Ordered by.....	
Music.....		Bill Charged to.....	
Flowers.....	<u>285 00</u>		
	<u>325 00</u>		

DR.

CR.

July	30	Paid Pease Cash	13 00	July	30	1/57 Check for Money order	298 00

PAID

By Vera De Grass  
Trotting Park Rd.  
Fallmouth.

# RECORD AND BILL OF ITEMS

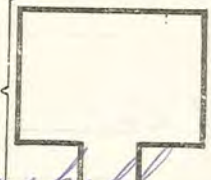
Yearly No. 9

FOR THE FUNERAL OF

Total to date 2223

Mary Delano Manning

Residence 58 Fair 5 Mos. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 58 Fair. Wife or Widow of Frederick W. Manning  
 Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age { 75 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 51 (Year) Mch (Month) 19 (Day) \_\_\_\_\_ Months \_\_\_\_\_ Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Days \_\_\_\_\_ Married \_\_\_\_\_  
 Birth-place Durham Mass Occupation None Date of Entry \_\_\_\_\_  
 Name of Father Heriman H. Delano His Birth-place Durham Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Helen H. Ausburn Her Birth-place Bridgewater Rank \_\_\_\_\_  
 Cause of Death—Primary Sudden death Secondary Heart Disease Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Folger Med. Co. Residence Coronary Thrombosis  
 Place of Burial Andover Cemetery Old South  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Mch 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:

Eunice M. Haskell

Casket No. <u>110</u>	<u>135 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>&amp; hds</u>	<u>30 00</u>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____		Transportation Charges <u>tickets</u>	<u>6 75</u>
Embalming <u>&amp; services</u>	<u>50 00</u>	Officiating Clergyman _____	
Washing and Dressing _____		Amount of Bill _____	<u>231 75</u>
Shaving _____		Goods Ordered by <u>Eunice M. Haskell</u>	
Services <u>Transfer</u>	<u>10 00</u>	Bill Charged to _____	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges _____			
Music _____			
Flowers _____			

DR. 225.00

CR.

Shipped to: Ellis R. Delano 188 Belmont St. Brockton Phone 72.	July 21	check	150 00
	" 21	"	81 75
			231 75
<b>PAID</b>			
By Dr. Miriam Manning 77 Warren St. Brockton Mass.			

# RECORD AND BILL OF ITEMS

Yearly No. 90

FOR THE FUNERAL OF

Total to date 2224

*John A. Lopes*

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

Place of Death N.C.H. 6 days Wife or Widow of.....

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

Date of Death 19 51 (Year) Mch (Month) 20 (Day)

Age { 74 Years { Sex { } Color or Race {  
 { Months { Single   
 { Days { Married {

Maiden Name .....

Birth-place Cape Verde Isls Occupation Day laborer Date of Entry.....

Name of Father John A. Lopes His Birth-place Cape Verde Isls Date of Disch.....

Maiden Name of Mother Antonia Santos Her Birth-place " " " " " " " " Military Service Record Rank.....

Cause of Death—Primary Carcinoma of Secondary Stomach Vet's Organization No.....  
Folger

Certifying Physician Nant. Residence Intestinal obstruction

Place of Burial..... Cemetery St Marys

Funeral Service at..... Lot No. 1  
Bockrow Put in the Diagram one mark like this  
 Time of Service..... Grave No. | for every Grave in it. And mark this  
 Date of Interment Mch 22 Section..... ‡ Burial with double dagger thus: ‡  
 Social Security No. John Records Designate site of monument thus:

Casket No. ....	Candles .....		
Size..... Made by.....	Gloves .....		
Interior No. ....	Bearers .....		
Handles .....	Hearse to .....		
Plate .....	Removal .....		
Outside Box or Vault .....	Automobiles <u>Please 1</u> .....	5 00	
Garment .....	" <u>1</u> .....	3 00	
Slippers .....	Newspaper Notices .....		
Embalming .....	<u>Removal, Preparation</u> .....		
Washing and Dressing .....	<u>Casket, Outside Case &amp;</u> .....		
Shaving .....	<u>Securing Necessary Permit</u> .....	100 00	
Services .....	<u>Opening &amp; Closing Grave</u> .....	20 00	
Use of Chairs .....	Transportation Charges <u>Diner &amp; mats</u> .....	10 00	
Church Charges .....	Officiating Clergyman <u>Shovelton</u> .....		
Cemetery Charges .....	Amount of Bill .....	138 00	
Music .....	Goods Ordered by <u>Welfare Dept</u> .....		
Flowers .....	Bill Charged to .....		

DR.

CR.

	<u>Apr. 6</u>	<u>check</u>	<u>138 00</u>
		<b>Paid</b>	
		<u>By Town Treasurer</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 11

FOR THE FUNERAL OF

Total to date 2225

Mary B. Worth

Residence Walsh St.

Place of Death 2110 Kohl Ave Orlando Fla 4 mos Age of husband or wife if alive 75 years

Date of Birth 1 875 (Year) March (Month) 20 (Day)

Date of Death 19 51 (Year) March (Month) 27 (Day)

Maiden Name \_\_\_\_\_ Age { 75 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Birth-place New Bedford Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father Allen Coffin His Birth-place Brockton Date of Disch. \_\_\_\_\_

Maiden Name of Mother Isabella M. Lucas Her Birth-place New Bedford Rank \_\_\_\_\_

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nantucket Cemetery P.H.

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

Time of Service \_\_\_\_\_ Grave No. 927

Date of Interment March 25 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: □

Isabel Worth 144 Woodbury St. Manchester Conn.

Casket No. ....	Candles .....	Comm.
Size .....	Gloves .....	
Interior No. ....	Bearers .....	
Handles .....	Hearse to .....	
Plate .....	Removal <u>From Boat</u>	5 00
Outside Box or Vault .....	Automobiles <u>Funeral</u>	25 00
Garment .....	<u>Cemetery Chgs</u>	20 00
Slippers .....	Newspaper Notices .....	
Embalming .....		
Washing and Dressing .....		
Shaving .....		
Services .....		
Use of Chairs .....	Transportation Charges .....	
Church Charges .....	Officiating Clergyman .....	
Cemetery Charges .....	Amount of Bill .....	50 00
Music .....	Goods Ordered by .....	
Flowers .....	Bill Charged to .....	

DR.

CR.

May 9 Check 50 00

**PAID**

By Isabel Worth

# RECORD AND BILL OF ITEMS

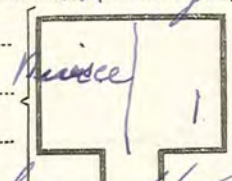
Yearly No. 12.

FOR THE FUNERAL OF

Total to date 2226

Antone Correia

Residence 7 Warren St. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 7 Warren St. Wife or Widow of Marion Lomba  
 Date of Birth \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) Age about 68 Years { Sex \_\_\_\_\_ } Color or Race Colored  
 Date of Death 1951 (Year) Apr (Month) 1 (Day) Age \_\_\_\_\_ Months { Single \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ Days { Married \_\_\_\_\_ }  
 Birth-place Cape Verde Isls Occupation Laborer Date of Entry \_\_\_\_\_  
 Name of Father Casino Correia His Birth-place Cape Verde Isls Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Mary Dalivaminto Her Birth-place " " " " Rank \_\_\_\_\_  
 Cause of Death—Primary Aneurism Secondary Syphilis Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Mengy Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St. Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Apr 4 Section \_\_\_\_\_  
 Social Security No. Vera De Grass Falmouth, 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 No. <u>110</u>	150 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	25 00	Automobiles <u>Please 2</u>	10 00
Garment _____		<u>" 1</u>	3 00
Slippers _____		Newspaper Notices	
Embalming <u>Services</u>	50 00	<u>Door Spray</u>	5 00
Washing and Dressing _____			285 00
Shaving _____			
Services <u>Transfer</u>	10 00	Transportation Charges	303 00
Use of Chairs _____		Officiating Clergyman <u>Shovelton</u>	
Church Charges <u>Funeral</u>	25 00	Amount of Bill	298 00
Cemetery Charges _____	20 00	Goods Ordered by _____	
Music <u>Use of Band etc</u>	5 00	Bill Charged to _____	
Flowers _____			
DR. <u>285.00</u>		CR.	

July 30	Paid Please Cash	13 00	July 30	Check of Money order	303 00

PAID

By Vera De Grass  
 Trotting Park Rd  
 Falmouth

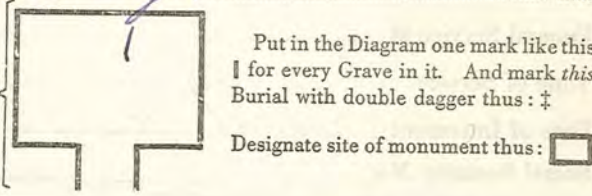
# RECORD AND BILL OF ITEMS

Yearly No. 13

FOR THE FUNERAL OF

Total to date 2227

Antone Santos  
 Residence Codfish Park Seonset  
 Place of Death Taunton State Hosp. 5 mos 4 Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_  
 Date of Death 19 51 (Year) Apr (Month) 6 (Day) Age { 79 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 1 Months { Single \_\_\_\_\_  
 Birth-place Azores Occupation Carpenter { 12 Days { Married \_\_\_\_\_  
 Name of Father Manuel Santos His Birth-place Azores Military Service Record \_\_\_\_\_  
 Maiden Name of Mother Francisca ? Her Birth-place Azores Date of Entry \_\_\_\_\_  
 Cause of Death—Primary Terminal Broncho Secondary Pneumonia Date of Disch. \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence Celluletis Pt. foot Rank \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St. Marys Vet's Organization No. \_\_\_\_\_  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Apr 10 Section \_\_\_\_\_  
 Social Security No. Taunton Records



Casket No. <u>4 Boy</u>	<u>125 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____		Automobiles <u>Pearl</u>	<u>3 00</u>
Garment _____		Newspaper Notices	
Slippers _____		<u>Fairley Taunton Exp.</u>	<u>45 00</u>
Embalming _____		Transportation Charges	<u>19 52</u>
Washing and Dressing _____		Officiating Clergyman <u>J. S. Shovelton</u>	<u>175 00</u>
Shaving _____		Amount of Bill	<u>242 52</u>
Services <u>Transfer</u>	<u>5 00</u>	Goods Ordered by <u>Antone Santos</u>	
Use of Chairs _____		Bill Charged to _____	
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>20 00</u>		
Music _____			
Flowers _____			

DR.

175.00

CR.

		<u>June 25</u>	<u>John Stanish</u>	<u>80 00</u>	<u>Cash</u>
		<u>" 30</u>	<u>John Santos</u>	<u>160 00</u>	
				<u>240.00</u>	
<b>PAID</b>					
By <u>John Santos</u> and <u>John Stanish</u>					

RECORD AND BILL OF ITEMS

Yearly No. 14

FOR THE FUNERAL OF

Total to date 2228

*Frank Joseph A. Vieira Jr*

Residence 64 Union St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Upper harbor Nant. Wife or Widow of Nellie Florence Third

Date of Birth 1923 Aug 17 (Year) (Month) (Day) Age 27 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Date of Death 1951 Feb 1 (Year) (Month) (Day) Age 5 Months { Single \_\_\_\_\_ } \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 15 Days } Married \_\_\_\_\_

Birth-place Nantucket Occupation Fisherman Date of Entry 6-5-43

Name of Father Joseph A. Vieira His Birth-place Portugal Date of Disch. 12-23-45

Maiden Name of Mother Elizabeth P. Thomas Her Birth-place Nant. Rank Boatswain's mate

Cause of Death—Primary Drowning in Secondary Upper harbor Vet's Organization No. 801962

Certifying Physician F. O. W. Med. by Residence Accidental

Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 1012

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

Date of Interment April 14, 1951 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ V. F. W. 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 No.	<u>75 00</u>	Candles	
Size Made by		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	<u>25 00</u>	Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services	<u>25 00</u>		
Use of Chairs		Transportation Charges	
Church Charges		<u>1st. Service Brightwell</u>	
Cemetery Charges <u>Interment</u>	<u>25 00</u>	Officiating Clergyman <u>+ Seylor</u>	
Music		Amount of Bill	
Flowers		Goods Ordered by	
		Bill Charged to <u>Veterans Adms.</u>	

DR. 150.00 CR.

	<u>Found by George Andrews June 4</u>	<u>Check</u>	<u>150 00</u>
<u>on</u>	<u>Ciskata beach Apr 12, 1951</u>		
		<b>PAID</b>	
		<u>By Veterans Adms.</u>	

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 16

FOR THE FUNERAL OF

Total to date 2229

Gladys Christine Crawford

Residence 3 Ankates Ave. Sea Scout Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 36 West Chester St. Wife or Widow of Albert B. Crawford

Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_  
 Date of Death 19 51 (Year) Apr (Month) 11 (Day) \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Age { Years \_\_\_\_\_ Sex Divorced Color or Race \_\_\_\_\_  
 { Months \_\_\_\_\_ Single \_\_\_\_\_  
 { Days \_\_\_\_\_ Married \_\_\_\_\_

Birth-place Ohio Occupation Housework unhome Date of Entry \_\_\_\_\_

Name of Father Harley Christie His Birth-place Ohio Date of Disch. \_\_\_\_\_

Maiden Name of Mother Helen Pallas Her Birth-place Cape Town Rank \_\_\_\_\_

Cause of Death—Primary Carbon Monoxide Secondary asphyxia found Vet's Organization No. \_\_\_\_\_

Certifying Physician Folger Med Co Residence in kitchen head in gas stove over

Place of Burial Unmatted Apr 16 Forest Hill Cemetery Suicide Barbiturate

Funeral Service at Arranged interred at Maryland Lot No. \_\_\_\_\_

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

Date of Interment May 2 shipped to Annapolis Md. Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Miss George Anderson

10 Brown St. Brookline MA

Casket No. <u>80</u>	<u>110 00</u>	Candles <u>Phone Annapolis 7-9854</u>	
Size _____ Made by _____		Gloves _____	
Interior No. _____		Bearers _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	<u>30 00</u>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____			
Embalming <u>of Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>10 00</u>		
Use of Chairs _____		Transportation Charges _____	
Church Charges _____		Officiating Clergyman _____	
Cemetery Charges _____		Amount of Bill _____	<u>2 00 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 200.00 CR.

	<u>Autopsy Sept 13</u>		<u>Aug 8</u>	<u>Check</u>	<u>314 67</u>
	<u>By Dr. Herald</u>				
	<u>Gladys C. &amp; Barbara</u>				
	<u>Transportation Chgs</u>	<u>26 70</u>			
	<u>Cremation Exp. &amp; Transfer</u>	<u>145 00</u>			
	<u>Toll Calls</u>	<u>1 65</u>			
	<u>2 Copper Vases</u>	<u>50 00</u>			
	<u>Parcel Post &amp; Ins.</u>				
	<u>to Maryland</u>	<u>6 00</u>			
		<u>00</u>			
		<u>229 35</u>			
<u>Aug 8</u>	<u>Rec Check Gladys C.</u>	<u>114 67</u>			
		<u>114 68</u>			

**PAID** By Helen C Tracy  
 By David L. Daggett atty.  
 7205 Church St  
 New Haven Conn.

# RECORD AND BILL OF ITEMS

Yearly No. 16

FOR THE FUNERAL OF

Total to date 223.00

Barbara Crawford

Residence 36 Parkside Ave. Sea Scout Age of husband or wife if alive..... years

Place of Death 36 West Chestnut St Wife or Widow of.....

Date of Birth 1 (Year) 1 (Month) 11 (Day) Age { 30 Years { Sex..... Color or Race

Date of Death 19 51 (Year) Apr. (Month) 11 (Day) { Months { Single  Married.....

Maiden Name.....

Birth-place Florida Occupation None Date of Entry.....

Name of Father Albert B Crawford His Birth-place Russia Date of Disch.....

Maiden Name of Mother Gladys Christie Her Birth-place Ohio Rank.....

Cause of Death—Primary Barbiturate poisoning found dead in bed. Secondary..... Vet's Organization No.....

Certifying Physician Folan Med Ex Residence.....

Place of Burial Cremated Apr 16 Forest Hills Int. at Maryland. Cashers 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 Shipped Grave No.  Designate site of monument thus:

Date of Interment May 2 at Annapolis Maryland Section.....

Social Security No. Mrs. George Anderson

Casket No. <u>80</u>	110	00	Candles.....		
Size..... Made by.....			Gloves.....		
Interior No.....			Bearers.....		
Handles.....			Hearse to.....		
Plate.....			Removal.....		
Outside Box or Vault.....	30	00	Automobiles.....		
Garment.....			Newspaper Notices.....		
Slippers.....					
Embalming <u>&amp; Services</u>	50	00			
Washing and Dressing.....					
Shaving.....					
Services <u>Transfer</u>	10	00	Transportation Charges.....		
Use of Chairs.....			Officiating Clergyman.....		
Church Charges.....			Amount of Bill.....	200	00
Cemetery Charges.....			Goods Ordered by.....		
Music.....			Bill Charged to.....		
Flowers.....					

DR.

200 00

CR.

			Aug 17	Check	200 00
				PAID	
				By David L. Duggitt	

Barbiturate Poisoning found dead in bed Barbara  
Carbon Monoxide asphyxia  
found in kitchen head in gas stove suicide Gladys  
Barbiturate

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 17

FOR THE FUNERAL OF

Total to date 2231

Annie H. Gibbs

Residence 43 Orange St Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 43 Orange St Wife or Widow of Haughton Gibbs

Date of Birth 1 875 (Year) Jan (Month) 1 (Day) Age { 76 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 19 51 (Year) Apr (Month) 23 (Day) { 3 Months { Single \_\_\_\_\_ { \_\_\_\_\_

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

Birth-place Prince Edwards Is. Canada Occupation House wife Date of Entry \_\_\_\_\_

Name of Father Herbert J. Hayes His Birth-place Prince Edwards Date of Disch. \_\_\_\_\_

Maiden Name of Mother Jane Milligan Her Birth-place " Rank \_\_\_\_\_

Cause of Death—Primary Carcinoma of Rectum Secondary Tuberculosis of Vet's Organization No. \_\_\_\_\_


Certifying Physician M. Ingers Residence left hip

Place of Burial Newburket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 216

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

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

Social Security No. \_\_\_\_\_ Edward B Hayes  Put in 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 No. <u>1707-12</u>	<u>285 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<u>185 00</u>	Automobiles <u>Pease 2</u>	<u>10 00</u>
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>for service</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____		<u>Door Spray</u>	<u>5 00</u>
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>Thompson</u>	<u>10 00</u>
Cemetery Charges _____	<u>20 00</u>	Amount of Bill _____	<u>590 00</u>
Music _____		Goods Ordered by <u>Edward B Hayes</u>	
Flowers _____		Bill Charged to _____	

DR. 575.00

CR.

<u>Sept 12</u>	<u>Pd Pease</u>	<u>10 00</u>	<u>Sept 12/51</u>	<u>check</u>	<u>600 00</u>

**PAID**  
By Elmer B Hayes

RECORD AND BILL OF ITEMS

Yearly No. 18

FOR THE FUNERAL OF

Total to date 2232

Anna M. Coffin

Residence 147 Main St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 147 Main St. Wife or Widow of Henry Coffin

Date of Birth 1879 Nov 18 Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death 1951 Apr 26 Age { 71 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
(Year) (Month) (Day) { 5 Months { Single \_\_\_\_\_  
 { 8 Days { Married \_\_\_\_\_

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

Birth-place Nantucket Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father Frank A. Mitchell His Birth-place Montpelier Vt. Date of Disch. \_\_\_\_\_

Maiden Name of Mother Emily F. Gibbs Her Birth-place Nant. Rank \_\_\_\_\_

Cause of Death—Primary Sudden death Secondary Heart disease Vet's Organization No. \_\_\_\_\_

Certifying Physician Folger Med Ex. Residence Coronary Thrombosis

Place of Burial Nant. Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 414

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

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

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

1

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

Casket No. <u>170</u>	265 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	25 00	Automobiles	
Garment <u>Grey Dress</u>	18 00	Newspaper Notices	
Slippers _____		Toll Calls & telegram	1 85
Embalming <u>of services</u>	50 00	Transportation Charges	
Washing and Dressing _____		Officiating Clergyman <u>Thompson</u>	
Shaving _____		Amount of Bill	409 85
Services <u>Transfer</u>	5 00	Goods Ordered by _____	
Use of Chairs _____		Bill Charged to _____	
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	20 00		
Music _____			
Flowers _____			

DR. 408.50. CR.

	Sept 10/51 check		409 85
		PAID	
		By James J. Butler - Adm.	
		73 Tremont St.	
		Boston.	



# RECORD AND BILL OF ITEMS

Yearly No. 19 FOR THE FUNERAL OF William J Walsh Total to date 2233

Residence 40 Liberty St. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death " " " " Wife or Widow of Sarah A. Cudlipp  
 Date of Birth 1867 Apr. 11 (Year) (Month) (Day) Age { 84 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1951 Apr. 27 (Year) (Month) (Day) { \_\_\_\_\_ Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { \_\_\_\_\_ Days { Married \_\_\_\_\_ {  
 Birth-place Brooklyn N.Y. Occupation Secretary Retired Date of Entry \_\_\_\_\_  
 Name of Father William H. Walsh His Birth-place Brooklyn Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Emma Weaver Her Birth-place Chesta Pa. Rank \_\_\_\_\_  
 Cause of Death—Primary General Arteriosclerosis Secondary Chronic Myo Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Fulger Residence Cardiac Compensation  
 Place of Burial Cremation Forest Hills Cemetery \_\_\_\_\_  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. Frank C. Walsh 424 So. Carlisle St Put in 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 No. <u>110</u>	<u>135 00</u>	Candles <u>Philadelphia Pa</u>	
Size _____ Made by _____		Gloves _____	
Interior No. _____		Bearers _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	<u>30 00</u>	Automobiles _____	
Garment _____		Telegrams <u>D. N.</u>	<u>2 23</u>
Slippers _____		Newspaper Notices _____	<u>13 10</u>
Embalming <u>Services</u>	<u>50 00</u>	Cremation by process of transfer	<u>75 00</u>
Washing and Dressing _____		Copper Urn	<u>25 00</u>
Shaving _____		Cerpanist	<u>5 00</u>
Services <u>Transfer</u>	<u>10 00</u>	Transportation Charges _____	<u>12 37</u>
Use of Chairs _____		Officiating Clergyman <u>Johnson</u>	<u>132 70</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill _____	<u>382 70</u>
Cemetery Charges _____		Goods Ordered by _____	
Music _____		Bill Charged to _____	
Flowers _____			

DR.

250.00

CR.

Sept 6/51 Check

382 70

**PAID**

By Frank C. Walsh  
1424 South Carlisle St  
Philadelphia 46 Pa.

# RECORD AND BILL OF ITEMS

Yearly No. 20

FOR THE FUNERAL OF

Total to date 2234

*Reuben G Coffin*

Residence 9 Darling St Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 20 days Wife or Widow of Edith E. Buchanan

Date of Birth 1879 March 20 (Year) (Month) (Day)

Date of Death 1951 May 15 (Year) (Month) (Day) Age 72 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

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

Birth-place Nantucket Occupation Druggist Retired 3 mos Date of Entry \_\_\_\_\_

Name of Father James B. Coffin His Birth-place Nant. Date of Disch. \_\_\_\_\_

Maiden Name of Mother Martha W. Chadwick Her Birth-place Nant. Rank \_\_\_\_\_

Cause of Death—Primary Coronary thrombosis Secondary Chronic Nephritis Vet's Organization No. \_\_\_\_\_

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

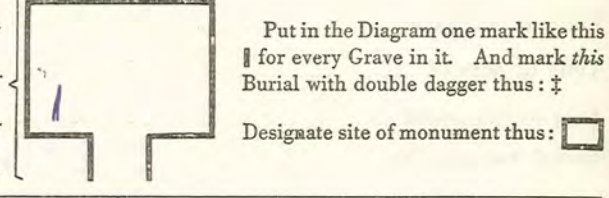
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 884

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

Date of Interment May 17. Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Edythe C. Day



Casket No. <u>1097</u>	<u>350 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	<u>25 00</u>	Automobiles <u>Wood 2</u>	<u>10 00</u>
Garment _____		<u>Peace 2</u>	<u>10 00</u>
Slippers _____		Newspaper Notices _____	
Embalming <u>Services</u>	<u>50 00</u>	<u>Lot No. 884</u>	<u>60 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>Masons</u>	
Cemetery Charges _____	<u>20 00</u>	Amount of Bill _____	<u>555 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 475.00 CR.

			<u>Oct 11. 1951</u>	<u>Check</u>	<u>555 00</u>
				<b>PAID</b>	
				<u>By Edythe C. Day Adm.</u>	

# RECORD AND BILL OF ITEMS

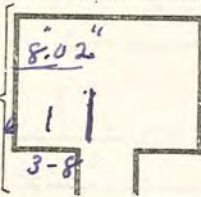
Yearly No. 21

FOR THE FUNERAL OF

Total to date 2235

Maudie W. Robinson

Residence 57 Centre St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 57 Centre St Wife or Widow of John H. Robinson  
 Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age { 77 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 51 May 23 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age { \_\_\_\_\_ Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Days { Married \_\_\_\_\_  
 Birth-place Wyandotte Kansas Occupation House wife Date of Entry \_\_\_\_\_  
 Name of Father Leman Harper His Birth-place Michigan Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Unknown Her Birth-place \_\_\_\_\_ Rank \_\_\_\_\_  
 Cause of Death—Primary Sudden death Secondary Coronary Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Dr. J. Med. Ex. Residence Thomson  
 Place of Burial Warruck Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 227  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 25 Section 4-0  
 Social Security No. \_\_\_\_\_ John H. Robinson



Put in 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 No. <u>4357-12</u>	<u>3.35 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Thompson</u>	
Washing and Dressing _____		Amount of Bill	<u>465 00</u>
Shaving _____		Goods Ordered by <u>John H. Robinson</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 _____			
<b>DR.</b>	<u>465.00</u>		<b>CR.</b>

Oct. 5 1951. Check 465 00  
**PAID**  
 By John H. Robinson

RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to date 2236

*Inez E. Simpson*

Residence *O.P.H. 115 Main St* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *N. C. H. 2 days* Wife or Widow of *William E. Simpson*

Date of Birth *1869 Sept. 20* Age *81* Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death *1951 May 27* Age *8* Months Single *Separated*

Maiden Name \_\_\_\_\_ Age *9* Days Married \_\_\_\_\_

Birth-place *New Bedford* Occupation *Housekeeper* Date of Entry \_\_\_\_\_

Name of Father *Lattimer Blake* His Birth-place \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Maiden Name of Mother *Luce Hammond* Her Birth-place *Mattapoisett* Rank \_\_\_\_\_

Cause of Death—Primary *Cerebral thrombosis* Secondary *Thrombosis* Vet's Organization No. \_\_\_\_\_

Certifying Physician *Collins* Residence *right leg*

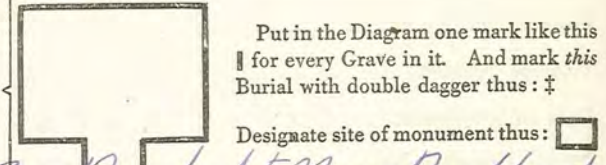
Place of Burial *Mattapoisett* Cemetery *Ellis*

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

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

Date of Interment *June 1* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ *Isabel Simpson 292 Park St. New Bedford*



Casket No. <i>110</i>	<i>135 00</i>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	<i>25 00</i>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____			
Embalming _____	<i>35 00</i>		
Washing and Dressing _____			
Shaving _____			
Services <i>Transfer</i>	<i>10 00</i>	<i>E. F. Wilson</i>	<i>41 00</i>
Use of Chairs _____		Transportation Charges _____	<i>7 20</i>
Church Charges _____		Officiating Clergyman _____	<i>230 00</i>
Cemetery Charges <i>Funeral</i>	<i>25 00</i>	Amount of Bill _____	<i>278 20</i>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. *230.00* CR.

<i>Shipped to</i>		<i>Aug 17</i>	<i>Check</i>	<i>278 20</i>
<i>E. F. Wilson</i>			<i>Pd Ticket &amp; E F Wilson</i>	<i>48 20</i>
				<i>230 00</i>
			<i>Gratuity</i>	<i>30 00</i>
				<i>200 00</i>
			<b>PAID</b>	
			<i>By O.P.H. Assn.</i>	

1949-1953

# RECORD AND BILL OF ITEMS

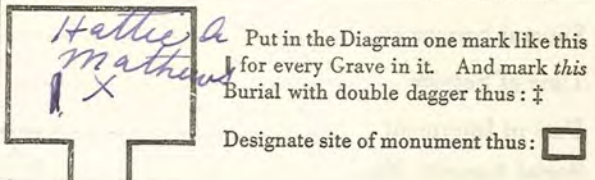
Yearly No. 23

FOR THE FUNERAL OF

Total to date 2287

Ella C. Rose

Residence 43 Washington St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. 2 mos 8 days Wife or Widow of Antone F. Rose  
 Date of Birth 1873 Apr 20 Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1951 May 31 Age { 78 Years { Single \_\_\_\_\_ Married \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 1 Months { Colored  
 { 11 Days {  
 Birth-place Washington D.C. Occupation Housewife Date of Entry \_\_\_\_\_  
 Name of Father William Gay His Birth-place White Post Va Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Hattie A. Tyler Her Birth-place " " Va Rank \_\_\_\_\_  
 Cause of Death—Primary Carcinoma of Cervix Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Menges Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section South  
 Social Security No. \_\_\_\_\_ Marie Peters



Casket No. <u>1707-12</u>	<u>285.00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<u>25.00</u>	Automobiles	
Garment <u>Grey Dress</u>	<u>20.00</u>	Newspaper Notices	
Slippers _____			
Embalming <u>Services</u>	<u>50.00</u>		
Washing and Dressing _____			
Shaving _____		<u>Single Grave</u>	<u>10.00</u>
Services <u>Transfers</u>	<u>10.00</u>	Transportation Charges	
Use of Chairs _____		Officiating Clergyman <u>Frederickson</u>	
Church Charges <u>Funeral</u>	<u>25.00</u>	Amount of Bill	<u>445.00</u>
Cemetery Charges _____	<u>20.00</u>	Goods Ordered by <u>Marie Peters</u>	
Music _____		Bill Charged to _____	
Flowers _____			

DR.

435.00

CR.

		<u>June 16</u>	<u>Cash &amp; Check</u>	<u>314.00</u>
		<u>" 25</u>	<u>Check S.H. Dickson</u>	<u>131.00</u>
				<u>445.00</u>
			<b>PAID</b>	
			<u>Marie Peters</u>	

RECORD AND BILL OF ITEMS

Yearly No. 24

FOR THE FUNERAL OF

Total to date 2238

Carrie M. Mantel

Residence 14 Pleasant St. Age of husband or wife if alive 20 days years

Place of Death N. C. H. Wife or Widow of Gilbert Mantel

Date of Birth 1 897 (Year) May 11 (Month) (Day)

Date of Death 19 51 (Year) June 3 (Month) (Day)

Age { 54 Years { Sex ..... } Color or Race

{ 0 Months { Single ..... }

{ 23 Days { Married ..... }

Maiden Name ..... Occupation House wife Date of Entry .....

Birth-place West Chester Station His Birth-place Wentworth Date of Disch. ....

Name of Father Samuel Flemming Her Birth-place Norwalk Rank .....

Maiden Name of Mother Bertha Nelson Cause of Death—Primary Cerebral thrombosis Secondary Hypertension Vet's Organization No. ....

Certifying Physician Collins Residence Artesian

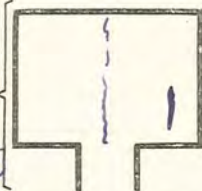
Place of Burial ..... Cemetery .....

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

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

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

Social Security No. Gilbert Mantel



Put in 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 No. <u>1707-12</u>	<u>285 00</u>	Candles	
Size..... Made by.....		Gloves	
Interior No. ....		Bearers	
Handles .....		Hearse to	
Plate .....		Removal	
Outside Box or Vault .....	<u>185 00</u>	Automobiles	
Garment .....		Newspaper Notices	
Slippers .....			
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 .....		Officiating Clergyman	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>570 00</u>
Cemetery Charges .....	<u>20 00</u>	Goods Ordered by <u>Gilbert Mantel</u>	
Music .....		Bill Charged to .....	
Flowers .....			

DR.

570.00

CR.

				<u>June 19</u>	<u>Check</u>	<u>570 00</u>

1949-1953

RECORD AND BILL OF ITEMS

Yearly No. 25

FOR THE FUNERAL OF

Total to date 2239

Willis Tobie

Residence 37 Union St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 15 days Wife or Widow of Mary Emma Hatch

Date of Birth 1 874 Mch. 21 Age 77 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death 19 51 June 16 Age 2 Months Single \_\_\_\_\_  
 (Year) (Month) (Day)

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

Birth-place Providence R.I. Occupation Secretary Retired Date of Entry June 6/98

Name of Father Edward C. Tobie His Birth-place Swiston Me Date of Disch. Oct. 26/98

Maiden Name of Mother Addie Phipps Her Birth-place \_\_\_\_\_ Rank Private 1st Light Art.

Cause of Death—Primary lymphatic Secondary Leukemia Vet's Organization No. Co. Battery a.

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

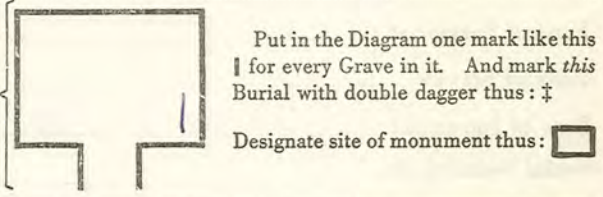
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 497

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

Date of Interment June 19, 1951 Section \_\_\_\_\_

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



Casket No. <u>80</u>	<u>75 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	<u>25 00</u>	Automobiles <u>Pearse 1.</u>	<u>5 00</u>
Garment _____		Newspaper Notices _____	
Slippers _____			
Embalming _____	<u>25 00</u>		
Washing and Dressing _____			
Shaving _____			
Services _____			
Use of Chairs _____		Transportation Charges _____	
Church Charges _____		Officiating Clergyman <u>Horton.</u>	
Cemetery Charges <u>Interment</u>	<u>25 00</u>	Amount of Bill _____	
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to <u>Veterans Adms</u>	

DR. 150 00 CR.

			<u>Aug 27</u>	<u>Check</u>	<u>150 00</u>

PAID

RECORD AND BILL OF ITEMS

Yearly No. 26

FOR THE FUNERAL OF

Total to date 2240

James F. Barker

Residence 565 Harvard St. Rochester, N. Y. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Same Dec 10 Wife or Widow of Florence Edmonds

Date of Birth 1872 Dec 17 Age 78 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death 1950 Dec 10 Age 11 Months Sex Single  
 (Year) (Month) (Day)

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

Birth-place Keokuk Iowa Occupation 1st Suppl. Public School Date of Entry \_\_\_\_\_

Name of Father James Barker His Birth-place Nantucket Date of Disch. \_\_\_\_\_

Maiden Name of Mother Josephine Barragante Her Birth-place New Orleans Rank \_\_\_\_\_

Cause of Death—Primary A S Heart disease Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

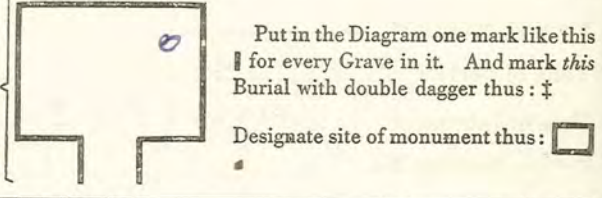
Place of Burial Nantucket Cemetery P H

Funeral Service at \_\_\_\_\_ Lot No. 625

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

Date of Interment July 8, 1951 Section \_\_\_\_\_

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



Casket No. ....	Candles .....	
Size .....	Gloves .....	
Interior No. ....	Bearers .....	
Handles 1950	Hearse to .....	
Plate 75	Removal .....	
Outside Box or Vault 1872	Automobiles Wood 1	5 00
Garment .....	Newspaper Notices .....	
Slippers 1950 12-10	Transportation Charges .....	
Embalming 78 11-23	Officiating Clergyman Johnson	5 00
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.	
		Jan 29 52	10 00
		Check	
		PAID	
		By Mrs Barker	



RECORD AND BILL OF ITEMS

Yearly No. 27

FOR THE FUNERAL OF

Total to date 2241

Harry Brooks Beck

Residence 230 E. 49th St New York City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 12 days Wife or Widow of Ray Walker Beck

Date of Birth 1 881 Sept 9 (Year) (Month) (Day) Age { 69 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 19 57 July 8 (Year) (Month) (Day) { 9 Months { Single \_\_\_\_\_ {

Maiden Name \_\_\_\_\_ { 29 Days { Married \_\_\_\_\_ {

Birth-place Philadelphia Occupation Photo Engraving industry Date of Entry \_\_\_\_\_

Name of Father Charles W. Beck His Birth-place Phil. Military Service Record \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Maiden Name of Mother Julia Delacy Her Birth-place Phil. Rank \_\_\_\_\_

Cause of Death—Primary Central thrombosis Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

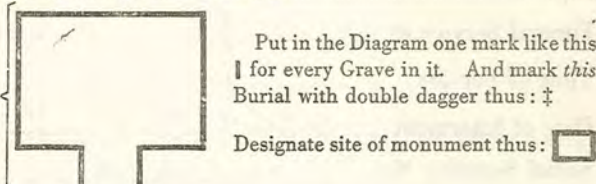
Place of Burial Cremation Cemetery Forest Hills

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

Time of Service Ashes scattered South Shore Grave No. \_\_\_\_\_

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

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



Casket No. 110	135 00	Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault f holds	30 00	Automobiles	
Garment		Newspaper Notices Telegram	5 72
Slippers		Cremation Expenses	95 00
Embalming f Services	50 00	Scattering Ashes Holgate	10 00
Washing and Dressing		Transportation Charges	12 38
Shaving		Officiating Clergyman Johnson	250 00
Services Transfers	70 00	Amount of Bill	363 10
Use of Chairs		Goods Ordered by Mrs Beck	
Church Charges Funeral	25 00	Bill Charged to Theodore Beck	
Cemetery Charges			
Music			
Flowers			

DR. 250.00

CR.

Aug 29 51. Check 363 10

PAID By Theodore Beck 123 East 37 St. Apt 9A. New York 16 N.Y.

RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF

Total to date 2242

Rhoda F. Stetson

Residence 473 Columbus Ave. 2 yrs Age of husband or wife if alive years

Place of Death Boston City Hosp 7 days Wife or Widow of Frederick H. Stetson

Date of Birth 1 1897 10 10 Date of Death 1951 July 22

Maiden Name Birth-place Boston Occupation None

Name of Father ? Barnes His Birth-place ?

Maiden Name of Mother Not known Her Birth-place ?

Cause of Death-Primary Cirrhosis of liver Secondary Carcinoma of Uterus with general metastases

Certifying Physician Residence Nantucket Cemetery P.H.

Place of Burial Nantucket Cemetery P.H.

Funeral Service at Lot No. 283

Time of Service Grave No. 1

Date of Interment July 25, 1951 Section

Social Security No. Frederick H. Stetson Son of 25. Widelid Way Brighton

Put in 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 services (Casket, Candles, Gloves, etc.) and costs (Transfer from Boat 5 00, Church Charges 25 00, Cemetery Charges 20 00, Amount of Bill 50 00, Bill Charged to Frederick H. Stetson).

DR. 50 00 CR.

Large empty table for recording items and costs.

# RECORD AND BILL OF ITEMS

Yearly No. 29

FOR THE FUNERAL OF

Total to date 2243

Bessie G Congdon

Residence 31 Liberty St. 1544

Place of Death N. E. H. 1 mo. 10 days Age of husband or wife if alive 77 years

Date of Birth 1 874 Apr 5 (Year) (Month) (Day)

Date of Death 19 51 July 26 (Year) (Month) (Day)

Wife or Widow of Frank E Congdon

Age { 77 Years { Sex \_\_\_\_\_

          { 3 Months { Single \_\_\_\_\_

          { 21 Days { Married  \_\_\_\_\_

Maiden Name \_\_\_\_\_ Color or Race \_\_\_\_\_

Birth-place Boston Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father Russell Gates His Birth-place New York Date of Disch. \_\_\_\_\_

Maiden Name of Mother Helen Chapin Her Birth-place Milford Mass Rank \_\_\_\_\_

Cause of Death—Primary Cerebral embolism Secondary Rheumatic Vet's Organization No. \_\_\_\_\_

Certifying Physician Menejes Residence heart disease Rheumatic

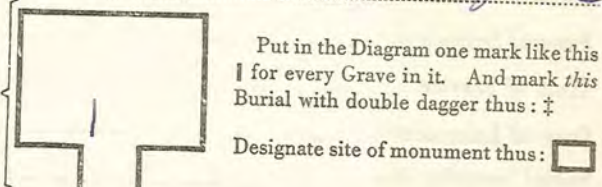
Place of Burial Nantucket Cemetery P H fever

Funeral Service at \_\_\_\_\_ Lot No. 1151

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

Date of Interment July 29 1951 Section \_\_\_\_\_

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



Casket No. <u>435</u>	<u>12</u>	<u>295.00</u>	Candles		
Size	Made by		Gloves		
Interior No.			Bearers		
Handles			Hearse to		
Plate			Removal		
Outside Box or Vault <u>Clark</u>		<u>185.00</u>	Automobiles <u>Wood 3</u>	<u>15.00</u>	
Garment			<u>Pease 2</u>	<u>10.00</u>	
Slippers			Newspaper Notices		
Embalming <u>for services</u>		<u>50.00</u>	<u>Unitarian Church</u>	<u>10.00</u>	
Washing and Dressing					
Shaving			Transportation Charges		
Services <u>Transfers</u>		<u>10.00</u>	Officiating Clergyman <u>Horton</u>	<u>585.00</u>	
Use of Chairs			Amount of Bill	<u>620.00</u>	
Church Charges <u>Funeral</u>		<u>25.00</u>	Goods Ordered by <u>Frank E Congdon</u>		
Cemetery Charges		<u>20.00</u>	Bill Charged to		
Music					
Flowers					

DR. 585.00

CR.

Aug 16	Paul Wood	15.00	Aug 16	51. Check	620.00
" "	" Pease	10.00			
Aug 19	Elizabeth Fitzgerald	10.00			

**PAID**  
By Frank E. Congdon

# RECORD AND BILL OF ITEMS

Yearly No. 30

FOR THE FUNERAL OF

Total to date 2244

Roger Mills Haviland

Residence 160 Henry St., Brooklyn N. Y. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 9 days Wife or Widow of Mabelle Lemont

Date of Birth 1 890 March 23 (Year) (Month) (Day) Age 61 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 19 51 Aug 11 (Year) (Month) (Day) Age 4 Months Single \_\_\_\_\_ Married

Maiden Name \_\_\_\_\_ Birth-place Montclair N. J. Occupation (Retired) Book covering industry Date of Entry \_\_\_\_\_

Name of Father Walter Haviland His Birth-place ? Date of Disch. \_\_\_\_\_

Maiden Name of Mother Elizabeth Jones Her Birth-place \_\_\_\_\_ Rank \_\_\_\_\_

Cause of Death—Primary Pneumonia Secondary Intestinal obstruction Chronic Myo Vet's Organization No. \_\_\_\_\_

Certifying Physician Cassaday Residence Brooklyn N. Y. Cemetery Diverticular

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

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

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

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

Social Security No. John F. Hancock 36 St. Lukes Place, Montclair N. J.

Casket No. <u>170 12</u>	<u>265 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>of holes</u>	<u>30 00</u>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____		Toll Call & Telegram	<u>2 25</u>
Embalming <u>of services</u>	<u>50 00</u>	Transportation Charges _____	
Washing and Dressing _____		Officiating Clergyman _____	<u>29 50</u>
Shaving _____		Amount of Bill _____	<u>355 00</u>
Services <u>Transfers</u>	<u>10 00</u>	Goods Ordered by _____	<u>386 75</u>
Use of Chairs _____		Bill Charged to _____	
Church Charges _____			
Cemetery Charges _____			
Music _____			
Flowers _____			
	<u>355.00</u>		

DR.

355.00

CR.

	<u>Shipped to</u>		<u>Oct 26 51</u>	<u>check</u>	<u>386 75</u>
	<u>Fairchild &amp; Sons</u>				
	<u>951 Atlantic Ave.</u>				
	<u>Brooklyn N. Y.</u>				
				<b>PAID</b>	
				<u>By Mrs. Haviland</u>	

1949-1953

RECORD AND BILL OF ITEMS

Yearly No. 31

FOR THE FUNERAL OF

Total to date 2245

*Catherine F. Gibbs*

Residence *9 Lowell Place*

Place of Death *14* Age of husband or wife if alive *59* years

Date of Birth *1892* June *4* Wife or Widow of *Jay H. Gibbs*

Date of Death *1951* Aug *13* Age *59* Years { Sex *Female* Color or Race \_\_\_\_\_  
*2* Months { Single \_\_\_\_\_  
*9* Days { Married

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

Birth-place *New Bedford* His Birth-place *Ireland*

Name of Father *Peter Trisham* Her Birth-place *Ireland*

Maiden Name of Mother *Johanna Kealey* Secondary *Hypertension*

Cause of Death—Primary *Coronary thrombosis* Residence *Diabetes Mellitus*

Certifying Physician *Folger* Cemetery *St. Mary's*

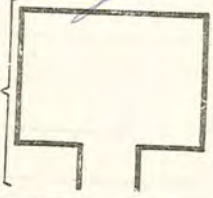
Place of Burial *New Bedford* Lot No. \_\_\_\_\_

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

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

Date of Interment *Aug 16* Military Service Record \_\_\_\_\_

Social Security No. \_\_\_\_\_ Vet's Organization 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 No. <i>170</i>	<i>265.00</i>	Candles	
Size _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault	<i>25.00</i>	Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming <i>f. services</i>	<i>50.00</i>	Transportation Charges	<i>10.43</i>
Washing and Dressing		Officiating Clergyman <i>Shovelton</i>	<i>375.00</i>
Shaving		Amount of Bill	<i>385.43</i>
Services <i>Transfer</i>	<i>10.00</i>	Goods Ordered by <i>Jay Gibbs</i>	
Use of Chairs		Bill Charged to	
Church Charges <i>Funeral</i>	<i>25.00</i>		
Cemetery Charges			
Music			
Flowers			
<b>DR.</b>	<b>375.00</b>		

	<i>Shipped to</i>		<i>Aug 26</i>	<i>51, check</i>	<i>385.43</i>
	<i>Michael Austin</i>				

PAID  
By Jay Gibbs

RECORD AND BILL OF ITEMS

Yearly No. 32

FOR THE FUNERAL OF

Total to date 2246

*Marcia A Adams*

Residence *121 Orange* Age of husband or wife if alive *65 yrs*

Place of Death *N. C. H.* *7 days* Wife or Widow of *Benjamin A. Adams*

Date of Birth *1865* *Dec* *25* Age *85* Years { Sex { Color or Race

Date of Death *1951* *Aug* *16* { *7* Months { Single

Maiden Name *Chelmsford, Mass* Occupation *Housewife* { *22* Days { Married

Birth-place *Chelmsford, Mass* Occupation *Housewife* Date of Entry

Name of Father *Parker* His Birth-place *?* Date of Disch.

Maiden Name of Mother *Phoebe Mitchell* Her Birth-place *New Hampshire* Rank

Cause of Death—Primary *Terminal Pneumonia* Secondary *following* Vet's Organization No.

Certifying Physician *Menger, Dr med Ed* Residence *fractured hip (Accident)*

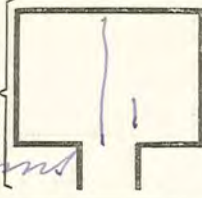
Place of Burial *N. C. H.* Cemetery *N. C. H.*

Funeral Service at Lot No. *735*

Time of Service Grave No.

Date of Interment *Aug 19* Section

Social Security No. *Maudie Adams*



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

Designate site of monument thus:

Casket No. <i>110</i>	<i>135 00</i>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	<i>25 00</i>	Automobiles <i>Pease 1</i>	<i>5 00</i>
Garment		Newspaper Notices	
Slippers			
Embalming <i>of services</i>	<i>35 00</i>		
Washing and Dressing			
Shaving			
Services <i>Transfer</i>	<i>5 00</i>		
Use of Chairs		Transportation Charges	<i>245 00</i>
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>Horton</i>	<i>5 00</i>
Cemetery Charges	<i>20 00</i>	Amount of Bill	<i>255 00</i>
Music		Goods Ordered by <i>Maudie Adams</i>	
Flowers		Bill Charged to	

DR.

*245.00*

CR.

<i>Aug 19</i>	<i>Pease</i>	<i>5 00</i>	<i>Nov 24</i>	<i>Cash</i>	<i>245 00</i>
<i>" "</i>	<i>Horton</i>	<i>5 00</i>		<i>Disc</i>	<i>10 00</i>
					<i>255 00</i>
				<b>PAID</b>	
				<i>By Maudie Adams</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 33

FOR THE FUNERAL OF

Total to date 2247

St. Col. Arthur Hamilton Mackie

Residence 375 Mt. Prospect Ave. Newark N.J. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 2 mos 7 days Wife or Widow of Elise Wright

Date of Birth 1871 May 31 Age 80 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1951 Aug 19 3 Months Single \_\_\_\_\_

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

Birth-place Newark N.J. Occupation St. Col. U.S.A. Date of Entry \_\_\_\_\_

Name of Father James S. MacKie His Birth-place McKeesport Pa. Date of Disch. \_\_\_\_\_

Maiden Name of Mother Annie Robb Her Birth-place Maryland Rank \_\_\_\_\_

Cause of Death—Primary Coronary thrombosis Secondary Hypertension Vet's Organization No. \_\_\_\_\_

Certifying Physician Foley Residence Central Hts.

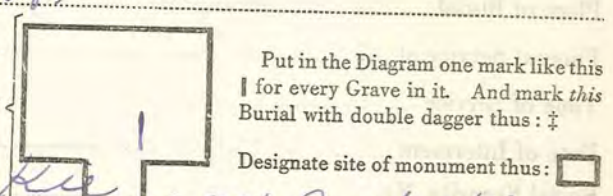
Place of Burial Nantuxet Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 1108

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

Date of Interment Aug 22 1951 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Mrs. Elise W. Mackie



Casket No. <u>110</u>	<u>185 00</u>	Candles	<u>Newark</u>
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<u>25 00</u>	Automobiles	
Garment _____		<u>N. Y. Times</u>	<u>35 10</u>
Slippers _____		<u>N. Y. H. J</u>	<u>24 80</u>
Embalmg. <u>of Services</u>	<u>50 00</u>	<u>Telegram D. N.</u>	<u>2 10</u>
Washing and Dressing _____		<u>Lot No. 1108</u>	<u>60 00</u>
Shaving _____			<u>265 00</u>
Services <u>Transfers</u>	<u>10 00</u>	Transportation Charges	
Use of Chairs _____		Officiating Clergyman <u>Johnson</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>387 00</u>
Cemetery Charges _____	<u>20 00</u>	Goods Ordered by <u>Mrs. Mackie</u>	
Music _____		Bill Charged to _____	
Flowers _____			

DR. 265.00

CR.

		<u>Dec 11</u>	<u>57. Check</u>	<u>242.00</u>
		<u>Feb 12</u>	<u>Va.</u>	<u>150.00</u>
			<b>PAID</b>	
			<u>By Mrs Mackie</u>	
			<u>&amp; V.A.</u>	

RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 2248

Residence *Cliff. Nantucket* *Marjorie A. Thebaud* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *N. E. H. 4 hrs* Wife or Widow of *Jules D. B. Thebaud*

Date of Birth *1 908* (Year) (Month) (Day) Age *43* Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_ }  
 Date of Death *19 51 Aug 20* (Year) (Month) (Day) { Months \_\_\_\_\_ Single \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ Days \_\_\_\_\_ Married \_\_\_\_\_

Birth-place *Delas Texas* Occupation *House wife* Date of Entry \_\_\_\_\_

Name of Father *Hearne Adams* His Birth-place *Delas Texas* Date of Disch. \_\_\_\_\_

Maiden Name of Mother *William Ponder* Her Birth-place *Benton, Tex* Rank \_\_\_\_\_

Cause of Death—Primary *Cerebral Hem* Secondary *apparently* Vet's Organization No. \_\_\_\_\_

Certifying Physician *Miner A. M. D. Esq.* Residence *Basalt type had Chronic Hypertension*

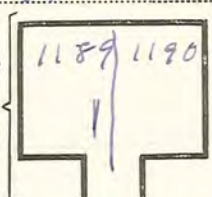
Place of Burial *Nantucket* Cemetery *P. H.*

Funeral Service at \_\_\_\_\_ Lot No. *1189* Grave No. \_\_\_\_\_ Section \_\_\_\_\_

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

Date of Interment *Aug 22/51*

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



Casket No. <i>1797</i>	<i>650 00</i>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<i>185 00</i>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		<i>Truck for flower</i>	<i>5 00</i>
Embalming <i>H Services</i>	<i>50 00</i>	<i>Sols Nos. 1189-1190</i>	<i>120 00</i>
Washing and Dressing _____			
Shaving _____			
Services <i>Transfer</i>	<i>10 00</i>		
Use of Chairs _____		Transportation Charges	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>Johnson</i>	<i>940 00</i>
Cemetery Charges _____	<i>20 00</i>	Amount of Bill	<i>1065 00</i>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR.

*940.00*

CR.

		<i>Jules Thebaud</i>		<i>Jan 23 52</i>	<i>Check</i>	<i>1065 00</i>
		<i>Fairway Lane</i>				
		<i>Greenwich Conn.</i>				
<i>Aug</i>						
<i>Feb</i>	<i>24</i>	<i>Pd. P. H. C. A.</i>	<i>120 00</i>		<i>By Jules Thebaud</i>	



1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 35

FOR THE FUNERAL OF

Total to date 2249

*Margerie Lois Ashley*

Residence *114 Orange St. 22 yrs* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *N. C. H. 1 day* Wife or Widow of \_\_\_\_\_

Date of Birth *1890 Oct 24* (Year) (Month) (Day)

Date of Death *1951 Aug 21* (Year) (Month) (Day) Age { *60* Years { Sex \_\_\_\_\_

Maiden Name \_\_\_\_\_ { *9* Months { Single \_\_\_\_\_

Birth-place *New Bedford* Occupation *Tea Room and Gift Shop* Married \_\_\_\_\_

Name of Father *Abiel D. Ashley* His Birth-place *Sabreville Mass* Date of Entry \_\_\_\_\_

Maiden Name of Mother *Caroline Morse* Her Birth-place *Acushnet* Date of Disch. \_\_\_\_\_

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

Certifying Physician *Menger Dr med ex* Residence \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

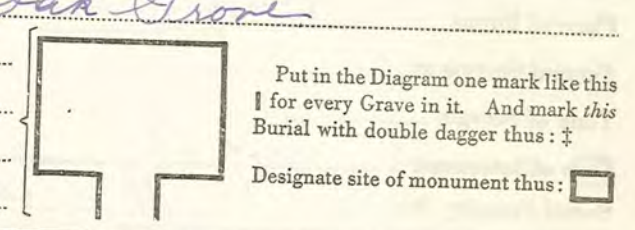
Place of Burial *New Bedford* Cemetery *Oak Grove*

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

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

Date of Interment *Aug 24* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ *Elsie J Ashley*



Casket No. <i>115</i>	<i>195 00</i>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <i>of holes</i>	<i>30 00</i>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	<i>10 42</i>
Embalming <i>of services</i>	<i>50 00</i>	Officiating Clergyman	<i>285 00</i>
Washing and Dressing _____		Amount of Bill	<i>295 42</i>
Shaving _____	<i>10 00</i>	Goods Ordered by <i>Elsie J Ashley</i>	
Services <i>Transfers</i>		Bill Charged to _____	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges _____			
Music _____			
Flowers _____			
<b>DR.</b>	<i>285.00</i>		

		<b>CR.</b>	
<i>Shipped to</i>	<i>E. J. Wilson</i>	<i>Jan 23</i>	<i>52 Check</i>
			<i>295 42</i>
<i>Merchants National Bank</i>	<i>New Bedford, Mass</i>		
	<i>Op'd Nov. 11/51</i>		
		<b>PAID</b>	
		<i>By Merchants Nat. Bank New Bedford</i>	

# RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 2250

Johanna Hendrick

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

Place of Death N. C. H. 10 days Wife or Widow of John R. Hendrick

Date of Birth 1 8 63 (Year) 29 (Month) 29 (Day)

Date of Death 19 51 (Year) 9 (Month) Aug 14 (Day) Age { 87 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 9 Months { Single \_\_\_\_\_ {

Birth-place Green Point L. I. N. Y. Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father Morris Mc Carthy His Birth-place \_\_\_\_\_ Military Service Record \_\_\_\_\_ Date of Disch. \_\_\_\_\_

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

Cause of Death—Primary Cerebral Hem Secondary Septicemia Vet's Organization No. \_\_\_\_\_

Certifying Physician Menges Residence Pneumonia

Place of Burial Nantucket Cemetery St Mary's

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

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

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

Social Security No. \_\_\_\_\_ William M. Hendrick 530 East 6th St So Boston



Casket No. <u>1097</u>	<u>345 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	<u>25 00</u>	Automobiles <u>Pease Print</u>	<u>3 00</u>
Garment _____		Newspaper Notices _____	
Slippers _____			
Embalming <u>of 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>Shovelton</u>	
Cemetery Charges _____	<u>20 00</u>	Amount of Bill _____	<u>473 00</u>
Music _____		Goods Ordered by <u>William M.</u>	
Flowers _____		Bill Charged to _____	

DR. 470.00 CR.

			<u>Sept 30</u>	<u>1952 Check</u>	<u>473 00</u>

**PAID**  
By James R. Glendon  
for William Hendrick

# RECORD AND BILL OF ITEMS

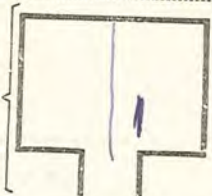
Yearly No. 37

FOR THE FUNERAL OF

Total to date 2251

*Joseph L. Richards*

Residence *33 Washington St.*  
 Place of Death *Taunton State Hosp 5 days* Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth *1* (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_  
 Date of Death *1951 Sept 5* (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Age *67* Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth-place *New Brunswick Canada* Occupation *Truck driver* Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Name of Father *Almae Richard* His Birth-place *New Brunswick* Single \_\_\_\_\_ Married \_\_\_\_\_  
 Maiden Name of Mother *Elizabeth Bourgeois* Her Birth-place \_\_\_\_\_  
 Cause of Death—Primary *Arterio sclerosis and* Secondary *Suetic heart* Military Service Record \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence *disease Cardiac failure* Date of Entry \_\_\_\_\_  
 Place of Burial *Nantucket* Cemetery *P.H.* recent rib fracture Date of Disch. \_\_\_\_\_  
 Funeral Service at \_\_\_\_\_ Lot No. *930* Rank \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Date of Interment *Sept 8, 1951* Section \_\_\_\_\_  
 Social Security No. *013-01-7810 A*



Put in 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 No. <i>115</i>	<i>195 00</i>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<i>25 00</i>	Automobiles <i>Pease 1</i>	<i>95 00</i>
Garment _____		<i>Wood 2</i>	<i>10 00</i>
Slippers _____		Newspaper Notices	
Embalming _____		<i>rd. Milton H. Farley</i>	<i>55 00</i>
Washing and Dressing _____		<i>1/2 Lot No. 930</i>	<i>30 00</i>
Shaving _____		Transportation Charges	<i>12 59</i>
Services <i>Transfer</i>	<i>5 00</i>	Officiating Clergyman <i>Johnson</i>	<i>270 00</i>
Use of Chairs _____		Amount of Bill	<i>382 59</i>
Church Charges <i>Funeral</i>	<i>25 00</i>	Goods Ordered by <i>Mrs Richard</i>	
Cemetery Charges	<i>20 00</i>	Bill Charged to _____	
Music _____			
Flowers _____			

DR. *270.00*

CR.

<i>rd</i>		<i>Farley</i>	<i>55 00</i>	<i>Oct 8</i>	<i>51 Cash</i>	<i>380 00</i>
<i>Oct</i>	<i>9</i>	<i>Paid. Pease</i>	<i>5 00</i>		<i>Dues</i>	<i>2 59</i>
<i>"</i>	<i>9</i>	<i>" Wood</i>	<i>10 00</i>		<b>PAID</b>	<i>382 59</i>
<i>Sept</i>	<i>7</i>	<i>Transp. Chgs</i>	<i>12 59</i>		<i>By Mrs Richard</i>	

RECORD AND BILL OF ITEMS

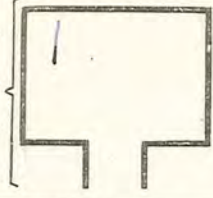
Yearly No. 38

FOR THE FUNERAL OF

Total to date 2251.

Edmund P. Crocker

Residence 23 Hussey St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 23 Hussey  
 Date of Birth 1899 Sept 22 Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1951 Sept 12 10 Age { 61 Years { Sex \_\_\_\_\_  
 (Year) (Month) (Day) { 11 Months { Single \_\_\_\_\_  
 { 19 Days { Married \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket Occupation Radio Electrician Date of Entry June 19, 1917  
 Name of Father Albert A. Crocker His Birth-place Nantucket Date of Disch June 19, 1917  
 Maiden Name of Mother Mary Palmer Nye Her Birth-place Fossil Rank Radio maintainer  
 Cause of Death-Primary Coronary thrombosis Secondary Diabetes Vet's Organization No. U.S.N.V.  
 Certifying Physician F. O'Leary Residence Melitis 743 C.  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 606  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Sept 13, 1951 Section \_\_\_\_\_  
 Social Security No. Amy S. Crocker



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

Casket No. 1097 Extra large	365 00	Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault Pine	25 00	Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming Services	50 00	Officiating Clergyman Thompson	
Washing and Dressing		Amount of Bill	495 00
Shaving		Goods Ordered by Amy Crocker	
Services Transfer	10 00	Bill Charged to P. W. Bank	
Use of Chairs			
Church Charges Funeral	25 00		
Cemetery Charges	20 00		
Music			
Flowers			

DR. 495.00

CR.

		Feb 16	Check Veterans Adm	150 00
		Apr 4	52 Bal	345 00
			PAID	
			By P. W. Bank	

# RECORD AND BILL OF ITEMS

Yearly No. 39

FOR THE FUNERAL OF

Total to date 2253

Mary Emma Tobie

Residence 37 Union St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 3 days Wife or Widow of Willis Tobie

Date of Birth 1 8 71 Feb 15 (Year) (Month) (Day)

Date of Death 19 51 Sept 14 (Year) (Month) (Day)

Maiden Name \_\_\_\_\_ Age { 80 Years { Sex \_\_\_\_\_ { Color or Race

Birth-place Nantucket Occupation House wife { 7 Months { Single \_\_\_\_\_ {

Name of Father Oliver C. Hatch His Birth-place West Falmouth Military Service Record \_\_\_\_\_

Maiden Name of Mother Ellen Weston Her Birth-place Ireland Rank \_\_\_\_\_

Cause of Death—Primary Chronic Myx Secondary Hypertension Vet's Organization No. \_\_\_\_\_

Certifying Physician Cassaday Residence Canton Mass

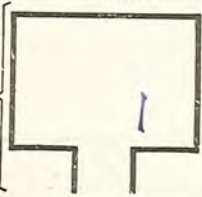
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 497

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

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

Social Security No. Lydia G. Tobie



Put in 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 No.	Candles	
Size Made by	Gloves	
Interior No.	Bearers	
Handles	Hearse to	
Plate	Removal	
Outside Box or Vault	Automobiles J. H. Wood 1.	5 00
Garment	Newspaper Notices	
Slippers	Removal, Preparation	
Embalming	Casket Outside Case	
Washing and Dressing	and Interment	150 00
Shaving	Transportation Charges	
Services	Officiating Clergyman Horton.	
Use of Chairs	Amount of Bill	155 00
Church Charges	Goods Ordered by Ellen Ring	
Cemetery Charges	Bill Charged to Hannah Hatch	
Music		
Flowers		

DR.

CR.

	Pd Wood Cash	5 00	Oct. 26	151 Cash	155 00

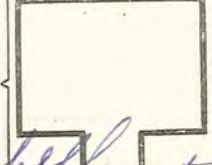
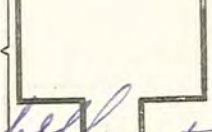
**PAID**  
By Hannah Hatch

RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to date 2254.

Ruth Dame Coolidge  
 Residence 9. Hastings Lane West Medford Age of husband or wife if alive..... years  
 Place of Death Hummock Pond Road Wife or Widow of Richard B Coolidge  
 Date of Birth 1 (Year) 1951 (Month) Sept (Day) 20 (Day) Age { 70 Years { Sex ..... { Color or Race  
 Date of Death 1951 (Year) Sept (Month) 20 (Day) { 10 Months { Single ..... {  
 Maiden Name ..... Days { Married ✓ {  
 Birth-place West Medford Occupation House wife Date of Entry.....  
 Name of Father Levin S. Dame His Birth-place Newmarket Mass. Date of Disch.....  
 Maiden Name of Mother Isabel Arnold Her Birth-place Braintree Mass. Rank.....  
 Cause of Death—Primary Myocardial Secondary Infarct. Vet's Organization No.....  
 Certifying Physician Cashaday Med Co. Residence Hypertension & Sclerosis  
 Place of Burial Cremation Boston Cemetery Mt Auburn  
 Funeral Service at ..... Lot No.  Put in the Diagram one mark like the  
 Time of Service ..... Grave No.  for every Grave in it. And mark the  
 Date of Interment ..... Section..... Burial with double dagger thus: †  
 Social Security No. Aline Dame Campbell Hastings Lane Designate site of monument thus: □

Casket No. ....	Candles .....		
Size..... Made by.....	Gloves .....		
Interior No. ....	Bearers .....		
Handles .....	Hearse to .....		
Plate .....	Removal.....		
Outside Box or Vault .....	Automobiles.....		
Garment .....	Newspaper Notices.....		
Slippers .....	<u>Removals, Preparations</u>		
Embalming.....	<u>Casket Outside Case</u>		
Washing and Dressing .....	<u>&amp; Securing Necessary Papers</u>	125	00
Shaving .....	Transportation Charges.....		18 3
Services.....	Officiating Clergyman.....		138 3
Use of Chairs .....	Amount of Bill.....		
Church Charges.....	Goods Ordered by .....		
Cemetery Charges.....	Bill Charged to .....		
Music.....			
Flowers .....			

DR.		CR.	
<u>Shipped to</u>	<u>Oct 19 51</u>	<u>Check</u>	<u>138 3</u>
<u>George W. Beals</u>			
<u>29 Governors Ave</u>			
<u>Medford</u>			
<u>tel. Mystic 8-0128</u>			
		<u>PAID</u>	
		<u>By Geo. W. Beals</u>	



RECORD AND BILL OF ITEMS

Yearly No. 42

FOR THE FUNERAL OF

Total to date 225

*Annie Asgood Baldwin*

Residence 9 Quince St. 25 yrs Age of husband or wife if alive

Place of Death N. C. H. 2 hrs Wife or Widow of Charles H. Baldwin

Date of Birth 1 963 Feb 19 Age 88 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 7 Months { Single \_\_\_\_\_  
 { 9 Days { Married \_\_\_\_\_

Date of Death 19 51 Sept 28 Maiden Name \_\_\_\_\_

Birth-place Salem, Mass. Occupation None Date of Entry \_\_\_\_\_

Name of Father Unknown His Birth-place ? Date of Disch. \_\_\_\_\_

Maiden Name of Mother Caroline Fairfield Her Birth-place Salem Rank \_\_\_\_\_

Cause of Death—Primary Coronary thrombosis Secondary Angina Pectoris Vet's Organization No. \_\_\_\_\_

Certifying Physician Menkes Residence with myocarditis

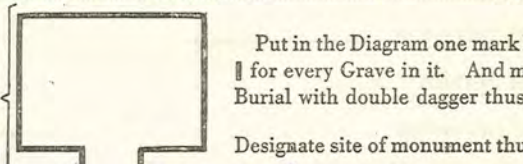
Place of Burial Boston Cemetery Forest Hills

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

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

Date of Interment Oct. 2, 1951 Section \_\_\_\_\_

Social Security No. Constance C. Durgin 219 So. Broadway



Casket No.	<u>335 00</u>	Candles	<u>Lawrence Mass.</u>
Size Made by		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	<u>30 00</u>	Automobiles	
Garment		Telegram D.N.	<u>1</u>
Slippers		Newspaper Notices	<u>Boston Herald</u>
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing			
Shaving		<u>J. S. Waterman &amp; Sons</u>	<u>277</u>
Services <u>Transfers</u>	<u>20 00</u>	Transportation Charges	<u>29</u>
Use of Chairs		Officiating Clergyman	<u>Johnson</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>792</u>
Cemetery Charges		Goods Ordered by	<u>Mrs Durgin</u>
Music		Bill Charged to	<u>Boston Safe Deposit &amp; Trust Co. Boston.</u>
Flowers			
DR.	<u>480.00</u>		CR.

Jan. 17	<u>Pd Waterman</u>	<u>277 50</u>	Jan. 17	<u>52 Check</u>	<u>792</u>



# RECORD AND BILL OF ITEMS

Yearly No. 43 FOR THE FUNERAL OF Total to date 2257

Regan Hughston

Residence 1185 Park Ave. New York City N.Y. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 1 mo. Wife or Widow of Maribel Hartman

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

Date of Death 1951 Oct 2 Age \_\_\_\_\_ Months \_\_\_\_\_ Single \_\_\_\_\_  
 (Year) (Month) (Day) Days \_\_\_\_\_ Married \_\_\_\_\_

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

Birth-place Chicago Ill. Occupation Actor. Retired 24 yrs Date of Entry \_\_\_\_\_

Name of Father Hugh McLaughlin His Birth-place Donegal Iowa Date of Disch. \_\_\_\_\_

Maiden Name of Mother Mary Regan Her Birth-place Waterford Iowa Rank \_\_\_\_\_

Cause of Death—Primary Pulmonary Embolism Secondary Cardiac Vet's Organization No. \_\_\_\_\_

Certifying Physician Collins Residence decompensation, myo, senile,

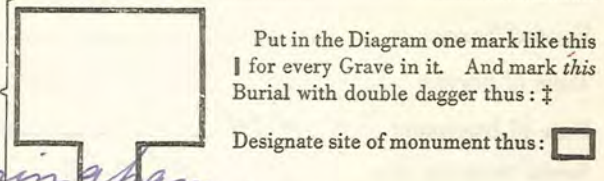
Place of Burial Sancasta Pa. Cemetery Sancasta

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

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

Date of Interment Oct. 10, 1951 Section \_\_\_\_\_

Social Security No. Heathlen H. Cunningham



Casket No. <u>115</u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>shells</u>	<u>30 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____		<u>Toll Calls &amp; Telegrams</u>	<u>2 26</u>
Services <u>Transfer</u>	<u>20 00</u>	<u>Certified Copies</u>	<u>1 50</u>
Use of Chairs _____		Transportation Charges	<u>51 24</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Johnson</u>	<u>320 00</u>
Cemetery Charges _____		Amount of Bill	<u>375 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 320.00 CR.

	<u>Dec 1 51</u>	<u>check</u>	<u>375 00</u>
PAID			
<u>By Mrs Hughston</u>			

RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to date 2258

Mlle. Marie Louise Ruche

Residence Dana Hall School, Wellesley Mass. Age of husband or wife if alive.....years

Place of Death N.E.H. 1 mo. 2 days Wife or Widow of.....

Date of Birth 1 870 (Year) (Month) (Day)     Sex Female     Color or Race

Date of Death 19 51 Oct 4 (Year) (Month) (Day)     Age {     Months     Single ✓     Married     Color or Race

Maiden Name.....

Birth-place Paris, France     Occupation School teacher     Date of Entry.....

Name of Father.....     His Birth-place.....     Military Service Record.....

Maiden Name of Mother Rolland     Her Birth-place.....     Date of Disch.....

Cause of Death—Primary Cerebral thrombosis     Secondary 3 weeks Arteriosclerosis     Rank.....

Certifying Physician Cassaday     Residence Hypertension     Vet's Organization No.....

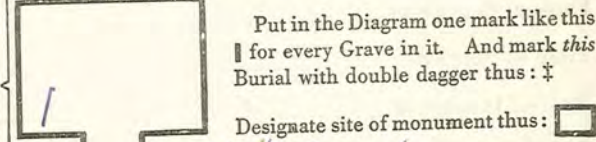
Place of Burial Nantuket     Cemetery North Buhu Lot.

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

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

Date of Interment Oct 4     Section.....

Social Security No. Helen J Huebner Dana Hall School



Casket No. <u>115</u>	<u>195 00</u>	Candles .....		
Size..... Made by.....		Gloves .....		
Interior No.....		Bearers .....		
Handles .....		Hearse to .....		
Plate .....		Removal .....		
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles.....		
Garment .....		Newspaper Notices.....		
Slippers .....		Transportation Charges.....		
Embalming <u>services</u>	<u>50 00</u>	Officiating Clergyman <u>Johnson</u>		
Washing and Dressing .....		Amount of Bill.....	<u>325 00</u>	
Shaving .....		Goods Ordered by <u>Miss Huebner</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>20 00</u>			
Music.....				
Flowers .....				
	<u>325.00</u>			

DR.

325.00

CR.

				<u>Jan. 26</u>	<u>52 / Check</u>	<u>325 00</u>

**Paid**

By Helen J. Huebner

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 45

FOR THE FUNERAL OF

Total to date 2259

Julia B Farrington

Residence 6 East York Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 6 East York Wife or Widow of \_\_\_\_\_

Date of Birth 1 865 Feb 11 Age { 86 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)  
 Date of Death 19 51 Oct 8 { 7 Months { Single   
 (Year) (Month) (Day) { 27 Days { Married \_\_\_\_\_

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

Birth-place West Roxbury Occupation None Date of Entry \_\_\_\_\_

Name of Father Benjamin Farrington His Birth-place Dedham Mass Date of Disch. \_\_\_\_\_

Maiden Name of Mother Marie L Emmons Her Birth-place New York Rank \_\_\_\_\_

Cause of Death—Primary Miscardial Secondary Infarction Vet's Organization No. \_\_\_\_\_

Certifying Physician Castaday Med B Residence \_\_\_\_\_

Place of Burial Cremation Boston Cemetery Forest Hills

Funeral Service at \_\_\_\_\_ Lot No. 2317

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

Date of Interment ashes Oct 19 1951 Section Albion Pass

Social Security No. \_\_\_\_\_ Julia B Farrington 2/11/51

Put in 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 No. <u>86</u>	<u>125 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>of hall</u>	<u>30 00</u>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____		Toll Calls _____	<u>1 40</u>
Embalming <u>of services</u>	<u>50 00</u>	Boston Charges _____	<u>42 00</u>
Washing and Dressing _____		Transportation Charges _____	<u>13 58</u>
Shaving _____		Officiating Clergyman _____	
Services <u>Transfers</u>	<u>10 00</u>	Amount of Bill _____	<u>271 78</u>
Use of Chairs _____		Goods Ordered by <u>Alcon Chadwick</u>	
Church Charges _____		Bill Charged to _____	
Cemetery Charges _____			
Music _____			
Flowers _____			

DR. 215.00 CR.

			<u>Oct 8 52</u>	<u>Check</u>	<u>271 00</u>

**PAID**  
By Alcon Chadwick Admny

# RECORD AND BILL OF ITEMS

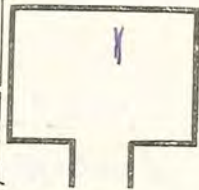
Yearly No. 46

FOR THE FUNERAL OF

Total to date 2260

Etta J. Welch

Residence 3 Academy Lane Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N.C.H. 13 mos. Wife or Widow of George H. Welch  
 Date of Birth 1 Sept 10 1864 (Year) (Month) (Day) Age 87 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 19 51 Oct. 21 (Year) (Month) (Day) { 1 Months } Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 11 Days } Married \_\_\_\_\_  
 Birth-place Newark N. Y. Occupation House work Date of Entry \_\_\_\_\_  
 Name of Father James Whitbeck His Birth-place Newark N.Y. Military Service Record \_\_\_\_\_  
 Maiden Name of Mother Priscilla R. Gardner Her Birth-place Nant Date of Disch. \_\_\_\_\_  
 Cause of Death—Primary Pulmonary Embolism Secondary Auricular Rank \_\_\_\_\_  
 Certifying Physician Collins Residence fibrillation myocarditis Vet's Organization No. \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 285  
 Time of Service \_\_\_\_\_ Grave No. 255  
 Date of Interment Oct. 24 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Charlotte W. Hailes



Put in 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 No. <u>115</u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>None</u>	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Horton</u>	
Washing and Dressing _____		Amount of Bill	<u>325 00</u>
Shaving _____		Goods Ordered by <u>Charlotte Hailes</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.

325.00

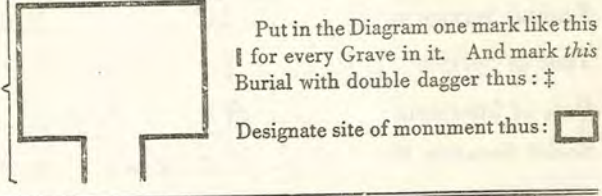
CR.

				<u>Nov 7</u>	<u>62 Check</u>			<u>100 00</u>
				<u>May 27</u>	<u>53</u>			<u>225 00</u>
								<u>325 00</u>
<b>PAID</b>								

# RECORD AND BILL OF ITEMS

Yearly No. 47 FOR THE FUNERAL OF Frank M. Correa Total to date 2261

Residence 1. Fayette St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 1 Fayette St. Wife or Widow of Hazel S. Smith  
 Date of Birth 1 886 June 11 Age 65 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 7 Months { Single \_\_\_\_\_ }  
 Date of Death 19 51 Oct. 28 (Year) (Month) (Day) { 17 Days { Married \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_  
 Birth-place Fogo Cape Verde Isl Occupation Laborer Date of Entry \_\_\_\_\_  
 Name of Father Joseph M. Correa His Birth-place Fogo Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Mary Mendes Her Birth-place Fogo Rank \_\_\_\_\_  
 Cause of Death—Primary Rheumatic Heart Secondary disease Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Wemple Residence \_\_\_\_\_  
 Place of Burial Providence B d. Cemetery Oaklawn  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Nov 1. Section \_\_\_\_\_  
 Social Security No. 031-03-8648



Casket No. <u>1097</u>	<u>845 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>None</u>	<u>25 00</u>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	<u>8 53</u>
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman _____	
Washing and Dressing _____		Amount of Bill _____	
Shaving _____		Goods Ordered by <u>Mrs Correa</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 _____			
Music _____			
Flowers _____			
	<u>455.00</u>		

DR.

CR.

				<u>Jan 2 52 Cash</u>	<u>450 00</u>
				<u>Due</u>	<u>5 00</u>
				<b>PAID</b>	
				<u>By Hazel S. Correa</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 48

FOR THE FUNERAL OF

Total to date 226

*Anna M. VanHove*

Residence 60 Orange St. Age of husband or wife if alive .....

Place of Death 60 Orange St.

Date of Birth 1923 Apr 7 (Year) (Month) (Day) Wife or Widow of .....

Date of Death 1951 Nov 9 (Year) (Month) (Day) Age 28 7 2 Years Months Days

Maiden Name .....

Birth-place Nantucket Occupation clerical work

Name of Father Harry O. VanHove His Birth-place New York City Date of Entry .....

Maiden Name of Mother Marie Joseph Her Birth-place Sutton Pa. Date of Disch. ....

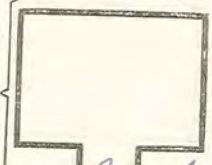
Cause of Death—Primary Asphyxiation Secondary by illuminating gas Rank .....

Certifying Physician ..... Residence Gas, Suicide Vet's Organization No. ....

Place of Burial Menges Assoc. Med. Cemetery

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

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

Date of Interment Nov 12, 1951 Section ..... 

Social Security No. 027-12-6451 Designate site of monument thus: [ ]

Casket No. <u>2097</u>	385 00	Candles .....	
Size .....	Made by .....	Gloves .....	
Interior No. ....		Bearers .....	
Handles .....		Hearse to .....	
Plate .....		Removal .....	
Outside Box or Vault <u>Pine</u>	25 00	Automobiles <u>Pease 1</u>	5 00
Garment .....		<u>1 Priest</u>	3 00
Slippers .....		Newspaper Notices .....	
Embalming <u>services</u>	50 00	Transportation Charges .....	
Washing and Dressing .....		Officiating Clergyman .....	
Shaving .....		Amount of Bill .....	513 00
Services .....		Goods Ordered by <u>Mrs. Ryder</u>	
Use of Chairs .....		Bill Charged to .....	
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges .....	20 00		
Music .....			
Flowers .....			
DR. <u>508 00</u>			CR.

	Feb. 14/52 Check	508 00
	PAID	
	By <u>Ethel E. Mackinnon</u>	Adm.



RECORD AND BILL OF ITEMS

Yearly No. 50

FOR THE FUNERAL OF

Total to date 2264

*Helen E. Mackay*

Residence *8 Cliff Road* Age of husband or wife if alive \_\_\_\_\_ year

Place of Death *N. C. H. 6 days* Wife or Widow of *William E. Mackay*

Date of Birth *1 865 Sept 25* { *86* Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
(Year) (Month) (Day)

Date of Death *19 51 Nov 23* { *1* Months { Single \_\_\_\_\_ {  
(Year) (Month) (Day) Age { *29* Days { Married \_\_\_\_\_ {

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

Birth-place *Wenham Mass* Occupation *Housewife* Date of Entry \_\_\_\_\_

Name of Father *Charles Henry Baker* His Birth-place *Salem Mass* Date of Disch. \_\_\_\_\_

Maiden Name of Mother *Caroline A. Brown* Her Birth-place *Belfast Me* Rank \_\_\_\_\_

Cause of Death—Primary *Cerebral Hem. 6 days* Secondary *Hypertension* Vet's Organization No. \_\_\_\_\_

Certifying Physician *Menges* Residence *Diabetes mellitus*

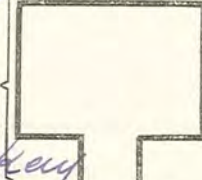
Place of Burial *Virginia* Cemetery *Arlington National*

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

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

Date of Interment *Nov. 27/51* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ *Mrs Woodbury Mackay*



Casket No. <i>115</i>	<i>195 00</i>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <i>Pine &amp; hells</i>	<i>30 00</i>	Automobiles	
Garment _____		Newspaper Notices	<i>6 40</i>
Slippers _____		Embalsming <i>Services</i>	<i>6 33</i>
Washing and Dressing _____			<i>3 10</i>
Shaving _____		Transportation Charges	
Services <i>Transfer</i>	<i>15 00</i>	Officiating Clergyman <i>Johnson</i>	<i>30 92</i>
Use of Chairs _____		Amount of Bill	<i>358 65</i>
Church Charges <i>Funeral</i>	<i>25 00</i>	Goods Ordered by _____	
Cemetery Charges _____		Bill Charged to _____	
Music _____			
Flowers _____			

DR. *315.00* CR.

	<i>Sista Mrs Benj. J. W. Foy</i>	<i>Dec 3 52</i>	<i>check</i>	<i>358 65</i>

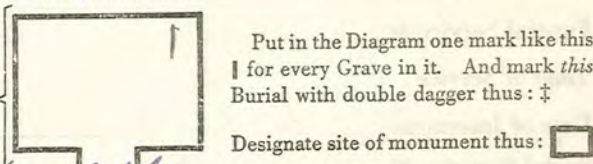
**PAID**  
By *Gardner H. Russell*



# RECORD AND BILL OF ITEMS

Yearly No. 57 FOR THE FUNERAL OF William Ellis Total to date 2265

Residence 3 Sunset Lane 5 yrs Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N.C.H. 5 days Wife or Widow of Gertrude Francis  
 Date of Birth 1 844 5 23 { 6.7 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 19 51 Sept 28 { 2 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 25 Days { Married \_\_\_\_\_ {  
 Birth-place Nantucket Occupation Salesman Date of Entry \_\_\_\_\_  
 Name of Father Samuel Ellis His Birth-place Augusta Me. Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Emily C. Nurbeth Her Birth-place Nant. Rank \_\_\_\_\_  
 Cause of Death—Primary Cardiac respiratory Secondary failure Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Wemple Residence Bronchitis  
 Place of Burial Nant. Cemetery North  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Dec. 1. Section \_\_\_\_\_  
 Social Security No. 060-07-5221 Gertrude Ellis



Casket No. <u>115</u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Paid</u>	<u>185 00</u>	Automobiles <u>Pease 1</u>	<u>5 00</u>
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Thompson</u>	
Washing and Dressing _____		Amount of Bill	<u>480 00</u>
Shaving _____		Goods Ordered by <u>Gertrude Ellis</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>20 00</u>		
Music _____			
Flowers _____			
<u>480.00</u>			

DR.		CR.	
<u>Jan 21</u>	<u>Paid Pease</u>	<u>5 00</u>	<u>Jan 21</u>
			<u>52 Cash</u>
			<u>Disc</u>
			<u>475 00</u>
			<u>5 00</u>
			<u>480</u>
			<b>PAID</b>
			<u>By Gertrude Ellis</u>

# RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to date 2266

*Walter Coffin*

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

Place of Death N. C. H. 12 days ~~Wife or~~ Widow of Minnie M. Borden

Date of Birth 1 872 Jan 23 { 79 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
(Year) (Month) (Day) { 10 Months { Single \_\_\_\_\_ {  
 Date of Death 19 51 Dec. 6 { 14 Days { Married \_\_\_\_\_ {  
(Year) (Month) (Day) {  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket Occupation Merchant  
 Name of Father James H. Coffin His Birth-place Nant.  
 Maiden Name of Mother Sydia Paddock Her Birth-place Nant.  
 Cause of Death—Primary Cerebral Hem. Secondary \_\_\_\_\_  
 Certifying Physician M. S. Reed Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 786  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Dec. 8. /51 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Louise C. Reed.

1

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

Casket No. <u>170.</u>	<u>265 00</u>	Candles _____	
Size _____ Made by _____		Gloves _____	
Interior No. _____		Bearers _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>of Swirell</u>	<u>50 00</u>	Officiating Clergyman <u>Bunress</u>	<u>5 00</u>
Washing and Dressing _____		Amount of Bill _____	<u>395 00</u>
Shaving _____		Goods Ordered by <u>Louise Reed.</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>20 00</u>		
Music _____			
Flowers _____			
<b>DR. 390.00</b>		<b>CR.</b>	

	<u>McK 16 52 Check</u>		<u>395 00</u>
PAID			
By <u>Louise Reed</u>			

1949-1953

RECORD AND BILL OF ITEMS

Yearly No. 53

FOR THE FUNERAL OF

Total to date 2267

*Cora J. Hill*

Residence *1129 North Main St - Brockton* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " " " " Wife or Widow of *Harry H. Hill*

Date of Birth *1* (Year) *1* (Month) \_\_\_\_\_ (Day) Age *81* Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death *1951* (Year) *Dec* (Month) *5* (Day) Months Single \_\_\_\_\_ Married \_\_\_\_\_

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

Birth-place *Nantucket* Occupation *Stitcher* Date of Entry \_\_\_\_\_

Name of Father \_\_\_\_\_ His Birth-place *Nant.* Date of Disch. \_\_\_\_\_

Maiden Name of Mother *unknown* Her Birth-place *Nant.* Rank \_\_\_\_\_

Cause of Death—Primary *Cerebral Hem.* Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

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

Funeral Service at \_\_\_\_\_ Lot No. *652* Grave No. \_\_\_\_\_ Section \_\_\_\_\_

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

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

Social Security No. *010-12-6624 A.*

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:

*Harry H. Hill, 1129 North Main St.*

Casket No.		Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to <i>to Cemetery</i>	<i>15 00</i>
Plate		Removal <i>Cemetery Chgs</i>	<i>20 00</i>
Outside Box or Vault		Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman	
Washing and Dressing		Amount of Bill	<i>35 00</i>
Shaving		Goods Ordered by <i>Brian B. Hall</i>	
Services		Bill Charged to	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.			CR.		
<i>Brian B. Hall</i>		<i>Jan. 4</i>	<i>1952 Check</i>	<i>35 00</i>	
<i>81 Green St.</i>					
<i>Brockton.</i>					
			<b>PAID</b>		
			<i>By Brian B. Hall.</i>		

# RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

Total to date 2268

Eliza C. Puttrick  
 Residence 40 Pine St  
 Place of Death N. C. H. 3 days Age of husband or wife if alive 76 years  
 Date of Birth 1875 June 16 Wife or Widow of John S. Puttrick  
 Date of Death 1951 Dec 15 Age 76 Years 5 Months 29 Days Sex Female Color or Race White  
 Maiden Name \_\_\_\_\_ Married   
 Birth-place Nantucket Occupation Housewife  
 Name of Father Joseph P. Gardner His Birth-place Nant Date of Entry \_\_\_\_\_  
 Maiden Name of Mother Mary J. Parlow Her Birth-place Nant Date of Disch. \_\_\_\_\_  
 Cause of Death—Primary Ventricular Secondary fibrillation Rank \_\_\_\_\_  
 Certifying Physician Menges Residence Myocarditis Vet's Organization No. \_\_\_\_\_  
 Place of Burial Nantucket Cemetery N. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 729  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Dec. 18 Section \_\_\_\_\_  
 Social Security No. John S. Puttrick

Put in 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 No. <u>115</u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault _____	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>of services</u>	<u>50 00</u>	Officiating Clergyman <u>Brightwell</u>	
Washing and Dressing _____		Amount of Bill	<u>320 00</u>
Shaving <u>Transfer</u>	<u>5 00</u>	Goods Ordered by <u>John Puttrick</u>	
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. 320.00

CR.

		<u>Jan 2 52</u>	<u>Cash</u>	<u>300 00</u>
			<u>Due</u>	<u>20 00</u>
			<b>PAID</b>	
			<u>By John Puttrick</u>	

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date 2269

James F. Parlow Jr.

Residence Upper Vestal St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. 6 hrs Wife or Widow of Dianne J. Souza  
 Date of Birth 1920 Feb. 21 (Year) (Month) (Day) Age { 30 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1951 Dec 17 (Year) (Month) (Day) { 9 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 26 Days { Married \_\_\_\_\_ {  
 Birth-place Nantucket Occupation Sabour Truck driver Date of Entry \_\_\_\_\_  
 Name of Father James F. Parlow His Birth-place Nant Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Odelaide Pierce Her Birth-place Cape Cod Rank \_\_\_\_\_  
 Cause of Death—Primary Gun shot wound Secondary through beam Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Menges M.D. M.D. Co. Residence from left to right accidentally  
 Place of Burial Nantucket Cemetery P.H. self inflicted  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Dec 20 Section \_\_\_\_\_  
 Social Security No. 022-12-1999 Dianne Parlow



Put in 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 No. <u>1157</u>	<u>235 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault _____	<u>25 00</u>	Automobiles <u>J H Wooddson 1</u>	<u>5 00</u>
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>of services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services _____		<u>Set No. 971. In P.H.</u>	<u>60 00</u>
Use of Chairs _____		Transportation Charges	<u>3 55</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Brightwell</u>	<u>5 00</u>
Cemetery Charges _____	<u>20 00</u>	Amount of Bill	<u>425 00</u>
Music _____		Goods Ordered by <u>Mrs Parlow</u>	
Flowers _____		Bill Charged to _____	
<b>DR. 355.00</b>			

CR.

	<u>Autopsy Dec 17</u>			<u>Jan. 19 1952 Check</u>	<u>425 00</u>
	<u>By Menges</u>				
<u>Jan 21</u>	<u>Pd Wood</u>	<u>5 00</u>		<b>PAID</b>	
				<u>By Mrs Parlow.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 56

FOR THE FUNERAL OF

Total to date 2270

Oscar Folger

Residence New Street Seaconselt Age of husband or wife if alive \_\_\_\_\_

Place of Death " " " " Wife or Widow of Marion G. Coffin

Date of Birth 1880 Oct 7 (Year) (Month) (Day) Age { 71 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1951 Dec 26 (Year) (Month) (Day) Age { 2 Months { Single \_\_\_\_\_ {

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

Birth-place Nantucket Occupation Truckman Date of Entry \_\_\_\_\_

Name of Father Sidney B. Folger His Birth-place Wants Date of Disch. \_\_\_\_\_

Maiden Name of Mother Mary V. Randall Her Birth-place Mathews Rank \_\_\_\_\_

Cause of Death—Primary Coronary thrombosis Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 576

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

Date of Interment Dec 28 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Marion G. Folger



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

Casket No. <u>1097</u>	<u>345 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<u>25 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>of Service</u>	<u>50 00</u>	Officiating Clergyman <u>Johnson</u>	<u>5 00</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>20 00</u>		
Music _____			
Flowers _____			
	<u>475 00</u>		

DR.		<u>475 00</u>	CR.	
<u>June 9</u>	<u>Paid Allon</u>	<u>5 00</u>	<u>June 6</u>	<u>Chk</u>
			<u>June 11</u>	<u>Paid Marion Due</u>
				<u>50 00</u>
				<u>425 00</u>
				<b>PAID</b>
				<u>By Roy L. Sanguinette</u>

# RECORD AND BILL OF ITEMS

Yearly No. 57 FOR THE FUNERAL OF Manuel Maria Total to date 2271

Residence 7 West Dover 20 yrs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 35 Pine St. 2 mos Wife or Widow of Unknown

Date of Birth 1 (Year) 1951 (Month) Dec (Day) 27 (Day) Age { 61 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 11 Months { Single \_\_\_\_\_  
 { 1 Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birth-place Portugal Occupation Baker retired 5 yrs Date of Entry \_\_\_\_\_

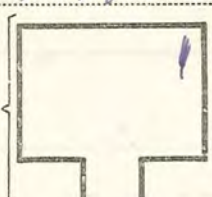
Name of Father Unknown His Birth-place Portugal Date of Disch. \_\_\_\_\_

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

Cause of Death—Primary Chronic Bronchitis Secondary Emphysema Vet's Organization No. \_\_\_\_\_

Certifying Physician Wemple Residence Chronic Asthma

Place of Burial Nant. Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 1202  single  
 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 Dec 30 Section \_\_\_\_\_ Designate site of monument thus:

Social Security No. Clara B. Caton

Casket No. <u>110 H.P.</u>	<u>150 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or <del>Vault</del>	<u>25 00</u>	Automobiles <u>Dease 1</u>	<u>5 00</u>
Garment _____		<u>Wood 1</u>	<u>5 00</u>
Slippers _____		Newspaper Notices	
Embalming <u>services</u>	<u>50 00</u>	<u>Single Grave at P.H.</u>	<u>15 00</u>
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>5 00</u>		
Use of Chairs _____		Transportation Charges	<u>275 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Brightwell</u>	<u>5 00</u>
Cemetery Charges _____	<u>20 00</u>	Amount of Bill	<u>305 00</u>
Music _____		Goods Ordered by <u>Clara Caton</u>	
Flowers _____		Bill Charged to <u>Roy</u>	

PDRPHCA 275.00 15 00 CR.

<u>July 11</u>	<u>Paid Peak</u>	<u>5 00</u>	<u>July 10</u>	<u>52</u>	<u>Check</u>	<u>305 00</u>
					<b>PAID</b>	
					<u>By Roy E. Sanguinetti</u>	

## RECORD AND BILL OF ITEMS

Yearly No. 58

FOR THE FUNERAL OF

Total to date 2271-

Lars H. Flugsrud

Residence 16 Mill St. 2 yrs Age of husband or wife if alive ..... years

Place of Death Taunton State Hosp. 4 days Wife or Widow of Hlara Christiansen

Date of Birth 1 873 Jan 8 (Year) (Month) (Day) Age { Years { Sex ..... } Color or Race

Date of Death 19 51 Dec 26 (Year) (Month) (Day) { Months { Single ..... }

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

Birth-place Norway Occupation Custom Taylor Date of Entry.....

Name of Father Samuel Flugsrud His Birth-place Norway Date of Disch.....

Maiden Name of Mother Mathia? Her Birth-place Norway Rank.....

Cause of Death—Primary Hypertensive Secondary heart disease Vet's Organization No.....

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

Place of Burial Nant. Cemetery P. H.

Funeral Service at ..... Lot No. 920 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. ....

Date of Interment Dec 29/51 Section.....

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

Casket No. <u>110.</u>	135 00	Candles	
Size..... Made by.....		Gloves	
Interior No. ....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing		<u>Expenses to Nantucket</u>	15 84
Shaving		<u>Taunton (Farley)</u>	45 00
Services <u>Transfer</u>	5 00	Transportation Charges	185 00
Use of Chairs		Officiating Clergyman <u>Brightwell</u>	5 00
Church Charges <u>Funeral</u>	25 00	Amount of Bill	250 84
Cemetery Charges	20 00	Goods Ordered by <u>Rene Pearl</u>	
Music		Bill Charged to	
Flowers			

DR.

185.00.

CR.

				<u>Jan 10</u>	<u>52 Check</u>			<u>250 84</u>	
					<u>PAID</u>				
					<u>By Rene Pearl</u>				



1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 59

FOR THE FUNERAL OF

Total to date 2273

Residence Klara Flugsrud  
564 - 78th St. Brooklyn N.Y. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " Wife or Widow of Lars S. Flugsrud

Date of Birth 1 875 March 14 69 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) Age { 9 Months } { Single \_\_\_\_\_ }  
 Date of Death 19 44 Dec 23 { 11 Days } { Married \_\_\_\_\_ }  
 (Year) (Month) (Day)

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

Birth-place Norway Occupation Housewife Date of Entry \_\_\_\_\_  
 Name of Father Anders Christianen His Birth-place Norway Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Unknown Her Birth-place Norway Rank \_\_\_\_\_  
 Cause of Death—Primary Chronic Myo. Secondary Carcinoma of liver Vet's Organization No. \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_

Place of Burial Mantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 920  white 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 Dec 30/57 Section \_\_\_\_\_  Designate site of monument thus: □

Social Security No. Lars S. Flugsrud Rene Pearl

Casket No.		Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing		<u>No charge</u>	
Shaving			
Services		Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Brightwell</u>	
Church Charges		Amount of Bill <u>No charge</u>	
Cemetery Charges		Goods Ordered by	
Music		Bill Charged to	
Flowers			

DR.

CR.


# RECORD AND BILL OF ITEMS

Yearly No. 1

FOR THE FUNERAL OF

Total to date 2274

Augustus C. Lake

Residence 26 Canton St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death M. C. H. 2 days Wife or Widow of Anna W. Nelson

Date of Birth 1876 May 21 Age 75 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death 1952 Jan 6 Age 7 Months Single \_\_\_\_\_  
 (Year) (Month) (Day)

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

Birth-place Nantucket Occupation Electrician Retired Date of Entry \_\_\_\_\_

Name of Father Albert C. Lake His Birth-place New Bedford Date of Disch. \_\_\_\_\_

Maiden Name of Mother Sarah M. Lewis Her Birth-place Nant. Rank \_\_\_\_\_

Cause of Death—Primary Heart Failure Secondary Cardiovascular Vet's Organization No. \_\_\_\_\_

Certifying Physician Wemple Residence Accident Embolus left foot

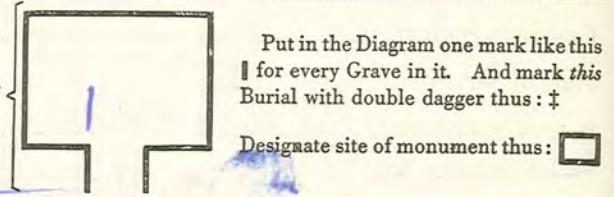
Place of Burial Nant. Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 1210

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

Date of Interment Jan 9/52 Section \_\_\_\_\_

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



Casket No. <u>170</u>	<u>265 00</u>	Candles	
Size..... Made by.....		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	<u>185 00</u>	Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services			
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman <u>Johnson</u>	
Cemetery Charges		Amount of Bill <u>450 00</u>	
Music		Goods Ordered by <u>George M. Lake</u>	
Flowers		Bill Charged to	

DR. 450.00 CR.

		<u>Jan. 11. 52</u>	<u>Check</u>	<u>450 00</u>
			<b>PAID</b>	
			<u>By George M. Lake</u>	

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 2

FOR THE FUNERAL OF

Total to date 2275

Residence 7 Gay St. Margaret A. Lamb Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 1 mo 22 days Wife or Widow of Franklin C Lamb

Date of Birth 1 (Year) Jan (Month) 19 (Day) Age 84 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_

Date of Death 1952 (Year) Jan (Month) 19 (Day) { Months \_\_\_\_\_ } Single \_\_\_\_\_

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

Birth-place Ireland Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father Sam McGowan His Birth-place Ireland Military Service Record \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Maiden Name of Mother Margaret Fay Her Birth-place Ireland Rank \_\_\_\_\_

Cause of Death—Primary Ulcerating Carcinoma Secondary At Breast Vet's Organization No. \_\_\_\_\_

Certifying Physician Collins Residence with Metastasis Bronchial Pneum.

Place of Burial Nantucket Cemetery St. Marys

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

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

Date of Interment Jan 23 1952 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Joseph W. Lamb



Put in 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 No. <u>1097</u>	<u>345 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<u>25 00</u>	Automobiles <u>Pease Pease 1</u>	<u>3 00</u>
Garment <u>Grey Dress</u>	<u>20 00</u>	Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>of Services</u>	<u>50 00</u>	Officiating Clergyman <u>Fr Carey 15.</u>	
Washing and Dressing _____		Amount of Bill	<u>478 00</u>
Shaving _____		Goods Ordered by	
Services <u>Transfer</u>	<u>10 00</u>	Bill Charged to	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges <u>Funeral</u>	<u>25 00</u>		
Music _____	<u>20 00</u>		
Flowers _____			

DR.

CR.

<u>7mch 18</u>	<u>Paid Pease</u>	<u>5 00</u>	<u>7mch 11</u>	<u>52 Cash</u>	<u>250 00</u>
			<u>7mch 31</u>	<u>52</u>	<u>245 00</u>
					<u>495 00</u>
					<b>PAID</b>
					<u>By Joseph Lamb</u>

RECORD AND BILL OF ITEMS

Yearly No. 3

FOR THE FUNERAL OF

Total to date 2276

Jessie A. Newton  
 Residence 7 Eagle Lane Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. E. H. Wife or Widow of \_\_\_\_\_  
 Date of Birth 1 894 apr 4 Age { 57 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 9 Months { Single Single {  
 Date of Death 19 52 Jan 21 Age { 17 Days { Married \_\_\_\_\_ {  
 (Year) (Month) (Day) {  
 Maiden Name \_\_\_\_\_  
 Birth-place Douglasstown New Brunswick Occupation Chief Date of Entry \_\_\_\_\_  
 Name of Father Osborne A. Newton His Birth-place Canada Military Service Record Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Margaret Dickly Her Birth-place Canada Rank \_\_\_\_\_  
 Cause of Death—Primary Acute Nephritis Secondary J. B. of Kidneys Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Mumma Residence \_\_\_\_\_  
 Place of Burial Marblehead Cemetery Colored  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Jan 24 1952 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



Casket No. <u>84</u>	<u>110.00</u>	Candles <u>Brookline</u>	
Size _____ Made by _____		Gloves _____	
Interior No. _____		Bearers _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault _____	<u>25.00</u>	Automobiles <u>Please 1</u>	<u>5.00</u>
Garment _____		Newspaper Notices _____	
Slippers _____			
Embalming <u>of services</u>	<u>50.00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>5.00</u>		
Use of Chairs _____		Transportation Charges _____	<u>235.00</u>
Church Charges <u>Funeral</u>	<u>25.00</u>	Officiating Clergyman <u>Johnson</u>	<u>10.00</u>
Cemetery Charges _____	<u>20.00</u>	Amount of Bill _____	<u>250.00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR.

235.00

CR.


**PAID**

ISSUED BY DORNTREE CASKET CO., BOSTON, MASS. 1918

**RECORD AND BILL OF ITEMS**

Yearly No. 4 FOR THE FUNERAL OF William H Tracy Total to date 2277

Residence 99 Central Ave Milton Mass Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " " " " " Wife or ~~Widow~~ of Joyce Webber

Date of Birth 1 1882 March 31 (Year) (Month) (Day) Age { 69 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 52 Jan 29 (Year) (Month) (Day) { 9 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 29 Days { Married \_\_\_\_\_

Birth-place Brockton Occupation Chief of Boston U.S. Weather Bureau Date of Entry \_\_\_\_\_

Name of Father Clement A. B. Tracy His Birth-place Nant Date of Disch. \_\_\_\_\_

Maiden Name of Mother Ellen Jones Her Birth-place Nant Rank \_\_\_\_\_

Cause of Death—Primary Myocardial Secondary Infection Vet's Organization No. \_\_\_\_\_

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

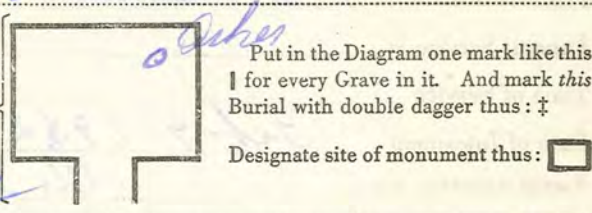
Place of Burial Nantucket Cemetery North

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

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

Date of Interment Feb 2 1952 Section \_\_\_\_\_

Social Security No. William E. Gardner



Casket No.		Candles	
Size..... Made by.....		Gloves	
Interior No.		Bearers <u>Interment of Ochs</u>	<u>25 00</u>
Handles		Hearse to <u>Cemetery Chgs</u>	<u>5 00</u>
Plate		Removal	
Outside Box or Vault		Automobiles <u>Wood 2</u>	<u>10 00</u>
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman <u>Masons of Gardner</u>	
Washing and Dressing		Amount of Bill	<u>40 00</u>
Shaving		Goods Ordered by	
Services		Bill Charged to	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

CR.

		<u>June 4</u>	<u>check</u>	<u>40 00</u>
<b>PAID</b>				
<u>By Mrs Tracy</u>				

# RECORD AND BILL OF ITEMS

Yearly No. 5

FOR THE FUNERAL OF

Total to date 2278

## Ferdinand Sybraro

Residence 97 Orange St Age of husband or wife if alive..... years

Place of Death N. E. H. 3 days Wife or Widow of Althea Mary

Date of Birth 1917 Dec 18 Age { 83 Years { Sex .....

Date of Death 1952 Feb 6 { 1 Months { Single .....

Maiden Name ..... { 19 Days { Married .....

Birth-place Nantucket Occupation Painter Date of Entry.....

Name of Father Eras Sybraro His Birth-place Providence Military Service Record Date of Disch.....

Maiden Name of Mother Ellen Sybraro Her Birth-place Nant Rank.....

Cause of Death—Primary Uremia Secondary Hypertrophic Vet's Organization No.....

Certifying Physician Meng Residence Prostate

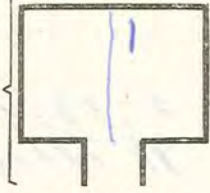
Place of Burial Nantucket Cemetery P. H.

Funeral Service at ..... Lot No. 669

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

Date of Interment Feb 9, 1952 Section.....

Social Security No. Dr. Gardner



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

Designate site of monument thus:

Casket No. ....	Candles .....
Size..... Made by.....	Gloves .....
Interior No. ....	Bearers .....
Handles .....	Hearse to .....
Plate .....	Removal.....
Outside Box or Vault ..	<b>Automobiles</b> .....
Garment .....	.....
Slippers .....	Newspaper Notices.....
Embalming.....	<u>Professional Services</u>
Washing and Dressing ..	<u>Casket, Outside Case</u>
Shaving .....	<u>Transfer of Interment</u> <span style="float: right;"><u>250.00</u></span>
Services .....	.....
Use of Chairs .....	Transportation Charges.....
Church Charges.....	Officiating Clergyman <u>Dr. Gardner</u>
Cemetery Charges .....	Amount of Bill..... <span style="float: right;"><u>250.00</u></span>
Music.....	Goods Ordered by .....
Flowers .....	Bill Charged to .....

DR.

CR.

				<u>May 16 52</u>	<u>Cash</u>	<u>250.00</u>

**PAID**

*By Mrs. Sybraro*

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 6

FOR THE FUNERAL OF

Total to date 2,279

George Johnson

Residence 7 Prospect St Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 2 mos & days Wife or Widow of Esther Whelden

Date of Birth 1 878 Nov 5 (Year) (Month) (Day) Age 73 Years (Sex) \_\_\_\_\_ (Color or Race) \_\_\_\_\_  
Date of Death 19 52 Feb 13 (Year) (Month) (Day) Age 3 Months (Single) \_\_\_\_\_  
8 Days (Married) \_\_\_\_\_

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

Birth-place Nantucket Occupation Carpenter Date of Entry \_\_\_\_\_

Name of Father William Johnson His Birth-place Nant Date of Disch. \_\_\_\_\_

Maiden Name of Mother Mary Manken Her Birth-place Nant Rank \_\_\_\_\_

Cause of Death—Primary Catechonia of the Secondary large dentures Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nant Cemetery St. Marys

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

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

Date of Interment Feb 16 1952 Section South

Social Security No. 011-03-4182 Esther M. Johnson



Item	Description	Amount
Casket No.	Candles	
Size	Gloves	
Interior No.	Bearers	
Handles	Hearse to	
Plate	Removal	
Outside Box or Vault	Automobiles <u>Peace Car Trust</u>	<u>5 00</u>
Garment	Newspaper Notices	
Slippers	<u>Professional Services Casket</u>	
Embalming	<u>Outside Car Transfer</u>	
Washing and Dressing	<u>of Interment</u>	<u>250 00</u>
Shaving	Transportation Charges	
Services	Officiating Clergyman <u>Fitzguald.</u>	
Use of Chairs	Amount of Bill	<u>250 00</u>
Church Charges	Goods Ordered by	
Cemetery Charges	Bill Charged to	
Music		
Flowers		

DR.	CR.
	<u>Apr 5 52 Check</u>
	<u>250 00</u>
	<u>Pd Rec</u>
	<u>5 00</u>
	<u>245 00</u>
	<b>PAID</b>
	<u>By Edith Anderson</u>

RECORD AND BILL OF ITEMS

Yearly No. 7

FOR THE FUNERAL OF

Total to date 2280

*Elizabeth J Weeks*

Residence 5 Prospect St Age of husband or wife if alive \_\_\_\_\_

Place of Death N. C. H. 1 day Wife or Widow of Arthur J Weeks

Date of Birth 1881 July 1 (Year) (Month) (Day) Age { 70 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1952 Feb 15 (Year) (Month) (Day) { 7 Months { Single \_\_\_\_\_ {

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

Birth-place Londonderry, Ireland Occupation House wife Date of Entry \_\_\_\_\_

Name of Father William B. Weeks His Birth-place \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Maiden Name of Mother Elizabeth McKenzie Her Birth-place \_\_\_\_\_ Rank \_\_\_\_\_

Cause of Death—Primary Cerebral Hem. Secondary Arteriosclerosis Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nantucket Cemetery P. H.

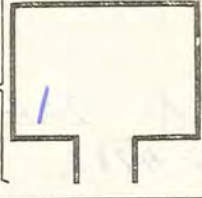
Funeral Service at \_\_\_\_\_ Lot No. 624

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

Date of Interment Feb. 19, 1952 Section \_\_\_\_\_

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

Military Service Record



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

Casket No. <u>1707</u>	<u>255</u> 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>25</u> 00		Automobiles <u>Peave 1</u>	<u>5</u>
Garment _____		<u>Wood 1</u>	<u>5</u>
Slippers _____		Newspaper Notices _____	
Embalming <u>Services</u>	<u>50</u> 00	Transportation Charges _____	
Washing and Dressing _____		Officiating Clergyman <u>Johnson</u>	<u>10</u>
Shaving _____		Amount of Bill _____	<u>130</u>
Services <u>Transfer</u>	<u>5</u> 00	Goods Ordered by _____	
Use of Chairs _____		Bill Charged to _____	
Church Charges <u>Funeral</u>	<u>25</u> 00		
Cemetery Charges _____	<u>20</u> 00		
Music _____			
Flowers _____			

DR.

410.00

CR.

		<u>May 19, 1952</u>	<u>Check</u>	<u>430</u>
<b>PAID</b>				
By <u>Royle Sanguinetti</u>				
<u>Johnny</u>				



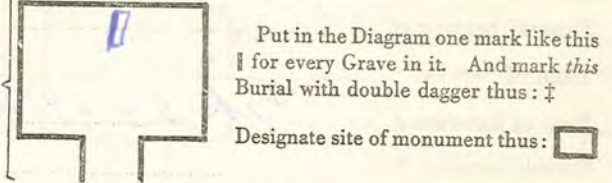
RECORD AND BILL OF ITEMS

Yearly No. 8

FOR THE FUNERAL OF

Total to date 2281

Residence Nellis P. Morris  
King Street Dead end Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N.C.H. 2 days Wife or Widow of Phillip Morris  
 Date of Birth 1889 May 17 (Year) (Month) (Day) Age 52 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 1952 Feb. 13 (Year) (Month) (Day) Age 9 Months { Single \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ Days { Married \_\_\_\_\_ }  
 Birth-place Nantucket Occupation aut. Post Master Date of Entry \_\_\_\_\_  
 Name of Father Arthur A. Norcross His Birth-place Nant. Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Annie M. Backus Her Birth-place Nant. Rank \_\_\_\_\_  
 Cause of Death—Primary Cancer of lung with Secondary metastasis Military Service Record \_\_\_\_\_  
 Certifying Physician Cassaday for Collins Residence \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Place of Burial Nant. Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 537  
 Time of Service \_\_\_\_\_ Grave No. 2  
 Date of Interment Feb. 18, 1952 Section \_\_\_\_\_  
 Social Security No. Phillip Morris



Casket No. <u>1707</u>	<u>12</u>	<u>285.00</u>	Candles	
Size	Made by		Gloves	
Interior No.			Bearers	
Handles			Hearse to	
Plate			Removal	
Outside Box or Vault		<u>25.00</u>	Automobiles	
Garment				
Slippers			Newspaper Notices	
Embalming <u>of Service</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>Bureau</u>	
Cemetery Charges		<u>20.00</u>	Amount of Bill	<u>420.00</u>
Music			Goods Ordered by	
Flowers			Bill Charged to	

DR. 420.00 CR.

	<u>Apr. 4</u>	<u>52 Cash</u>	<u>420.00</u>
<b>PAID</b>			
By <u>Phillip Morris</u>			

# RECORD AND BILL OF ITEMS

Yearly No. 9

FOR THE FUNERAL OF

Total to date 2281

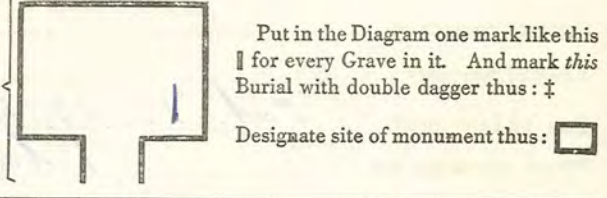
Walter Finlay

Residence 7 School St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Ida F. Holmes

Date of Birth 1 1884 May 5 (Year) (Month) (Day) Age { 67 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1952 Feb 20 (Year) (Month) (Day) { 9 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 15 Days { Married \_\_\_\_\_ {

Birth-place London England Occupation Painter Date of Entry \_\_\_\_\_  
 Name of Father James Finlay His Birth-place Glasgow Scotland Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Sarah Hainty Her Birth-place Chatham England Rank \_\_\_\_\_  
 Cause of Death—Primary Myocardial Secondary Infarction Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Cassaday M.D. of Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 1105  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Feb 23 1952 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Ida F. Finlay



Casket No. <u>170</u>	265 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault _____	25 00	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>of services</u>	50 00		
Washing and Dressing _____			60 00
Shaving _____			290 10
Services <u>Transfer</u>	5 00		
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	25 00	Officiating Clergyman <u>Johnson &amp; DeWitt</u>	
Cemetery Charges _____	20 00	Amount of Bill	450 00
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 390.00CR.

Mch 25 Pd P.H.C.A.	60 00	Mch 19 521 Cash	450 00
			60 00
			390 00
PAID			
By <u>Ida Finlay</u>			

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 10

FOR THE FUNERAL OF

Total to date 2283

Frank P. Hanlon

Residence <u>34 Pine St.</u>	Age of husband or wife if alive _____ years
Place of Death <u>Cyrus Peice School</u>	Wife or Widow of <u>Alice Bradley</u>
Date of Birth <u>1888 Oct 23</u>	Age { <u>63</u> Years { Sex _____ } Color or Race _____ { <u>4</u> Months { Single _____ } { <u>4</u> Days { Married <input checked="" type="checkbox"/> } }
Date of Death <u>1952 Feb 27</u>	
Maiden Name _____	
Birth-place <u>Tullaghan, Ireland</u>	Occupation <u>Chauffeur</u>
Name of Father <u>John Hanlon</u>	His Birth-place <u>Ireland</u>
Maiden Name of Mother <u>Anna Murphy</u>	Her Birth-place <u>Ireland</u>
Cause of Death—Primary <u>Myocardial</u>	Secondary <u>Infarction</u>
Certifying Physician <u>Casaday, M.D. &amp; E.</u>	Residence _____
Place of Burial <u>Nantucket</u>	Cemetery <u>St. Mary's</u>
Funeral Service at _____	Lot No. _____
Time of Service _____	Grave No. _____
Date of Interment <u>March 1, 1952</u>	Section _____
Social Security No. _____	<u>Alice Hanlon</u>

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

Designate site of monument thus: □

1

Casket No. <u>1097</u>	345 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault _____	25 00	Automobiles <u>Peace 2</u>	10 00
Garment _____		<u>" 1 Print</u>	3 00
Slippers _____		Newspaper Notices	
Embalming <u>of Service</u>	50 00	Transportation Charges	
Washing and Dressing _____		Officiating Clergyman <u>Fitzgerald</u>	
Shaving _____		Amount of Bill	488 00
Services <u>Transfer</u>	10 00	Goods Ordered by <u>Mrs Hanlon</u>	
Use of Chairs _____		Bill Charged to _____	
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	20 00		
Music _____			
Flowers _____			

DR.

475-00

CR.

mch 18	Paid Peace	13 00	mch 17	52 Check	488 00
				<b>PAID</b>	
				By Mrs Hanlon	

# RECORD AND BILL OF ITEMS

Yearly No. 11.

FOR THE FUNERAL OF

Total to date 228.57

Horace S. Norcross

Residence 48 West Chester St Age of husband or wife if alive \_\_\_\_\_ year

Place of Death " " " Wife or Widow of Johanna A. Schuster

Date of Birth 1860 Aug 28 (Year) (Month) (Day) Age { 91 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1952 Feb 27 (Year) (Month) (Day) { 6 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 24 Days { Married \_\_\_\_\_

Birth-place Nantucket Occupation Retired Capt U.S. Coast Guard Date of Entry 1900

Name of Father James S. Norcross His Birth-place Gardner, Mass. Date of Disch. 1924

Maiden Name of Mother Rebecca Watson Her Birth-place Nant. Rank Age of 65.

Cause of Death—Primary Cerebral Hem. Secondary Oct 13, 1951 Vet's Organization No. 2606

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

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

Funeral Service at \_\_\_\_\_ Lot No. 24

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

Date of Interment March 2, 1952 Section \_\_\_\_\_

Social Security No. Bertha S. Kittila



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

Designate site of monument thus: □

Casket No. <u>170</u>	<u>265.00</u>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	<u>25.00</u>	Automobiles	
Garment		Newspaper Notices	
Slippers		Organist	<u>5.00</u>
Embalming <u>of services</u>	<u>50.00</u>	Transportation Charges	
Washing and Dressing		Officiating Clergyman <u>Johnson</u>	<u>10.00</u>
Shaving		Amount of Bill	<u>405.00</u>
Services <u>Transfer</u>	<u>5.00</u>	Goods Ordered by <u>Bertha Kittila</u>	
Use of Chairs		Bill Charged to	
Church Charges <u>Funeral</u>	<u>25.00</u>		
Cemetery Charges	<u>20.00</u>		
Music			
Flowers			

DR.

390.00

CR.

			<u>March 13</u>	<u>50/ check</u>		<u>255.00</u>	
			<u>July 17</u>	<u>" " V.A.</u>		<u>150.00</u>	
				<b>PAID</b>			
				<u>By Bertha Kittila</u>			
				<u>&amp; V.A.</u>			

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 12

FOR THE FUNERAL OF

Total to date 2285

Louis M. McGarvey

Residence 90 Orange St Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Florence J. Coffin

Date of Birth 1907 Feb 6 Age { 45 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1952 March 4 (Year) (Month) (Day) { 0 Months { Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ (Year) (Month) (Day) { 27 Days { Married

Birth-place Nantucket Occupation Carpenter

Name of Father Andrew McGarvey His Birth-place Providence R.I. Date of Entry \_\_\_\_\_

Maiden Name of Mother Grace C. Dunham Her Birth-place Nant. Date of Disch. \_\_\_\_\_

Cause of Death—Primary Metastatic Carc. Secondary of liver Rank \_\_\_\_\_

Certifying Physician Wemple Residence Carcinoma of large bowel Colon Vet's Organization No. \_\_\_\_\_

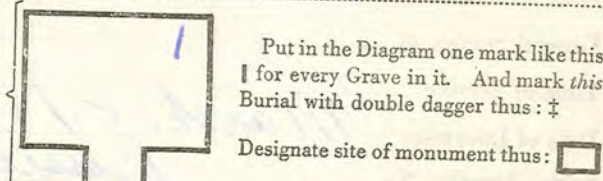
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 1049

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

Date of Interment March 8 1952 Section \_\_\_\_\_

Social Security No. 021-03-2191 Florence McGarvey



Casket No. <u>115</u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Service</u>	<u>50 00</u>	Officiating Clergyman <u>Brightwell Rd D.R.M.</u>	
Washing and Dressing _____		Amount of Bill	<u>320 00</u>
Shaving _____		Goods Ordered by <u>Florence</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>20 00</u>		
Music _____			
Flowers _____			
<b>DR.</b>	<u>320.00</u>		
			<b>CR.</b>

June 4 check 320 00

**PAID**

By Florence M. Garvey

# RECORD AND BILL OF ITEMS

Yearly No. 13

FOR THE FUNERAL OF

Total to date 2286

Emma Cook

Residence 5. Hussey St. Age of husband or wife if alive..... years

Place of Death Jauntont State Hosp 346 mt Wife or Widow of.....

Date of Birth 1860 July 14 (Year) (Month) (Day) Age { 91 Years { Sex..... Color or Race

Date of Death 1932 March 14 (Year) (Month) (Day) { 6 Months { Single  Married.....

Maiden Name.....

Birth-place Nantucket Occupation ast Registrar of Deeds Date of Entry.....

Name of Father John W. Cook His Birth-place Newburyport Date of Disch.....

Maiden Name of Mother Mary J. Coleman Her Birth-place Nant. Rank.....

Cause of Death—Primary Arteriosclerosis Secondary Arterio Heart disease Vet's Organization No.....

Certifying Physician..... Residence P.H.

Place of Burial Nantucket Cemetery.....

Funeral Service at..... Lot No. 312

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

Date of Interment March 18/52 Section.....

Social Security No. Bessie L Brock

7

Put in 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 No. <u>4151</u>	<u>295 00</u>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	<u>385 00</u>
Outside Box or Vault <u>None</u>	<u>25 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Garment		<u>Pease 1</u>	<u>5 00</u>
Slippers <u>None</u>	<u>15 00</u>	Newspaper Notices	
Embalming			
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>5 00</u>	<u>Jauntont Expenses</u>	<u>55 00</u>
Use of Chairs		Transportation Charges	<u>19 50</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Richard 1st</u>	<u>10 00</u>
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>479 50</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

385.00

CR.

		May 13 52	Check	479 50
		PAID		
		By <u>Roy L. Anguinetto</u>		
		<u>Admny</u>		

RECORD AND BILL OF ITEMS

Yearly No. 14 FOR THE FUNERAL OF Total to date 2287

Francis Frances L. Hall
Residence 637 Semco Ave Tarpon Springs Fla
Date of Birth 1920 June 20
Date of Death 1952 March 15
Cause of Death Primary Asphyxiation Secondary Burns
Social Security No. 266-424-9566

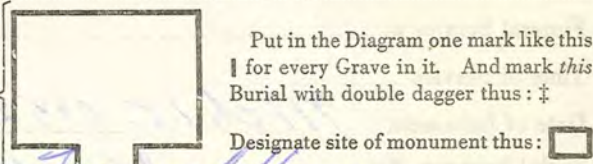


Table with columns for items and costs. Includes entries for Casket No., Candles (Tampa Fla), Newspaper Notices (Service, Casket Box, Transfer of Remains) for 100 00, and Amount of Bill for 100 00.

Table with columns DR and CR. Includes a payment entry: 9th 17. Check 100 00. A large 'PAID' stamp is present in the center, signed 'By Williams Funeral Home Tampa Fla'.

# RECORD AND BILL OF ITEMS

Yearly No. 15

FOR THE FUNERAL OF

Total to date 2288

Emmie Russell Collings

Residence 433 - East 51 St. New York City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Mary Manning Walsh Hobbs Wife or Widow of Fredrick C. Collings

Date of Birth 1 (Year) (Month) (Day) NY Age { 82 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1952 (Year) March (Month) 14 (Day) { \_\_\_\_\_ Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { \_\_\_\_\_ Days { Married \_\_\_\_\_ {

Birth-place Dublin, Ireland Occupation None Date of Entry \_\_\_\_\_

Name of Father George Russell His Birth-place \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Maiden Name of Mother Cecilia Vaughn Her Birth-place Ireland Military Service Record Rank \_\_\_\_\_

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

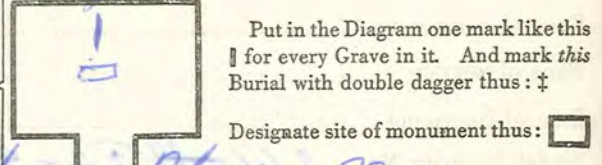
Place of Burial Nantucket Cemetery St Marys

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

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

Date of Interment March 18, 1952 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ James M. Smith, 30 B. Beckman Place N.Y.



Casket No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Interior No. _____	Bearers _____
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault <u>Clark</u> <u>185 00</u>	Automobiles _____
Garment _____	Newspaper Notices _____
Slippers _____	<u>toll call</u> <u>64</u>
Embalming _____	<u>Funeral Directors Service</u> <u>30 00</u>
Washing and Dressing _____	Transportation Charges <u>8 12</u>
Shaving _____	Officiating Clergyman <u>Fitzgerald</u> <u>235 00</u>
Services _____	Amount of Bill <u>273 76</u>
Use of Chairs _____	Goods Ordered by _____
Church Charges <u>Funeral Home Cost</u> <u>25 00</u>	Bill Charged to _____
Cemetery Charges <u>25 00</u>	
Music _____	
Flowers _____	

DR. 235.00 CR.

<u>James M. Smith</u>	<u>May 8 52</u>	<u>Check</u>	<u>273 76</u>
<u>30 Beckman Place</u>			
<u>New York City, N.Y.</u>			
<u>(24)</u>			
<u>Frank L. Campbell</u>			
<u>Butterfield 8-3500</u>			

**PAID**  
By Mrs. Collings



# RECORD AND BILL OF ITEMS

Yearly No. 16 FOR THE FUNERAL OF Florence S. Bigler Total to date 2289

Residence Danbury Road, Na. Scarsit Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. Ct. Ht 6 mo Wife or Widow of David D. Bigler  
 Date of Birth 1902 May 28 Age { 49 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 9 Months { Single Divorced  
 Date of Death 1952 Mch 17 (Year) (Month) (Day) { 18 Days { Married \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Birth-place Chicago Ill Occupation Housewife Date of Entry \_\_\_\_\_  
 Name of Father S. Harry Fruman His Birth-place Brooklyn N.Y. Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Jessie Shannon Her Birth-place Ireland Rank \_\_\_\_\_  
 Cause of Death—Primary Hemorrhage 10 hrs Secondary Esophagus Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Wessple Residence Yarces  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 1110 Put in the Diagram one mark like this  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_ | for every Grave in it. And mark this  
 Date of Interment Mch 21, 1952 Section 1 Burial with double dagger thus: †  
 Social Security No. \_\_\_\_\_ David D. Bigler Designate site of monument thus: □

Casket No. <u>435-12</u>	<u>295 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<u>195 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>if services</u>	<u>50 00</u>	Officiating Clergyman <u>Johnson</u>	
Washing and Dressing _____		Amount of Bill <u>600 00</u>	
Shaving <u>Transfer</u>	<u>10 00</u>	Goods Ordered by <u>David D. Bigler</u>	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges _____	<u>25 00</u>		
Music _____			
Flowers _____			

DR. 595.00 CR. 600.00

David D. Bigler	Aug 13	52 Check	600 00
73 Park Avenue			
Bronxville N.Y.			
<b>PAID</b>			
By <u>David D. Bigler</u>			

## RECORD AND BILL OF ITEMS

Yearly No. 17

FOR THE FUNERAL OF

Total to date 2290

*Arnold Mac Kinnon*

Residence *Liberty Lane 30 yrs* Age of husband or wife if alive..... years

Place of Death *N.C.H. 1 mo* Wife or Widow of.....

Date of Birth *1 872 July 16* { *79* Years { Sex ..... { Color or Race

Date of Death *19 52 Mar 20* (Year) (Month) (Day) Age { *8* Months { Single  {

Maiden Name ..... { *4* Days { Married  {

Birth-place *Cape Breton Nova Scotia* Occupation *Nurse retired 30 yrs* Date of Entry.....

Name of Father *Malcolm Mac Kinnon* His Birth-place *Scotland* Military Service Record Date of Disch.....

Maiden Name of Mother *Agnes Mac Kinnon* Her Birth-place *Canada* Rank.....

Cause of Death—Primary *Central Hem* Secondary *Arteriosclerosis* Vet's Organization No.....

Certifying Physician *Menges* Residence.....

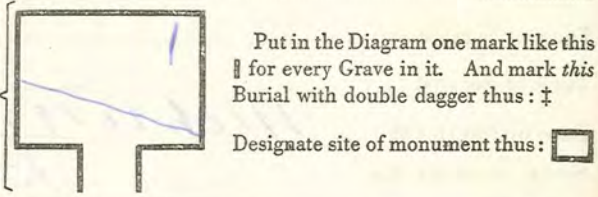
Place of Burial *North* Cemetery *P.H.*

Funeral Service at..... Lot No. *1204*

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

Date of Interment *Mar 23 1952* Section.....

Social Security No. *Cora Stevens*



<p>Casket No. <i>115</i></p> <p>Size..... Made by.....</p> <p>Interior No.....</p> <p>Handles.....</p> <p>Plate.....</p> <p>Outside Box or Vault <i>Pine</i></p> <p>Garment.....</p> <p>Slippers.....</p> <p>Embalming <i>Services</i></p> <p>Washing and Dressing.....</p> <p>Shaving.....</p> <p>Services <i>Transfer</i></p> <p>Use of Chairs.....</p> <p>Church Charges <i>Funeral</i></p> <p>Cemetery Charges.....</p> <p>Music.....</p> <p>Flowers.....</p>	<p><i>195 00</i></p> <p><i>25 00</i></p> <p><i>50 00</i></p> <p><i>10 00</i></p> <p><i>25 00</i></p> <p><i>20 00</i></p>	<p>Candles.....</p> <p>Gloves.....</p> <p>Bearers.....</p> <p>Hearse to.....</p> <p>Removal.....</p> <p>Automobiles.....</p> <p>Newspaper Notices.....</p> <p>Transportation Charges.....</p> <p>Officiating Clergyman <i>Richard</i></p> <p>Amount of Bill..... <i>325 00</i></p> <p>Goods Ordered by <i>Cora Stevens</i></p> <p>Bill Charged to.....</p>
---	--	--

DR.	325.00	CR.
	<i>Apr 25/52 Check</i>	325 00
PAID	By <i>Cora Stevens</i>	

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 18

FOR THE FUNERAL OF

Total to date 2291

Edgar S. Chase

Residence N.C.H. 3 days Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 37 Eastern St. Wife or Widow of \_\_\_\_\_

Date of Birth 1 867 May 15 (Year) (Month) (Day) Age { 84 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 19 52 March 22 (Year) (Month) (Day) { 10 Months { Single  {  
 Maiden Name \_\_\_\_\_ { 7 Days { Married \_\_\_\_\_ {

Birth-place Green Valley Calif Occupation Carpenter Date of Entry \_\_\_\_\_

Name of Father James F. Chase His Birth-place Mont. Date of Disch. \_\_\_\_\_

Maiden Name of Mother Ann W. Brock Her Birth-place Mont. Rank \_\_\_\_\_

Cause of Death—Primary Morbid Secondary Secondary Dementia Vet's Organization No. \_\_\_\_\_

Certifying Physician Menges Residence Corner of 1st & Kidney

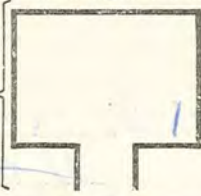
Place of Burial Wantsick Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 791

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

Date of Interment March 24/52 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 No. <u>110</u>	<u>135 00</u>	Candles _____	
Size _____ Made by _____		Gloves _____	
Interior No. _____		Bearers _____	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming <u>Sumter</u>	<u>50 00</u>	Officiating Clergyman <u>Richard</u>	
Washing and Dressing _____		Amount of Bill <u>260 00</u>	
Shaving _____		Goods Ordered by <u>Warren Chase</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>20 00</u>		
Music _____			
Flowers _____			

DR.

260.00

CR.

<u>Sept 15 / 52 Check</u>	<u>260 00</u>
<b>PAID</b>	
<u>By Benson C Chase</u>	

RECORD AND BILL OF ITEMS

Yearly No. 19

FOR THE FUNERAL OF

Total to date 2292

William S. Garnett Jr

Residence 93 Pleasant St 440 Age of husband or wife if alive years

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

Date of Birth 1940 Oct 31 Sex Color or Race
Date of Death 1942 Nov 22 Age 11 Years 4 Months 21 Days Single Married

Maiden Name Birth-place Wareham Mass Occupation At School Date of Entry

Name of Father William S. Garnett His Birth-place Calis Maine Date of Disch.

Maiden Name of Mother Emily Louise Eldridge Her Birth-place Mattapoisett Rank

Cause of Death Primary Fulminant Secondary Sympathic Vet's Organization No.

Certifying Physician Casaday M.D. Residence Leukemia

Place of Burial Nantucket Cemetery P.H.

Funeral Service at Lot No. 709

Time of Service Grave No.

Date of Interment March 24 1952 Section

Social Security No. William S. Garnett

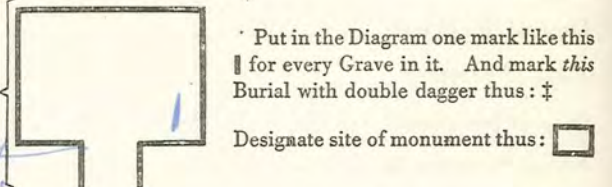


Table with 3 columns: Description (e.g., Casket No. 115, Size, Interior No., Handles, Plate, Outside Box or Vault, Garment, Slippers, Embalming, Washing and Dressing, Shaving, Services, Use of Chairs, Church Charges, Cemetery Charges, Music, Flowers), Amount (e.g., 195.00, 25.00, 50.00, 5.00, 25.00, 20.00), and other items (Candles, Gloves, Bearers, Hearse to, Removal, Automobiles, Newspaper Notices, Transportation Charges, Officiating Clergyman Brightwell, Amount of Bill 320.00, Goods Ordered by Williams Garnett, Bill Charged to).

DR. 320.00

CR.

Table with multiple columns for tracking payments and expenses. Includes handwritten entries: Autopsy Nov 22, Infr Jack Mackley, Apr 20 52 Cash 320.00, PAID, By Williams Garnett.

1949-1953

RECORD AND BILL OF ITEMS

Yearly No. 20 FOR THE FUNERAL OF Gilbert Mantus Total to date 2293

Residence 14 Pleasant St 5344 Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Hotel Statler Boston Wife or Widow of Carrie M. Fleming

Date of Birth 1 29 99 (Year) Mich (Month) 6 (Day) Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 19 52 (Year) Mich (Month) 25 (Day) Age { 53 Years { Single \_\_\_\_\_ Married \_\_\_\_\_

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

Birth-place Nantucket Occupation Manager Date of Entry Oct 4, 1918 Boston

Name of Father Everett Mantus His Birth-place Nantucket Date of Disch. Dec 6, 1918 Boston

Maiden Name of Mother Grace Fisher Her Birth-place Nant Rank P.F.C. U.S.A.

Cause of Death—Primary Coronary Occlusion Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

Certifying Physician Dr. Richard Ford Residence \_\_\_\_\_

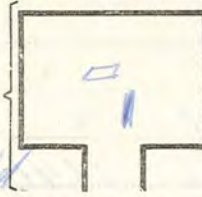
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 713

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

Date of Interment Mich 28/52 Section \_\_\_\_\_

Social Security No. 013-01-7816 Harold R. Arnold



Put in 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 No. <u>1707-</u>	<u>285 00</u>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Clark</u>	<u>185 00</u>	Automobiles	
Garment.....		Newspaper Notices	
Slippers		<u>J.S. Waterman &amp; Sons</u>	<u>65 00</u>
Embalming			
Washing and Dressing		Transportation Charges	<u>12 92</u>
Shaving <u>Treasurer</u>	<u>10 00</u>	Officiating Clergyman <u>Richard</u>	
Services <u>75 00</u>	<u>75 00</u>	Amount of Bill	<u>627 92</u>
Use of Chairs		Goods Ordered by	
Church Charges <u>Funeral</u>	<u>25 00</u>	Bill Charged to	
Cemetery Charges	<u>20 00</u>		
Music			
Flowers			

DR. 550.00 CR.

			<u>June 5/52 Check</u>	<u>627 92</u>
<b>PAID</b>				
<u>By Bertha G. Arnold</u>				
<u>Adm.</u>				

RECORD AND BILL OF ITEMS

Yearly No. 21

FOR THE FUNERAL OF

Total to date 2294

Timothy A. Newcomb

Residence 17 New Street Age of husband or wife if alive years

Place of Death N.C.H. 3 days Wife or Widow of Helma Smith

Date of Birth 1 1935 (Month) 8 (Day) Sex Divorced Color or Race

Date of Death 19 32 (Month) 27 (Day) Age 6 Months Single

Maiden Name 19 Days Married

Birth-place Sharon Vt. Occupation Carpenter Date of Entry May 21 1917


Name of Father Theodore F. Newcomb His Birth-place Vermont Date of Disch. Aug 1 1919

Maiden Name of Mother Suzie Muse Her Birth-place Maine Rank Woman 2/c 21 d.N.

Cause of Death-Primary Colic of stomach Secondary Gastritis of stomach Vet's Organization No. V.V.I.

Certifying Physician Folger Residence Obstruction of pylorus

Place of Burial Brickton Cemetery Covert

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 Apr 1. Section

Social Security No. 025-06-4041 Arthur L. Newcomb

Casket No.	135 00	Candles	
Size Made by		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault Pine	30 00	Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming Services	50 00		
Washing and Dressing			
Shaving Transfers	10 00		
Services			225 00
Use of Chairs		Transportation Charges to Brickton	11 06
Church Charges		Officiating Clergyman Brightwell	5 00
Cemetery Charges		Amount of Bill	241 06
Music		Goods Ordered by	150
Flowers		Bill Charged to	91

DR. 225.00 CR.

Shippette	Aug 27	52 credit VA	150 00
Chase Funeral Home	Jan 14	53 Check	91 00
43 W. State Ave. Brickton			
tel. 5905			
PAID			
By James Glidden Adams			

# RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to date 2295

Adelbert Monroe

Residence 14 S. Street 8044 Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 3 days Wife or Widow of Winifred C. Owen

Date of Birth 1 871 Aug 14 (Year) (Month) (Day) Age { 80 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 19 52 Apr 5 (Year) (Month) (Day) { 7 Months { Single \_\_\_\_\_ {

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

Birth-place Nantucket Occupation Laborer Date of Entry \_\_\_\_\_

Name of Father George Monroe His Birth-place Warren R.I. Date of Disch. \_\_\_\_\_

Maiden Name of Mother Sarah Hursey Her Birth-place Mant Rank \_\_\_\_\_

Cause of Death—Primary Broncho Pneumonia Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

Certifying Physician W. Temple Residence \_\_\_\_\_

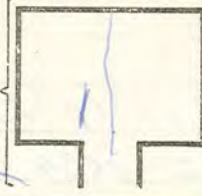
Place of Burial Nantucket Cemetery P.H. M.V.

Funeral Service at \_\_\_\_\_ Lot No. 37

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

Date of Interment Apr 7 1952 Section \_\_\_\_\_

Social Security No. Charlotte P. Monroe



Put in 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 No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Interior No. _____	Bearers _____
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault _____	Automobiles <u>Pease 1.</u> <u>5 00</u>
Garment _____	Newspaper Notices _____
Slippers _____	<u>Prof Service Casket Outside Car</u>
Embalming _____	<u>Transfer of Interment</u> <u>150 00</u>
Washing and Dressing _____	<u>Blue Suit</u> <u>30 00</u>
Shaving _____	Transportation Charges _____
Services _____	Officiating Clergyman _____
Use of Chairs _____	Amount of Bill <u>175 00</u>
Church Charges _____	Goods Ordered by <u>Charlotte Monroe</u>
Cemetery Charges _____	Bill Charged to _____
Music _____	
Flowers _____	

DR.

CR.

Sept 7	Paid Pease	5 00	Sept 5	1953 Cash	175 00

**PAID**  
By Charlotte Monroe

# RECORD AND BILL OF ITEMS

Yearly No. 23

FOR THE FUNERAL OF

Total to date 2296

Patrick J. Murphy

Residence Sarkaty Ave. Hillcrest Age of husband or wife if alive..... years

Place of Death H. C. H. Wife or Widow of Dorothy Chambers

Date of Birth 1901 Oct 3 (Year) (Month) (Day) Age { 50 Years { Sex { Color or Race

Date of Death 1952 Apr 12 (Year) (Month) (Day) { 6 Months { Single {

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

Birth-place Salem Newfoundland Occupation U.S.M. Retired 30 Date of Entry July 23 1920 A

Name of Father William H. Murphy His Birth-place Newfoundland Date of Disch. June 1 1950 B

Maiden Name of Mother Alice M. Strong Her Birth-place " " Rank Radio man CPO

Cause of Death—Primary Myocardial Secondary Infarction Vet's Organization No. U.S.N.

Certifying Physician Caradav Med C Residence C. No. 79028 Hillcrest

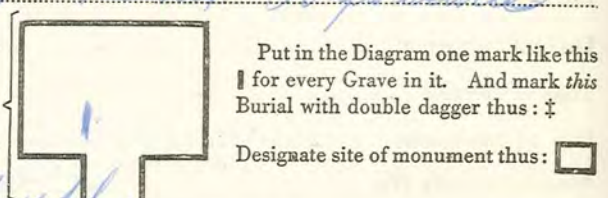
Place of Burial Wentworth Cemetery P. H. Retired 30 yrs service

Funeral Service at \_\_\_\_\_ Lot No. 792

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

Date of Interment Apr 15 1952 Section \_\_\_\_\_

Social Security No. 030-22-8030 Dorothy E. Murphy



Casket No. <u>1132</u>	195 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	25 00	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	50 00	Officiating Clergyman <u>Fitz &amp; Ferguson</u>	
Washing and Dressing _____		Amount of Bill	320 00
Shaving _____		Goods Ordered by <u>Dorothy Murphy</u>	
Services <u>Transfer</u>	5 00	Bill Charged to _____	
Use of Chairs _____			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	20 00		
Music _____			
Flowers _____			

DR. 320.00
CR.

				July	17	52 Check VA	150 00		
				Aug	11	1 Cash	170 00		
PAID									
By <u>Dorothy Murphy</u>									



# RECORD AND BILL OF ITEMS

Yearly No. 24

FOR THE FUNERAL OF

Total to date 2297

Grace E. Reith

Residence 24 New Street Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 24 New Street Wife or Widow of George F. Reith

Date of Birth 1 1898 Oct 21 (Year) (Month) (Day) Age { 53 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 19 52 Apr 15 (Year) (Month) (Day) { 5 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 18 Days { Married \_\_\_\_\_

Birth-place Nantucket Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father Brian E. Butler His Birth-place \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Maiden Name of Mother Grace Horton Her Birth-place Boston Rank \_\_\_\_\_

Cause of Death—Primary Asphyxiation from Secondary Blunt trauma Vet's Organization No. \_\_\_\_\_

Certifying Physician Cassady Med Co. Residence Gas (Suicide)

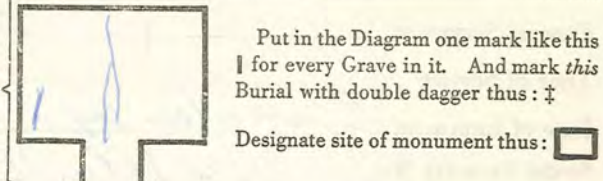
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 801

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

Date of Interment April 18, 1952 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Town Records \_\_\_\_\_



Casket No. <u>115</u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
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>
Garment _____		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 <u>Brightwell</u>	<u>10 00</u>
Cemetery Charges _____	<u>20 00</u>	Amount of Bill _____	<u>335 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to <u>James K. Glidden</u>	

DR. 320.00 CR.

		<u>mch 20</u>	<u>53 check</u>	<u>335 00</u>
			<b>PAID</b>	
			<u>By James K. Glidden</u>	
			<u>Adm.</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 25

FOR THE FUNERAL OF

Total to date 2298

Residence 4 Pleasant St  
 Place of Death M.C.H. 14 bus  
 Date of Birth 1 881 Nov 14  
 Date of Death 19 22 Apr 21  
 Maiden Name \_\_\_\_\_  
 Birth-place Gabreton Texas  
 Name of Father William Henry Willis  
 Maiden Name of Mother Emma Beverly Price  
 Cause of Death—Primary Coronary thrombosis  
 Certifying Physician Folger  
 Place of Burial Cremation Forest Hills  
 Funeral Service at \_\_\_\_\_  
 Time of Service \_\_\_\_\_  
 Date of Interment Cremation Apr 25  
 Social Security No. Miss John Nalle

Wife or Widow of Lawrence B. Cunningham  
 Age of husband or wife if alive \_\_\_\_\_ years  
 Age { 70 Years { Sex \_\_\_\_\_  
 { 5 Months { Single \_\_\_\_\_  
 { 4 Days { Married \_\_\_\_\_  
 Color or Race \_\_\_\_\_

Occupation Housewife  
 His Birth-place Gabreton Texas  
 Her Birth-place Columbia Mo  
 Secondary Hypertension  
 Residence \_\_\_\_\_  
 Cemetery White Columbia Mo  
 Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section \_\_\_\_\_

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

Casket No. <u>110</u>	135 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pinehalls</u>	30 00	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____		Transportation Charges <u>to Boston</u>	13 98
Embalming <u>of services</u>	50 00	Officiating Clergyman _____	
Washing and Dressing _____		Amount of Bill _____	
Shaving _____		Goods Ordered by _____	
Services <u>Transfer</u>	18 00	Bill Charged to _____	
Use of Chairs _____			
Church Charges _____			
Cemetery Charges _____			
Music _____			
Flowers _____			


DR. 225.00

CR.

<u>Oliver Prescott Jr</u>	<u>atty Aug 15</u>	<u>62 check</u>	<u>306 73</u>
<u>558 Pleasant St</u>			
<u>New Bedford Mass</u>			
		<b>PAID</b>	
		<u>By</u>	
		<u>State Street Trust Co</u>	
		<u>Cor, State &amp; Congress St.</u>	
		<u>Boston 1, Mass</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 26 FOR THE FUNERAL OF Alfred Byron Coffin Total to date 2299

Residence 124 Main St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. 25 days Wife or Widow of Florence Durham  
 Date of Birth 1894 Sept 6 Age { 57 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 8 Months { Single \_\_\_\_\_ {  
 Date of Death 1952 May 8 { 2 Days { Married \_\_\_\_\_ {  
 (Year) (Month) (Day) {  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket Occupation Boatman Date of Entry Feb 24 1905 Merchant S.S.  
 Name of Father George E. Coffin His Birth-place Nantucket Date of Disch. Oct 31 1919 Wahfield R. S.  
 Maiden Name of Mother Mary Anne Taylor Her Birth-place Nant Rank Sergeant U. S. Coast Guard  
 Cause of Death—Primary Mitral stenosis atherogenic Secondary Carcinoma of both lungs Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Collins Residence Left side of Pelvis Pyelitis disease Left side pelvis  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 32  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 May 11 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Florence D. Coffin

Casket No. <u>115 12</u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment _____		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 <u>Richard</u>	
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>325 00</u>
Music _____		Goods Ordered by <u>Mrs Coffin</u>	
Flowers _____		Bill Charged to _____	

DR. 325.00 CR.

			<u>May 22 1952</u>	<u>Check</u>	<u>325 00</u>
<b>PAID</b>					
<u>By Mrs Coffin</u>					

RECORD AND BILL OF ITEMS

Yearly No. 27

FOR THE FUNERAL OF

Total to date 2300

Ira W. Appleton

Residence Off Cliff Road Age of husband or wife if alive 69 years

Place of Death W. C. H. 4 days Wife or Widow of Eleanor Appleton

Date of Birth 1882 Sept 2 (Year) (Month) (Day) Sex Female Color or Race

Date of Death 1952 May 12 (Year) (Month) (Day) Age 69 Years 0 Months 10 Days Single Married

Maiden Name  Birth-place Nantucket Occupation Painter

Name of Father John Appleton His Birth-place Nant

Maiden Name of Mother Mary Coffin Her Birth-place Nant

Cause of Death—Primary Cerebral Secondary Stroke

Certifying Physician Collins Residence

Place of Burial Nantucket Cemetery North

Funeral Service at  Lot No. 121

Time of Service  Grave No.

Date of Interment May 15 Section

Social Security No. 125-13-7377 A

Military Service Record  Date of Entry  Date of Disch.  Rank  Vet's Organization No.

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

Designate site of monument thus: [ ]

Casket No. ....	Candles .....		
Size..... Made by.....	Gloves .....		
Interior No. ....	Bearers .....		
Handles .....	Hearse to .....		
Plate .....	Removal.....		
Outside Box or Vault .....	Automobiles.....		
Garment .....	Newspaper Notices.....		
Slippers .....	<u>Services, Casket Outside</u>		
Embalming.....	<u>Case, Transfer &amp; Interment</u>		<u>195 00</u>
Washing and Dressing .....	Transportation Charges.....		
Shaving .....	Officiating Clergyman <u>Richard</u>		
Services .....	Amount of Bill.....		
Use of Chairs .....	Goods Ordered by <u>Eleanor</u>		
Church Charges.....	Bill Charged to .....		
Cemetery Charges.....			
Music.....			
Flowers .....			

DR.

CR.

		<u>May 29</u>	<u>C. D. O. O. F.</u>	<u>75 00</u>
		<u>July 17</u>	<u>Bal. Eleanor</u>	<u>125 00</u>
			<b>PAID</b>	
			<u>By Eleanor</u>	

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 28

FOR THE FUNERAL OF

Total to date 2301

Grace Hastings Welsh

Residence 115 East 53rd St. N.Y.C. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death St. Roy Hosp. Wife or Widow of George W. Welsh

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

Date of Death 1952 (Year) May (Month) 9 (Day) \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age { 69 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Birth-place Rochester N.Y. Occupation Housewife Single \_\_\_\_\_ Married

Name of Father Charles S. Hastings His Birth-place Rochester N.Y. Date of Entry \_\_\_\_\_

Maiden Name of Mother Kate Peck Her Birth-place N.Y. City Date of Disch. \_\_\_\_\_

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

Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

Place of Burial Nantucket Cemetery PH

Funeral Service at \_\_\_\_\_ Lot No. 1125

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

Date of Interment May 13 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ George W. Welsh 115 East 53rd St N.Y. City



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

Casket No.		Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to <u>Cemetery</u>	<u>35 00</u>
Plate		Removal <u>Cemetery Chgs</u>	<u>25 00</u>
Outside Box or Vault		Automobiles <u>Pearl 2</u>	<u>10 00</u>
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman	
Washing and Dressing		Amount of Bill	<u>90 00</u>
Shaving		Goods Ordered by <u>Ma. Welsh</u>	
Services		Bill Charged to <u>" "</u>	
Use of Chairs			
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.

CR.

<u>Oct 13 / 52</u>	<u>Paid Pearl</u>	<u>10 00</u>	<u>Oct 14 / 52</u>	<u>Check</u>	<u>70 00</u>

PAID  
By George W. Welsh Esq

RECORD AND BILL OF ITEMS

Yearly No. <sup>29</sup> ~~244~~

FOR THE FUNERAL OF

Total to date 2302

*Alonso E. Chase*

Residence *43 Centre St. 2144*

Place of Death *M.C.H. 7th*

Date of Birth *1877 Nov 9*

Date of Death *1952 May 15*

Maiden Name *Demissant*

Birth-place *Dennisport*

Name of Father *Chen Chase*

Maiden Name of Mother *Elizabeth Thomas*

Cause of Death—Primary *Myocardial Infarction*

Certifying Physician *Cahaday Med Co*

Place of Burial *Nantucket*

Funeral Service at *North*

Time of Service *May 15*

Date of Interment *May 15*

Social Security No. *030-03-8797*

Age of husband or wife if alive *72* Years

Wife or Widow of *Elizabeth C Bates*

Sex *Female*

Color or Race *White*

Age *6* Months

Single

Married

Occupation *Painter Retired 44*

His Birth-place *Cape Cod*

Her Birth-place *Cape Cod*

Date of Entry *1944*

Date of Disch. *1944*

Rank *Private*

Vet's Organization No. *148*

Military Service Record

Lot No. *148*

Grave No. *1*

Section *East*

Put in the Diagram one mark like *1* for every Grave in it. And mark † Burial with double dagger thus: †

Designate site of monument thus: *Elizabeth Bates*

Casket No. <i>110-12</i>	<i>135 00</i>	Candles		
Size..... Made by.....		Gloves		
Interior No.....		Beareres		
Handles		Hearse to		
Plate		Removal		
Outside Box or Vault <i>Pine</i>	<i>25 00</i>	Automobiles		
Garment		Newspaper Notices		
Slippers		Transportation Charges		
Embalming <i>of Service</i>	<i>50 00</i>	Officiating Clergyman <i>Richard</i>		
Washing and Dressing		Amount of Bill	<i>260 00</i>	
Shaving		Goods Ordered by <i>McChase</i>		
Services <i>Transfer</i>	<i>10 00</i>	Bill Charged to		
Use of Chairs				
Church Charges <i>Funeral</i>	<i>25 00</i>			
Cemetery Charges	<i>20 00</i>			
Music				
Flowers				
<b>DR.</b>	<b>260 00</b>			<b>CR.</b>

		<i>June 10</i>	<i>Cash</i>	<i>260 00</i>

**PAID**  
*By Mrs Chase*

# RECORD AND BILL OF ITEMS

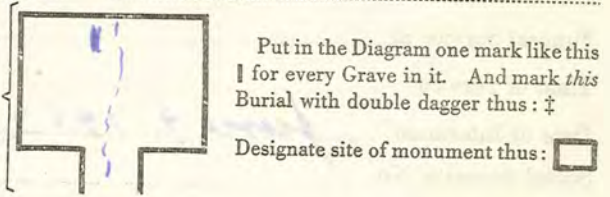
Yearly No. 30

FOR THE FUNERAL OF

Total to date 2303

Bessie E Brock

Residence 13 Gardner St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death Hahnemann Hosp Brighton 10 day Wife or Widow of William C Brock  
 Date of Birth 1 887 (Year) August 25 (Month) 22 (Day) Age 64 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
1952 (Year) May (Month) 28 (Day) Age 9 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 6 Days { Married   
 Birth-place Nantucket Occupation House wife Date of Entry \_\_\_\_\_  
 Name of Father Arthur H Cook His Birth-place Nantucket Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Sydia Coleman Her Birth-place Nantucket Rank \_\_\_\_\_  
 Cause of Death—Primary Acute Coronary Secondary Obstruction Vet's Organization No. \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery North  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 31 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ William C Brock



Casket No. <u>435</u>	<u>295 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>None</u>	<u>25 00</u>	Automobiles <u>Pearse 2</u>	<u>10 00</u>
Garment _____		<u>Wood 2</u>	<u>10 00</u>
Slippers _____		Newspaper Notices	<u>3 20</u>
Embalming _____			
Washing and Dressing _____			
Shaving _____	<u>25 00</u>	<u>Lastman Funeral Home</u>	<u>50 00</u>
Services _____			
Use of Chairs <u>Transfer</u>	<u>10 00</u>	Transportation Charges	<u>14 38</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Richard</u>	
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>497 58</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 400 00

CR.

Aug 10	Paid Pearse	10 00	Aug 8	Check	497 58
2 10	" Wood	10 00			

**PAID**  
By William C Brock

# RECORD AND BILL OF ITEMS

Yearly No. 31

FOR THE FUNERAL OF

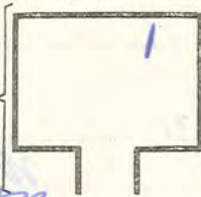
Total to date 2302

Catharine Cleveland Edeley

Residence 919 Park Ave Plainfield N.J. Age of husband or wife if alive..... years

Place of Death Luxury Hotel Strand London Wife or Widow of Henry S. Edeley

Date of Birth 1880 Apr 2 England { 72 Years { Sex { Color or Race  
 (Year) (Month) (Day) { { {  
 Date of Death 1952 June 1 { Age { 1 Months { Single {  
 (Year) (Month) (Day) { { {  
 Maiden Name { 24 Days { Married {

Birth-place Thomaston Conn. Occupation Housewife Date of Entry.....  
 Name of Father Alexander Cleveland His Birth-place ? Date of Disch.....  
 Maiden Name of Mother Mrs. Day Her Birth-place ? Rank.....  
 Cause of Death—Primary Coronary Arteriosclerosis Secondary Hypertension Vet's Organization No.....  
 Certifying Physician..... Residence.....  
 Place of Burial Nantucket Cemetery PH  
 Funeral Service at..... Lot No. 1184  Put in the Diagram one mark like this  
 Time of Service..... Grave No.....  for every Grave in it. And mark this  
 Date of Interment June 9 1952 Section..... Burial with double dagger thus: †  
 Social Security No. Norman Olson Designate site of monument thus:

Casket No.		Candles	
Size..... Made by.....		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles <u>Wood 1</u>	<u>5 00</u>
Garment		Newspaper Notices <u>Extra Help</u>	<u>10 00</u>
Slippers			<u>95</u>
Embalming			
Washing and Dressing			
Shaving			
Services	<u>25 00</u>		
Use of Chairs <u>Transfer</u>	<u>20 00</u>	Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Johnson</u>	
Cemetery Charges	<u>25 00</u>	Amount of Bill	<u>110 00</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

95.00

CR.

<u>Norman Olson</u>	<u>Sept 19/52</u>	<u>Check</u>	<u>110 00</u>
<u>102 South 18th St.</u>			
<u>Richmond</u>			
<u>Indiana</u>			
<u>Norman S. C. Olson</u>			
<u>P. O. Box 331</u>			
<u>Richmond Ind.</u>			

PAID

By Norman Olson



# RECORD AND BILL OF ITEMS

Yearly No. 32

FOR THE FUNERAL OF

Total to date 2305

*Alice Gibbs*

Residence 23 Milk Street Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 3 days Wife or Widow of William F. Gibbs

Date of Birth 1 1912 Apr 12 Age { 80 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 1 Months { Single \_\_\_\_\_  
 Date of Death 19 52 June 8 (Year) (Month) (Day) { 27 Days { Married \_\_\_\_\_  
 Maiden Name \_\_\_\_\_

Birth-place Nantucket Occupation House work own home Date of Entry \_\_\_\_\_


Name of Father Amias Rogers His Birth-place Nant Military Service Record \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Maiden Name of Mother Siddia Chase Her Birth-place Nant Rank \_\_\_\_\_

Cause of Death—Primary Directing emergency at Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

Certifying Physician Carrigan Residence Hypertension arteriosclerosis

Place of Burial Nantucket Cemetery P H

Funeral Service at \_\_\_\_\_ Lot No. 478  Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: † Designate site of monument thus:

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

Date of Interment June 10 Section \_\_\_\_\_

Social Security No. Eva E. Swain

Casket No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Interior No. _____	Bearers _____
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault _____	Automobiles _____
Garment _____	Newspaper Notices _____
Slippers _____	<u>Prof Services, Casket</u>
Embalming _____	<u>Outside Case &amp; Transfer</u> 100 00
Washing and Dressing _____	<u>Cemetery Chgs</u> 20 00
Shaving _____	<u>Cartage of casket</u> 10 00
Services _____	Transportation Charges _____
Use of Chairs _____	Officiating Clergyman <u>Richard</u>
Church Charges _____	Amount of Bill <u>130 00</u>
Cemetery Charges _____	Goods Ordered by _____
Music _____	Bill Charged to <u>Old Age Aut.</u>
Flowers _____	

DR.

CR.

				<u>July 16</u>	<u>52 Check</u>	<u>130 00</u>
					<b>PAID</b>	
					<u>By</u>	
					<u>Old Age Aut.</u>	

RECORD AND BILL OF ITEMS

Yearly No. 313

FOR THE FUNERAL OF


Total to date 2306

*Peter S. Sylvia Jr*

Residence 56 Orange St. Age of husband or wife if alive..... years

Place of Death M. C. H. 3 days Wife or ~~Widow~~ of Catherine A. Johnson

Date of Birth 1 879 Apr 24 { 73 Years { Sex..... Color or Race  
(Year) (Month) (Day) { } { }  
Date of Death 19 52 June 14 { 1 Months { Single.....  
(Year) (Month) (Day) { } { }  
Age { 21 Days { Married  { }  
Maiden Name.....

Birth-place Nantucket Occupation Carpenter Date of Entry.....  
Name of Father Peter S. Sylvia His Birth-place Portugal Military Service Record Date of Disch.....  
Maiden Name of Mother Elina W. Johnson Her Birth-place Nant Rank.....  
Cause of Death—Primary Syphilis Secondary Leukemia Vet's Organization No.....  
Certifying Physician F. O. G. Folger 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. 2 for every Grave in it. And mark this  
Date of Interment June 16 Section..... Burial with double dagger thus: †  
Social Security No. 029-05-0996 *Peter S. Sylvia* Designate site of monument thus: □

Casket No. <u>115</u>	<u>195 00</u>	Candles.....	
Size..... Made by.....		Gloves.....	
Interior No.....		Bearers.....	
Handles.....		Hearse to.....	
Plate.....		Removal.....	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles <u>Pearl Priest</u>	<u>3 00</u>
Garment.....		Newspaper Notices.....	
Slippers.....		Transportation Charges.....	
Embalming <u>of Services</u>	<u>50 00</u>	Officiating Clergyman <u>Fox Cary</u>	
Washing and Dressing.....		Amount of Bill.....	<u>328 00</u>
Shaving <u>Transfer</u>	<u>10 00</u>	Goods Ordered by <u>Leaf</u>	
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. 325.00. CR.

<u>Nov 12</u>	<u>Pd Priest</u>	<u>3 00</u>	<u>Nov 12</u>	<u>52 Check</u>	<u>328 00</u>
				<b>PAID</b>	
				<u>By Peter S. Jr</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 2307

*Grace Savage Selden*

Residence 29 Liberty St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 35 Pine St 12nd Wife or Widow of Charles A. Selden

Date of Birth 1870 (Year) Apr (Month) 6 (Day)

Date of Death 1952 (Year) July (Month) 1 (Day)

Maiden Name \_\_\_\_\_ Age { 82 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 2 Months { Single \_\_\_\_\_ {  
 { 25 Days { Married \_\_\_\_\_ {

Birth-place Stamford VT Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father John Savage His Birth-place Maine Date of Disch. \_\_\_\_\_

Maiden Name of Mother Emma Morrison Her Birth-place Wells NY Rank \_\_\_\_\_

Cause of Death—Primary Cerebral Hem. Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 5

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

Date of Interment July 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 No. <u>435</u>	<u>295 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles <u>Pease 2</u>	<u>05 00</u>
Garment _____		<u>Wood 2</u>	<u>10 00</u>
Slippers _____		Newspaper Notices <u>Organist</u>	<u>10 00</u>
Embalming <u>deceased</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving <u>Transfers</u>	<u>10 00</u>		
Services _____			
Use of Chairs _____		Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Greene 1st</u>	<u>10 00</u>
Cemetery Charges _____	<u>20 00</u>	Amount of Bill	<u>460 00</u>
Music _____		Goods Ordered by <u>John C Selden</u>	
Flowers _____		Bill Charged to _____	

DR. 425.00 CR.

July 6	Pd. Bentley	10 00	Sept 11	Check	460 00
2 6	" Grease	10 00			
Sept 12	Pd Pease	5 00			
				<b>PAID</b>	
				<u>Eva Selden Bank</u>	

RECORD AND BILL OF ITEMS

Yearly No. 35

FOR THE FUNERAL OF

Total to date 230

*Elsie Carlisle*

Residence *75 Main Street* Age of husband or wife if alive

Place of Death *M.C.H. 1 mo 4 days* Wife or Widow of

Date of Birth *1 880 Nov 6* (Year) (Month) (Day)

Date of Death *19 52 July 7* (Year) (Month) (Day) Age { *71* Years { Sex { *Female* { Color or Race

Maiden Name { *8* Months { Single  {

Birth-place *New York* Occupation *None* Date of Entry

Name of Father *George L. Carlisle* His Birth-place *London England* Date of Disch.

Maiden Name of Mother *Mary Swift Coffin* Her Birth-place *Mass.* Rank

Cause of Death—Primary *Pneumonia* Secondary *Post Encephalitic disease* Vet's Organization No.

Certifying Physician *Mengel* Residence

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

Funeral Service at Lot No. *230*

Time of Service Grave No.

Date of Interment *July 9* Section

Social Security No. *Henry C. Carlisle*

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

Casket No. <i>170</i>	<i>265 00</i>	Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <i>Pine</i>	<i>25 00</i>	Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <i>of services</i>	<i>50 00</i>	Officiating Clergyman <i>Johnson</i>	
Washing and Dressing		Amount of Bill	<i>395</i>
Shaving		Goods Ordered by	
Services <i>Transfers</i>	<i>10 00</i>	Bill Charged to <i>George L. Carlisle</i>	
Use of Chairs			
Church Charges			
Cemetery Charges <i>Furnal</i>	<i>25 00</i>		
Music <i>20 00</i>	<i>20 00</i>		
Flowers			

DR.

*395.00*

CR.

		<i>July 30</i>	<i>Check</i>	<i>395</i>
<b>PAID</b>				
<i>By George L. Carlisle</i>				

# RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 2309

Arthur Marshall Barrett

Residence 34 Centre St. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death Peter Brent Hosp. Boston Wife or Widow of Eda M. Coleman  
 Date of Birth 1 887 July 3 Age { 64 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 0 Months { Single \_\_\_\_\_  
 Date of Death 19 52 July 13 { 12 Days { Married \_\_\_\_\_  
 (Year) (Month) (Day)  
 Maiden Name \_\_\_\_\_  
 Birth-place Nantucket Occupation Watchman M. S. A. Date of Entry \_\_\_\_\_  
 Name of Father George Barrett His Birth-place Nant. Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Agnes Marshall Her Birth-place ? Rank \_\_\_\_\_  
 Cause of Death—Primary Myocardial Secondary Infarct. Vet's Organization No. \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P. H. M. V.  
 Funeral Service at \_\_\_\_\_ Lot No. 19  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment July 19. Section \_\_\_\_\_  
 Social Security No. 2024 18-5992 Mrs Henry Diotte  
 Put in 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 No. <u>110</u>	<u>135 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>services</u>	<u>25 00</u>		
Washing and Dressing _____			
Shaving _____		<u>Lastman Funeral Home</u>	<u>58 74</u>
Services <u>Transfer</u>	<u>10 00</u>	Transportation Charges	
Use of Chairs _____		Officiating Clergyman <u>Johnson</u>	
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>298 74</u>
Cemetery Charges	<u>20 00</u>	Goods Ordered by _____	
Music _____		Bill Charged to _____	
Flowers _____			

DR.

240.00

CR.

			<u>Apr. 20. 53. check</u>	<u>298 74</u>
			<b>PAID</b>	
			<u>By Elizabeth Diotte</u>	
			<u>54 Sterling St.</u>	
			<u>East Braintree. 84</u>	
			<u>Mass</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 37

FOR THE FUNERAL OF

Total to date 2310

Richard M Lederer

Residence 111 East 56th St. N.Y. City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Wauwinnet Road Wife or Widow of Marquerite Kern

Date of Birth 1887 Aug 25 Age 64 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death 1952 July 24 Age 10 Months Single \_\_\_\_\_  
 (Year) (Month) (Day)

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

Birth-place Chicago Ill. Occupation Investor Date of Entry \_\_\_\_\_

Name of Father Arthur Lederer His Birth-place Radnor Austria Date of Disch. \_\_\_\_\_

Maiden Name of Mother Sophia Ottenhumes Her Birth-place N.Y. City Rank \_\_\_\_\_

Cause of Death—Primary Fracture of Extra-cerebral Hem caused by Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

Certifying Physician Cassaday Med Co Residence self inflicted bullet wound in skull

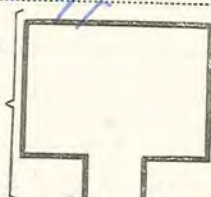
Place of Burial Cremation, Hartonvale Cemetery Funchliff

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

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

Date of Interment July 27 Section \_\_\_\_\_

Social Security No. Richard M Lederer Jr.



Casket No. <u>150 00</u>	Candles <u>285 Madison Ave</u>	
Size _____ Made by _____	Gloves <u>N.Y. City</u>	
Interior No. _____	Bearers _____	
Handles _____	Hearse to _____	
Plate _____	Removal _____	
Outside Box or Vault <u>Pine &amp; shells</u> <u>30 00</u>	Automobiles _____	
Garment _____	Newspaper Notices _____	
Slippers _____	<u>Gratuity at airport</u> <u>3 00</u>	
Embalming <u>&amp; Services</u> <u>50 00</u>	<u>Certified Copy</u> <u>50</u>	
Washing and Dressing _____	Transportation Charges _____	
Shaving _____	Officiating Clergyman _____	
Services <u>Transfers</u> <u>20 00</u>	Amount of Bill <u>253 50</u>	
Use of Chairs _____	Goods Ordered by _____	
Church Charges _____	Bill Charged to _____	
Cemetery Charges _____		
Music _____		
Flowers _____		

DR. 258.00

CR.

<u>Richard M Lederer Jr</u>	<u>Sept 27</u>	<u>1952 Check</u>	<u>253 50</u>
<u>285 Madison Ave</u>			
<u>New York City</u>			
		<b>PAID</b>	
		<u>By Richard M Lederer Jr</u>	
		<u>Adm</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 38

FOR THE FUNERAL OF

Total to date 2311

John Kimball Phelan

Residence 60 Brooks St. Medford Mass Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Mass General Hosp. Wife or Widow of Edith M. Greason

Date of Birth 1 (Year) Aug (Month) 4 (Day) Age { 50 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1952 (Year) Aug (Month) 4 (Day) { 2 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 15 Days { Married \_\_\_\_\_ {

Birth-place Boston Occupation Physicist Date of Entry \_\_\_\_\_


Name of Father Joseph Warren Phelan His Birth-place Boston Date of Disch. \_\_\_\_\_

Maiden Name of Mother Florence B Kimball Her Birth-place Boston Rank \_\_\_\_\_

Cause of Death—Primary Malignant —Secondary Melanoma Vet's Organization No. \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence Metastatic to skin & abdomen

Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 366  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. 3 Designate site of monument thus:

Date of Interment Aug 7 Section near

Social Security No. \_\_\_\_\_ Ms Edith M. Phelan 60 Brooks St. Medford

Casket No. ....	Candles .....	
Size..... Made by.....	Gloves .....	
Interior No. ....	Bearers .....	
Handles .....	Hearse to .....	
Plate .....	Removal .....	
Outside Box or Vault .....	Automobiles <u>Pease Car Hire</u> <u>1 Dog White &amp; black</u>	<u>15 00</u> <u>3 00</u>
Garment.....	Newspaper Notices.....	
Slippers .....		
Embalming.....		
Washing and Dressing .....		
Shaving .....		
Services <u>Arranging of Superannuation</u>		<u>10 00</u>
Use of Chairs .....	Transportation Charges.....	
Church Charges <u>Funeral</u>	Officiating Clergyman <u>Johnson</u>	<u>25 00</u> <u>28 00</u>
Cemetery Charges .....	Amount of Bill.....	<u>78 00</u>
Music.....	Goods Ordered by .....	
Flowers .....	Bill Charged to .....	

DR. 68.00 CR.

	<u>Mr R. H. Phelan</u>		<u>Sept 24</u>	<u>1952. Check</u>	<u>78 00</u>
	<u>Herrnontown New York</u>				
<u>Aug 10</u>	<u>Paid Pease</u>	<u>15 00</u>			
	<u>Beals Funeral Home</u>				
	<u>29 Governors Ave</u>				
	<u>Medford</u>				

**PAID**  
By R. H. Phelan

RECORD AND BILL OF ITEMS

Yearly No. 39

FOR THE FUNERAL OF

Total to date 2312

Residence: *320 East 42 St N.Y.* *Harry Tipper*  
 Place of Death: *Union Club de Fayette Building* Age of husband or wife if alive.....  
 Date of Birth: *1*  
 Date of Death: *1941 May 7* Age { *62* Years { Sex ..... Color or Race .....  
 Maiden Name ..... { Months { Single .....  
 Birth-place: *Kendal England* Occupation: *Executive Rubber Co* Date of Entry .....  
 Name of Father: *Joseph Tipper* His Birth-place: *England* Date of Disch .....  
 Maiden Name of Mother: *Mary Butcher* Her Birth-place: *England* Rank .....  
 Cause of Death—Primary: *Thrombosis* Secondary ..... Vet's Organization No. ....  
 Certifying Physician .....  
 Place of Burial: *Nantucket* Cemetery: *P.H.* Residence .....  
 Funeral Service at ..... Lot No. *1191* Grave No. ....  
 Time of Service ..... Section: *Rear*  
 Date of Interment: *Aug 10/52* Put in the Diagram one mark like *⬠*  
 Social Security No. *Grace M Tipper* *320 East 42nd St. N.Y. City* Designate site of monument thus: *⬠*

Casket No. ....	Candles .....		
Size..... Made by.....	Gloves .....		
Interior No. ....	Bearers .....		
Handles .....	Hearse to .....		
Plate .....	Removal.....		
Outside Box or Vault .....	Automobiles.....		
Garment .....			
Slippers .....	Newspaper Notices.....		
Embalming .....	<i>Interment of Ashes</i>		<i>10 00</i>
Washing and Dressing .....			
Shaving .....			
Services .....	Transportation Charges.....		
Use of Chairs .....	Officiating Clergyman.....		
Church Charges.....	Amount of Bill.....		
Cemetery Charges .....	Goods Ordered by .....		
Music .....	Bill Charged to .....		
Flowers .....			

DR.						CR.					



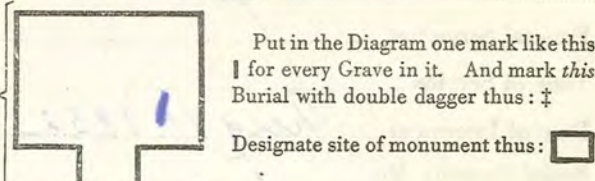
RECORD AND BILL OF ITEMS

Yearly No. 40

FOR THE FUNERAL OF

Total to date 2313

Residence 32 Cliff Road Jessie C. Carlson  
 Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. 1 day Wife or Widow of \_\_\_\_\_  
 Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_  
 Date of Death 19 52 (Year) Aug (Month) 12 (Day) Age 79 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { Months \_\_\_\_\_ } Single  { \_\_\_\_\_ }  
 Birth-place Cambridge Mass Occupation House work Date of Entry \_\_\_\_\_  
 Name of Father Augustus Carlson His Birth-place Uppsala Sweden Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Charlotte Nordstrom Her Birth-place Uppsala Sweden Rank \_\_\_\_\_  
 Cause of Death—Primary myocardial infarct Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Cassaday Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 842  
 Time of Service Aug 15/52 Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. Elizabeth C Jellis



Casket No. <u>4357-</u>	<u>335 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Jessie</u>	<u>50 00</u>	Officiating Clergyman <u>Richard</u>	
Washing and Dressing _____		Amount of Bill	<u>465 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>F</u>	<u>20 00</u>		
Music _____			
Flowers _____			

DR. 465.00 CR.

			<u>Nov 14</u>	<u>Check</u>	<u>465 00</u>
				<b>PAID</b>	
				<u>By Mrs Jellis</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 41

FOR THE FUNERAL OF

Total to date 2314

Residence 250 Peach Street So Braintree *Lugene Farast* Age of husband or wife if alive..... years

Place of Death..... Wife or Widow of Henriette B. Vigeant

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

Date of Death 1952 Aug 11 (Year)..... (Month)..... (Day)..... Age { 49 Years { Sex..... { Color or Race

Maiden Name..... { 0 Months { Single..... {

Birth-place..... Occupation Electrical Engineer Date of Entry..... { 11 Days { Married L {


Name of Father..... His Birth-place..... Military Service Record Date of Disch.....

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

Cause of Death—Primary myocardial infarct Secondary..... Vet's Organization No.....

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

Place of Burial Our Mary Church Cemetery St Marys

Funeral Service at..... Lot No. 

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

Date of Interment Aug 13 1952 Section South Designate site of monument thus:

Social Security No.....

Casket No.....		Candles.....	
Size..... Made by.....		Gloves.....	
Interior No.....		Bearers.....	
Handles.....		Hearse to.....	
Plate.....		Removal.....	
Outside Box or Vault.....	<u>20 00</u>	Automobiles <u>Pease 1</u>	<u>5 00</u>
Garment.....		<u>Wood 2</u>	<u>10 00</u>
Slippers.....		Newspaper Notices.....	
Embalming.....		<u>Corneluy Set</u>	<u>25 00</u>
Washing and Dressing.....			<u>45</u>
Shaving.....		Transportation Charges.....	
Services.....		Officiating Clergyman <u>Fitzgerald</u>	
Use of Chairs.....		Amount of Bill.....	<u>85 00</u>
Church Charges.....		Goods Ordered by.....	
Cemetery Charges.....	<u>25 00</u>	Bill Charged to.....	
Music.....			
Flowers.....			

DR.

45 00

CR.

		<u>Nicholas Venuti</u>		<u>Aug 14</u>	<u>check</u>	<u>85 00</u>
		<u>Funeral Director</u>				
		<u>845 Washington St</u>				
		<u>So Braintree</u>				
<u>Aug 14</u>		<u>Paid Pease</u>	<u>5 00</u>			
<u>15</u>		<u>" Allan</u>	<u>10 00</u>			
<u>16</u>		<u>Paid Fitz</u>	<u>25 00</u>			

**PAID**  
By Nicholas Venuti

RECORD AND BILL OF ITEMS

Yearly No. 42

FOR THE FUNERAL OF

Total to date 2315

*Elizabeth Temple Ludwig*

Residence *153 East 71st St. N.Y. City* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *Montauk Point S.I. N.Y.* Wife or Widow of *Edward V Ludwig*

Date of Birth *1880 Dec 7* Age *71* Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death *1952 Aug 16* Age *8* Months Single \_\_\_\_\_  
 (Year) (Month) (Day)

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

Birth-place *Nantucket* Occupation *Hotel Proprietor* Date of Entry \_\_\_\_\_

Name of Father *Jesse H. Temple* His Birth-place *Ohio* Date of Disch. \_\_\_\_\_

Maiden Name of Mother *Sarah Gardner* Her Birth-place *Nantucket* Rank \_\_\_\_\_

Cause of Death—Primary *Coronary Occlusion* Secondary *Acute Heart failure* Vet's Organization No. \_\_\_\_\_

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

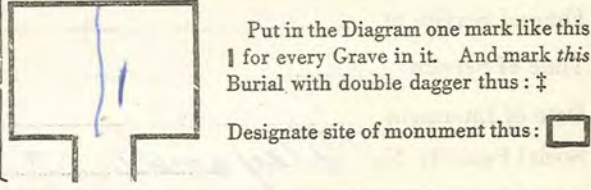
Place of Burial *Nantucket* Cemetery *P.H.*

Funeral Service at \_\_\_\_\_ Lot No. *739*

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

Date of Interment *Aug 19/52* Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ *Town Records*



Casket No. <i>170</i>	<i>280 00</i>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	<i>195 00</i>	Automobiles <i>Wood 2</i>	<i>10 00</i>
Garment		Newspaper Notices	
Slippers		<i>Yareley Funeral Home</i>	<i>185 00</i>
Embalming			
Washing and Dressing			
Shaving			
Services	<i>25 00</i>		
Use of Chairs <i>Transfers</i>	<i>15 00</i>	Transportation Charges	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>Drake</i>	<i>10 00</i>
Cemetery Charges	<i>25 00</i>	Amount of Bill	<i>770 00</i>
Music		Goods Ordered by <i>Grace Henry</i>	
Flowers		Bill Charged to <i>" "</i>	

DR. *565.00* CR.

Jan 12	<i>Paid Herbert</i>	<i>10 00</i>	Jan 12	<i>53 Check</i>	<i>770 00</i>

**PAID**  
 By *Greenwood*  
*Greenbaum, Wolff & Bond*  
*285 Madison Ave*  
*New York 17, N.Y.*

1949-1953

216

# RECORD AND BILL OF ITEMS

Yearly No. 43

FOR THE FUNERAL OF

Total to date 2316

Daniel Berolzheimer

Residence 234 Woodmere Boulevard Woodmere L.I.N.Y. Age of husband or wife if alive..... years

Place of Death N.C.H. 7 days Wife or Widow of Violet Chambers

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

Date of Death 1952 Aug 24 Age { 75 Years { Sex..... { Color or Race

Maiden Name..... { Months { Single..... {

Birth-place New York City Occupation Chemist Days { Married..... {

Name of Father Martin Berolzheimer His Birth-place Germany Military Service Record Date of Entry.....

Maiden Name of Mother Belle Saufferty Her Birth-place Germany Date of Disch.....

Cause of Death—Primary Cancer of Lung Secondary..... Rank.....

Certifying Physician Cassaday Residence..... Vet's Organization No.....

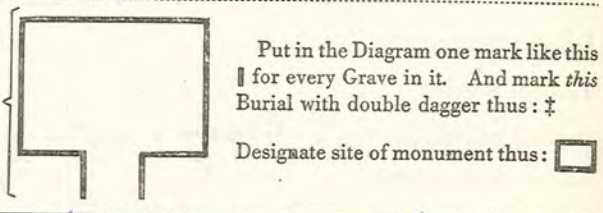
Place of Burial Hempstead L.I.N.Y. Cemetery.....

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

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

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

Social Security No. Alexander F Berolzheimer



Casket No.	<u>100 00</u>	Candles	<u>234 Woodmere Boulevard</u>
Size..... Made by.....		Gloves	<u>Woodmere L.I.N.Y.</u>
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pinehalls</u>	<u>30 00</u>	Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming <u>of Services</u>	<u>50 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>10 00</u>	<u>Telegram</u>	<u>80</u>
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	<u>37 60</u>
Cemetery Charges		Amount of Bill	<u>225 40</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR. 190.00

CR.

Shipped to	<u>Sept 19</u>	check	<u>225 50</u>
<u>Myron Carman</u>			
<u>Washington Ave</u>			
<u>Lawrence L.I.N.Y.</u>			
		<b>PAID</b>	
		<u>By The Bank of New York</u>	

RECORD AND BILL OF ITEMS

Yearly No. <sup>38</sup> 77

FOR THE FUNERAL OF

Total to date 2317

*Susan J. Clisby*

Residence *27 Milk St.* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *N. C. H. 6 days* Wife or Widow of *Henry B. Clisby*

Date of Birth *1864 July 3* Age *88* Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death *1952 Aug 1* Age *0* Months Single \_\_\_\_\_

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

Birth-place *Nantucket* Occupation *House work* Date of Entry \_\_\_\_\_

Name of Father *Charles A. Revot* His Birth-place *Bordeaux France* Date of Disch. \_\_\_\_\_

Maiden Name of Mother *Susan S. Randall* Her Birth-place *Nantucket* Rank \_\_\_\_\_

Cause of Death—Primary *Mania* Secondary *Pathological* Vet's Organization No. \_\_\_\_\_

Certifying Physician *Wemple* Residence *Spontaneous fracture right femur*

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

Funeral Service at \_\_\_\_\_ Lot No. *683*

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

Date of Interment *Aug 4* Section \_\_\_\_\_

Social Security No. *Edith C. Jones 52 Orange St*



Put in 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 No.		Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles <i>Wood 1</i>	<i>5 00</i>
Garment		Newspaper Notices	
Slippers		<i>Prof. Services Casket Outside</i>	
Embalming		<i>Case, Transfer &amp; Interment</i>	<i>175 00</i>
Washing and Dressing			
Shaving			
Services			
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman <i>Richard</i>	<i>10 00</i>
Cemetery Charges		Amount of Bill	<i>190 00</i>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

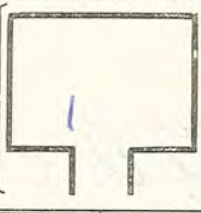
CR.

Aug 4	Pd. clergyman	10 00	Oct. 28	Cash	190 00
Nov 5	Pd. Hearse	5 00			
				<b>PAID</b>	
				<i>By Edith C. Jones</i>	

## RECORD AND BILL OF ITEMS

Yearly No. 45 FOR THE FUNERAL OF Patrick J. O'Donnell Total to date 2318

Residence 94 Ararat St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 94 Ararat St Wife or Widow of Margaretta Desmond  
 Date of Birth 1953 9 17 (Year) (Month) (Day) Sex \_\_\_\_\_ Color or Race Irish  
 Date of Death 1953 Aug 25 (Year) (Month) (Day) Age { 69 Years { Single \_\_\_\_\_ Married \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 5 Months {  
 { 11 Days {  
 Birth-place Broydsden, England Occupation Laborer Date of Entry \_\_\_\_\_  
 Name of Father James O'Donnell His Birth-place England Military Service Record \_\_\_\_\_ Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Mary Dalton Her Birth-place " Rank \_\_\_\_\_  
 Cause of Death—Primary Cerebral thrombosis Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Cassaday M.D. E.P. Residence \_\_\_\_\_  
 Place of Burial Northwest Cemetery PH  
 Funeral Service at \_\_\_\_\_ Lot No. 730  
 Time of Service \_\_\_\_\_ Grave No. 2  
 Date of Interment Sept 1 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:

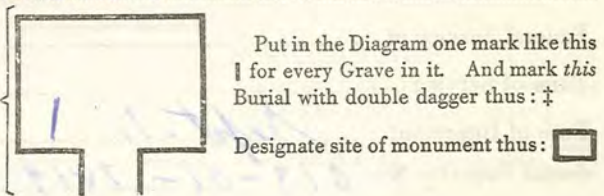
Casket No. <u>110</u>	135 00	Candles		
Size _____ Made by _____		Gloves		
Interior No. _____		Bearers		
Handles _____		Hearse to _____		
Plate _____		Removal		
Outside Box or Vault <u>None</u>	25 00	Automobiles <u>Wood 1</u>		5 00
Garment <u>Shirt + Underclothes</u>	5 00	Newspaper Notices		
Slippers _____		Transportation Charges		
Embaling <u>services</u>	50 00	Officiating Clergyman <u>Fitzgerald</u>		
Washing and Dressing _____		Amount of Bill	280	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	20 00			
Music _____				
Flowers _____				
	<b>DR. 275.00</b>			

DR.				CR.			
Dec 17	53	R. W. Bank	381	26	Dec 17	1953. Check	280 00
Jan 17	54	Social Security	60	00			
			441	26			

RECORD AND BILL OF ITEMS

Yearly No. 46 FOR THE FUNERAL OF Ida E. Dean Total to date 2319

Residence 25 Holyoke St Boston Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death Boston City Hosp Wife or Widow of John Dean  
 Date of Birth 15 (Year) 9 (Month) \_\_\_\_\_ (Day) Age { 68 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1952 Aug 19 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) { \_\_\_\_\_ Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ Days { Married \_\_\_\_\_ {  
 Birth-place Union Town, Alabama Occupation Domestic Date of Entry \_\_\_\_\_  
 Name of Father Buck Jones His Birth-place Alabama Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Ella ? Her Birth-place Alabama Rank \_\_\_\_\_  
 Cause of Death—Primary Hypertensive Secondary Heart disease Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Dr. Ford Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery Newtown  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Aug 29 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



Casket No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Interior No. _____	Bearers _____
Handles _____	Hearse to <u>Remetary</u> <u>15 00</u>
Plate _____	Removal <u>Remetary chgs</u> <u>20 00</u>
Outside Box or Vault _____	Automobiles <u>Webb 1</u> <u>5 00</u>
Garment _____	Newspaper Notices _____
Slippers _____	Transportation Charges <u>Burrus</u> <u>5 00</u>
Embalming _____	Officiating Clergyman <u>Burrus</u> <u>45 00</u>
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.			
Aug 29	Paid Allans Bay	5 00	Aug 29	Check	45 00		
"	Paid Burrus	5 00					
	Chesholm Funeral Chapel			<b>PAID</b>			
	532 Columbus Ave			By Napoleon Chesolm			
	Boston						
	Copley 7-0504						

# RECORD AND BILL OF ITEMS

Yearly No. 47

FOR THE FUNERAL OF

Total to date 2320

Edgar F. Weyer Jr.

Residence 12 New St. Age of husband or wife if alive..... years

Place of Death N.C.H. 3 days Wife or Widow of Mary A. Soma

Date of Birth 1 895 Aug 1 (Year) (Month) (Day) Age { 57 Years { Sex ..... Color or Race

Date of Death 19 52 Aug 30 (Year) (Month) (Day) Age { 0 Months { Single ..... Married ..... {

Maiden Name ..... { 29 Days {

Birth-place Nantucket Occupation Truckman Date of Entry.....


Name of Father Edgar F. Weyer His Birth-place Nantucket Date of Disch.....

Maiden Name of Mother Judith W. Chapel Her Birth-place Nantucket Rank.....

Cause of Death—Primary Diabetes Mellitus Secondary Endocarditis Vet's Organization No.....

Certifying Physician Folger Residence Abilene

Place of Burial Nant Cemetery St Marys

Funeral Service at ..... Lot No. 

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

Date of Interment Sept 1 Section..... Designate site of monument thus:

Social Security No. 013-01-7819 Pauline Hays

Casket No. <u>115</u>	<u>195 00</u>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles <u>Pearse Priest</u>	<u>3 00</u>
Garment		Newspaper Notices	
Slippers			
Embalming <u>of 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>Fitzgerald</u>	
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>323 00</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

320.00

CR.

<u>Sept 18</u>	<u>Pd Pearse</u>	<u>3.00</u>	<u>Sept 18</u>	<u>52 Cash</u>	<u>323 00</u>

**PAID**  
By Miss Henry Hays



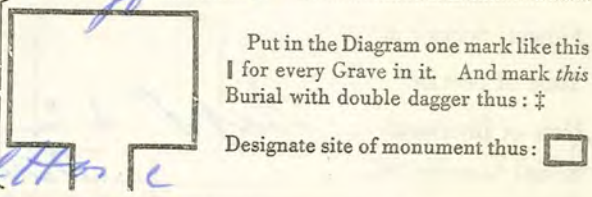
RECORD AND BILL OF ITEMS

Yearly No. 48

FOR THE FUNERAL OF

Total to date 2321

Ethel Smith  
 Residence 138 King St. Springfield Mass Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death enroute to Hospital Wife or Widow of Joseph Smith  
 Date of Birth 1 Dec 12 (Year) (Month) (Day) Age { 58 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1952 Sept 9 (Year) (Month) (Day) { 8 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 28 Days { Married   
 Birth-place Waterbury Conn Occupation Maid Date of Entry \_\_\_\_\_  
 Name of Father Foster Marshall Robinson His Birth-place Greenville S.C. Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Sarah Alliton Her Birth-place Philadelphia Rank \_\_\_\_\_  
 Cause of Death—Primary Cerebro Vascular Secondary accident Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Cassaday Med Ex Residence caused by Hypertension  
 Place of Burial Springfield Cemetery Springfield  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Sept 15, 1952 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Henderson Funeral Home



Casket No.		Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Garment		Newspaper Notices	
Slippers		<u>Removal &amp; Preparation</u>	
Embalming		<u>Casket Outside Case</u>	
Washing and Dressing		<u>&amp; Sewing Necessary paper</u>	<u>150 00</u>
Shaving		Transportation Charges	<u>22 04</u>
Services		Officiating Clergyman <u>H. Coffey D.C.</u>	<u>2 00</u>
Use of Chairs		Amount of Bill	<u>174 00</u>
Church Charges		Goods Ordered by <u>Henderson</u>	
Cemetery Charges		Bill Charged to <u>"</u>	
Music			
Flowers			

DR.

CR.

<u>Henderson Funeral Home</u>	<u>30</u>	<u>1952 Check</u>	<u>174 00</u>
<u>52 Hancock St</u>			
<u>Springfield</u>			
<u>Phone 7-3316</u>			
		<b>PAID</b>	
		<u>By Henderson Funeral Home</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 49

FOR THE FUNERAL OF

Total to date 2322

Residence 5 Junce St Austin Strong Age of husband or wife if alive..... year

Place of Death 5 Junce St NCH, Inc Wife or Widow of Mary Wilson

Date of Birth 1 281 (Year) (Month) (Day) Age 71 Years { Sex { Color or Race

Date of Death 1952 Sept 17 (Year) (Month) (Day) { Months { Single {

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

Birth-place San Francisco Calif Occupation Playwright Date of Entry \_\_\_\_\_

Name of Father Joseph Strong His Birth-place \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Maiden Name of Mother Labele Osbourne Her Birth-place \_\_\_\_\_ Rank \_\_\_\_\_

Cause of Death—Primary Coronary thrombosis Secondary Chronic Myo Vet's Organization No. \_\_\_\_\_

Certifying Physician Mengel Residence Hypertension

Place of Burial East Providence Cemetery Lakeside

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

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

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

Social Security No. \_\_\_\_\_ Mrs Mary W Strong



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

Designate site of monument thus: [ ]

Casket No. <u>80</u>	<u>100 00</u>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine of hollow</u>	<u>30 00</u>	Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming <u>services</u>	<u>50 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transferus</u>	<u>15 00</u>	<u>2 Outfired Copies</u>	<u>1 00</u>
Use of Chairs		Transportation Charges	<u>8 53</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Johnson</u>	
Cemetery Charges		Amount of Bill	<u>229 53</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR. 220.00 CR.

				9/22	7	1952 Check	229 52
						PAID	
						By	
						H. G. Chase	
						Santa Barbara Calif	

# RECORD AND BILL OF ITEMS

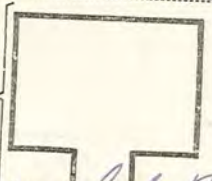
223

Yearly No. 50

FOR THE FUNERAL OF

Total to date 2323

Residence Helen Cash  
326 West Mermaid Lane Philadelphia  
 Place of Death 49 Centre St Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth 1 868 Nov. Wife or Widow of \_\_\_\_\_  
 Date of Death 19 52 Oct. 10 (Year) (Month) (Day) Age { 84 Years { Sex \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 11 Months { Single   
 \_\_\_\_\_ { Days { Married \_\_\_\_\_  
 Birth-place Washington D.C. Occupation None Date of Entry \_\_\_\_\_  
 Name of Father John C. Cash His Birth-place Philadelphia Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Julia Fair Her Birth-place "" Rank \_\_\_\_\_  
 Cause of Death—Primary Cerebral Hem. Secondary Hypertension Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Wemple Residence \_\_\_\_\_  
 Place of Burial Cremation Cemetery Forest Hills  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. Alexander P. Robinson 363 Cheswood Rd. Pennsylvania



Put in 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 No. <u>110</u>	150 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine &amp; holly</u>	30 00	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>&amp; services</u>	50 00		
Washing and Dressing _____			
Shaving <u>transfus</u>	20 00	<u>Boston</u>	70 00
Services _____		<u>toll calls</u>	1 70
Use of Chairs <u>&amp; Directing Funeral</u>	15 00	Transportation Charges	12 98
Church Charges _____		Officiating Clergyman <u>Dr. Gardner</u>	265 00
Cemetery Charges _____		Amount of Bill	349 68
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	
DR. <u>265.00</u>		CR.	

<u>Oct. 27</u>	<u>Ashes delivered to Dr. Gardner to be scattered on Moores</u>	<u>Jan 9 1953</u>	<u>check</u>	<u>349 68</u>
<b>PAID</b>				
<u>Richard H. Woolsey Exp.</u>			<u>By Girard Trust Com</u>	
<u>111 Provident Trust Building</u>			<u>Exchange Bank</u>	
<u>Philadelphia, Pa</u>			<u>Philadelphia 2 Pa</u>	
<u>General Com Exchange</u>				
<u>Philadelphia 2, Pa</u>				

RECORD AND BILL OF ITEMS

Yearly No. 51

FOR THE FUNERAL OF

Total to date 2324

Ella Mae Shea

Residence 25 Pine Street Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 25 Pine St. Wife or Widow of James Shea

Date of Birth 1865 Aug 19 (Year) (Month) (Day) Age { 87 Years { Sex { Color or Race  
 Date of Death 1952 Oct 16 (Year) (Month) (Day) { 1 Months { Single  
 Maiden Name \_\_\_\_\_ { 27 Days { Married

Birth-place Nantucket Occupation None Date of Entry \_\_\_\_\_

Name of Father Charles S. Gliddens His Birth-place Nantucket Date of Disch. \_\_\_\_\_

Maiden Name of Mother Catherine Blessington Her Birth-place Ireland Rank \_\_\_\_\_

Cause of Death—Primary Pulmonary Edema Secondary Hypertension Vet's Organization No. \_\_\_\_\_

Certifying Physician Collins Residence Myocarditis

Place of Burial Nantucket Cemetery St. Marys

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

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

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

Social Security No. Annette Moran



Put in 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 No. 1707	285 00	Candles	
Size Made by		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault Pine	25 00	Automobiles Pease Priest	3 00
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming Services	50 00	Officiating Clergyman Fitzgerald	
Washing and Dressing		Amount of Bill	423 00
Shaving Transfer	10 00	Goods Ordered by	
Services		Bill Charged to	
Use of Chairs etc	5 00		
Church Charges Funeral	25 00		
Cemetery Charges	20 00		
Music			
Flowers			

DR.

420.00

CR.

			Jan 6	1953 Cash	420 00
				PAID	
				By Grace Moore	

RECORD AND BILL OF ITEMS

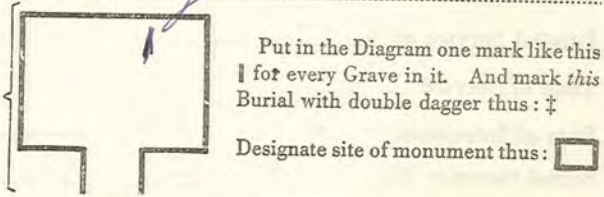
Yearly No. 52

FOR THE FUNERAL OF

Total to date 2325

Frank P. Seial

Residence 22 York St 60 yrs Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death W.C.H. 1 day Wife or Widow of Gertrude Oliveira  
 Date of Birth 1 1874 Mch 14 (Year) (Month) (Day) Age { 78 Years { Sex \_\_\_\_\_ { Color or Race  
 Date of Death 1952 Oct 21 (Year) (Month) (Day) { 7 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 7 Days { Married \_\_\_\_\_ {  
 Birth-place Azores Occupation Gardener Date of Entry \_\_\_\_\_  
 Name of Father Joseph Seial His Birth-place Azores Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Mary Josephine Seial Her Birth-place Azores Rank \_\_\_\_\_  
 Cause of Death—Primary Chronic Myo. Secondary Hypertension et's Organization No. \_\_\_\_\_  
 Certifying Physician Foley Residence Cardiac Decomensation  
 Place of Burial Nantucket Cemetery St. Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. 2  
 Date of Interment Oct. 24, 1952 Section rear  
 Social Security No. Emily Annis



Casket No. 1097	345 00	Candles	
Size		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	185 00	Automobiles	Pease 1 5 00 " 1 Priest 3 00
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming f Services	50 00	Officiating Clergyman	Carey
Washing and Dressing		Amount of Bill	643 00
Shaving		Goods Ordered by	
Services Transfers	10 00	Bill Charged to	
Use of Chairs			
Church Charges Funeral	25 00		
Cemetery Charges	20 00		
Music			
Flowers			
DR. 635.00			
		CR.	

Emily Annis	Oct 29	Cash	643 00
272 High Street	" 29	Pd Pease	8 00
Newburyport Mass			635 00
Phone 2489			
		PAID	
		By Emily Annis.	

# RECORD AND BILL OF ITEMS

Yearly No. 53

FOR THE FUNERAL OF

Total to date 2326

*Gertrude Preston Ewer*

Residence *Raleigh N.C.* Age of husband or wife if alive..... years

Place of Death *61 Rose Hill Way Waltham* Wife or Widow of *Albert P. Ewer*

Date of Birth *1882 Aug 16* (Year) (Month) (Day)

Date of Death *1952 Oct 23* (Year) (Month) (Day) Age { *70* Years { Sex ..... Color or Race  
*2* Months { Single .....  
*7* Days { Married .....  
Occupation *Proprietor gift shop* Date of Entry.....  
*self employed*

Birth-place *Mt. Airy, Iowa* His Birth-place *Penn.* Date of Disch.....  
Name of Father *Bernard Preston* Her Birth-place *Virginia* Military Record  
Maiden Name of Mother *Drusilla Hawley* Rank.....  
Cause of Death—Primary *Hypertatic* Secondary *Broncho Pneu.* Vet's Organization No.....  
Certifying Physician..... Residence *Atherosclerotic Heart*

Place of Burial *Nantucket* Cemetery *North*

Funeral Service at..... Lot No. *156*

Time of Service..... Grave No.....  
Date of Interment *Oct. 26.* Section.....  
Social Security No. *C.N.B.2.* *Mrs John E. Wykoff* *202 Goelen St Belmont*



Put in 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 No.		Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles <i>Please 1.</i>	<i>10 00</i>
Garment		<i>Self</i>	<i>10 00</i>
Slippers		Newspaper Notices	
Embalming			
Washing and Dressing			
Shaving			
Services <i>Arrangement of Service</i>	<i>10 00</i>		
Use of Chairs <i>Trans from Boat</i>	<i>5 00</i>	Transportation Charges	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman	
Cemetery Charges	<i>25 00</i>	Amount of Bill	<i>87 00</i>
Music <i>Carlag Boy</i>	<i>2 00</i>	Goods Ordered by <i>Eastman</i>	
Flowers		Bill Charged to	

DR.

*67 00*

CR.

<i>Nov 7</i>	<i>Paid Rease</i>	<i>10 00</i>	<i>Nov. 7</i>	<i>1952 Check</i>	<i>87 00</i>

*PAID*  
 By *Eastman Funeral Service*

# RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

Total to date 2327

Sola R. Field

Residence West Bankaty Ave Seaconsset 5044 Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 7 8 days Wife or Widow of Allison W. Field

Date of Birth 1902 Feb 8 Age { 50 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 8 Months { Single \_\_\_\_\_ {  
 Date of Death 1952 Oct 28 { 20 Days { Married  {

Maiden Name \_\_\_\_\_ Birth-place Nantucket Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father James P. Coffin His Birth-place Nantucket Date of Disch. \_\_\_\_\_

Maiden Name of Mother Bertha A. Holdgate Her Birth-place Providence Rank \_\_\_\_\_

Cause of Death—Primary Acute dilatation of stomach Postoperative Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

Certifying Physician Mengel Residence Pelvis Artery thrombosis

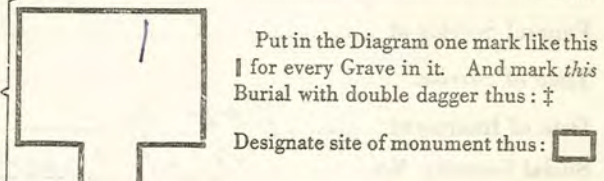
Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 583

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

Date of Interment October 31 Section near

Social Security No. Allison W. Field



Casket No. <u>115</u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>None</u>	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Johnson</u>	
Washing and Dressing _____		Amount of Bill	<u>320 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.

320.00

CR.

				<u>Nov. 3</u>	<u>1952 Cash</u>	<u>215 00</u>
				<u>" 20</u>	<u>" Cash</u>	<u>95 00</u>
						<u>210 00</u>
						<u>10 00</u> <u>value</u>
					<b>PAID</b>	
					<u>By Allen Field</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date 2328

*Nellie C Sanford*

Residence Hotel Albert, New York Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 1 day Wife or Widow of \_\_\_\_\_

Date of Birth 1 (Year) 1 (Month) 1 (Day) Age { 75 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 19 52 (Year) Nov (Month) 2 (Day) { \_\_\_\_\_ Months { Single  \_\_\_\_\_ Days { Married \_\_\_\_\_

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

Birth-place Kansas City, Mo. Occupation None Date of Entry \_\_\_\_\_

Name of Father Benjamin Crandall His Birth-place Illinois Date of Disch. \_\_\_\_\_

Maiden Name of Mother Jessie Hopper Her Birth-place Waterloo, Iowa Rank \_\_\_\_\_

Cause of Death—Primary Intestinal — Secondary obstruction Vet's Organization No. \_\_\_\_\_

Certifying Physician Menges Residence \_\_\_\_\_ 10 days

Place of Burial Wanthecket Cemetery P.H. single Grave

Funeral Service at \_\_\_\_\_ Lot No. 1202

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

Date of Interment Nov. 4 Section \_\_\_\_\_

Social Security No. Mrs Joseph Barnes \_\_\_\_\_



Casket No.		Candles	<u>Westfield N.J.</u>	
Size	Made by	Gloves		
Interior No.		Bearers		
Handles		Hearse to		
Plate		Removal		
Outside Box or Vault		Automobiles	<u>Pease 1</u>	<u>5 00</u>
Garment		Newspaper Notices		
Slippers		<u>Removal, Preparation</u>		
Embalming		<u>Casket, Outside Case, &amp;</u>		
Washing and Dressing		<u>Interment, Securing Papers</u>		<u>175 00</u>
Shaving		<u>Single Grave in P.H.</u>		<u>15 00</u>
Services		Transportation Charges		
Use of Chairs		Officiating Clergyman	<u>Johnson</u>	<u>10 00</u>
Church Charges		Amount of Bill		<u>205 00</u>
Cemetery Charges		Goods Ordered by		
Music		Bill Charged to		
Flowers				

DR.			CR.		
<u>Nov 4</u>	<u>Paid Pease</u>	<u>5 00</u>	<u>Jan 19 53</u>	<u>Checks</u>	<u>205 00</u>
<u>" 4</u>	<u>Pd. Clergyman</u>	<u>10 00</u>			
<u>" 17</u>	<u>Pd P.H.C.A. Lotan</u>	<u>15 00</u>			

**PAID**  
By Alcon Crandall



RECORD AND BILL OF ITEMS

Yearly No. 56

FOR THE FUNERAL OF

Total to date 2329

Residence 4 Ash St. John Patrick Conway Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " " Wife or Widow of Bertha Dahl

Date of Birth 1 892 Jan 2 (Year) (Month) (Day) Age 60 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 19 52 Nov 2 (Year) (Month) (Day) 10 Months { Single \_\_\_\_\_ }  
 Maiden Name \_\_\_\_\_ Days { Married \_\_\_\_\_ }

Birth-place Nantucket Occupation Letter carrier Retired 1941 Date of Entry \_\_\_\_\_

Name of Father John P. Conway His Birth-place Nant. Military Service Record \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Maiden Name of Mother Teresa Estell Johnson Her Birth-place Nant. Rank \_\_\_\_\_

Cause of Death—Primary Myocardial Secondary Infarction Vet's Organization No. \_\_\_\_\_

Certifying Physician Cassaday Med Ex Residence \_\_\_\_\_

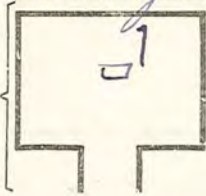
Place of Burial Nantucket Cemetery St. Marys

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

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

Date of Interment Nov 5, 1952 Section \_\_\_\_\_

Social Security No. Bertha D. Conway



Put in 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 No. <u>2097</u>	<u>385 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Clark</u>	<u>185 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>of Services</u>	<u>50 00</u>	Officiating Clergyman	
Washing and Dressing _____		Amount of Bill <u>Fitzgerald</u>	<u>670 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 _____			
<u>670.00</u>			

DR.

CR.

Dec 23 27 Cash 670 00

**PAID**  
By Mrs Conway

# RECORD AND BILL OF ITEMS

Yearly No. 57

FOR THE FUNERAL OF

Total to date 2830

William F. Howe

Residence 17 Orange St. 12th Age of husband or wife if alive... years

Place of Death 17 Orange St. Wife or Widow of Margaret Allen

Date of Birth 1889 Dec 16 (Year) (Month) (Day) Age 62 Years Sex Single Color or Race  
Date of Death 1952 Nov 9 (Year) (Month) (Day) Age 10 Months Single  
Maiden Name 24 Days Married

Birth-place Dorchester Mass Occupation asst. director of Mass. Div of Employment Security Date of Entry

Name of Father William F. Howe His Birth-place Dorchester

Maiden Name of Mother Alice Tuelley Her Birth-place Charlestown Mass

Cause of Death-Primary Myocardial Secondary Infarction

Certifying Physician W. Cassidy, M.D. Residence

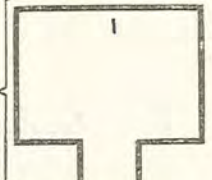
Place of Burial Nantucket Cemetery Old North

Funeral Service at Lot No.

Time of Service Grave No.

Date of Interment Nov. 11, 1952 Section Rear

Social Security No. William F. Howe Jr.



Casket No. 80	100 00	Candles	
Size Made by		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault Pine	25 00	Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming Services	50 00	Officiating Clergyman Richard	10 00
Washing and Dressing		Amount of Bill	225 00
Shaving Transfer	5 00	Goods Ordered by	
Services		Bill Charged to	
Use of Chairs			
Church Charges Funeral	15 00		
Cemetery Charges	20 00		
Music			
Flowers			

DR. 215.00

CR.

William F. Howe	Feb 9	1953 Check V.A.	150 00
P. O. Boy 1914	Mar 23	Bel.	75 00

PAID  
By Wm. F. Jr.

# RECORD AND BILL OF ITEMS

Yearly No. 58

FOR THE FUNERAL OF

Total to date 2331

George Alfred Hill

Residence North Gaines St. Southern Pines N.C. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 43 Atlantic Ave 1926 mi Wife or Widow of Willistone ?

Date of Birth 1917 June 9 Age { 35 Years { Sex Separated Color or Race Colored

Date of Death 1952 Nov. 9 { 5 Months { Single \_\_\_\_\_

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

Birth-place Southern Pines N.C. Occupation Laborer Date of Entry \_\_\_\_\_

Name of Father Alex Hill His Birth-place Southern Pines N.C. Date of Disch. \_\_\_\_\_

Maiden Name of Mother Gloria Williams Her Birth-place Federal N.C. Rank \_\_\_\_\_

Cause of Death—Primary Myocardial Secondary Infarction Vet's Organization No. \_\_\_\_\_

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

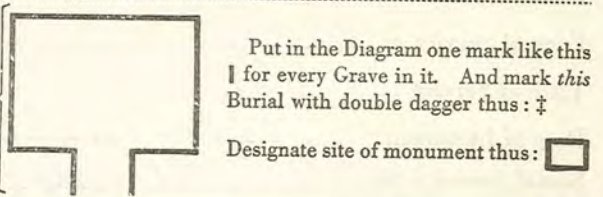
Place of Burial Southern Pines N.C. Cemetery Oaklawn

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

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

Date of Interment Nov. 15, 1952 Section \_\_\_\_\_

Social Security No. Clara Barros



Casket No.	Candles	
Size. Made by	Gloves	
Interior No.	Bearers	
Handles	Hearse to	
Plate	Removal	
Outside Box or Vault	Automobiles	
Garment	Newspaper Notices	
Slippers	<u>Removal, Preparation</u>	
Embalming	<u>Casket, Outside Case &amp;</u>	
Washing and Dressing	<u>Securing Necessary Papers</u>	<u>150 00</u>
Shaving		
Services	Transportation Charges	<u>86 66</u>
Use of Chairs	Officiating Clergyman	
Church Charges	Amount of Bill	<u>236 66</u>
Cemetery Charges	Goods Ordered by <u>Horton Funeral Home</u>	
Music	Bill Charged to	
Flowers		

DR.

CR.

<u>Shipped to</u>	<u>Nov 12</u>	<u>62 check</u>	<u>231 66</u>
<u>Horton Funeral Home</u>	<u>7</u>	<u>pd Express Chgs</u>	<u>81 66</u>
<u>Southern Pines N.C.</u>			<u>150 00</u>
<u>Main office Sanford N.C.</u>			
		<b>PAID</b>	
		<u>By: Horton Funeral Home</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 59

FOR THE FUNERAL OF

Total to date 2332

Leonora E. James

Residence 874 Warren Ave. Brockton Age of husband or wife if alive..... years

Place of Death Braemoor Home Wife or Widow of Everett James

Date of Birth..... 1 (Year) (Month) (Day) Age { 83 Years { Sex..... { Color or Race

Date of Death..... 1952 Nov 7 (Year) (Month) (Day) { Months { Single..... {

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

Birth-place Boston Occupation Practical Nurse Date of Entry.....

Name of Father Patrick H. Roberts His Birth-place Ireland Military Service Record Date of Disch.....

Maiden Name of Mother Leonora E. Driscoll Her Birth-place Ireland Rank.....

Cause of Death—Primary Cerebral Thrombosis Secondary..... Vet's Organization No.....

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

Place of Burial Nantucket Cemetery P H M V.

Funeral Service at..... Lot No. 44 Grave No.....

Time of Service..... Section.....

Date of Interment Nov 10, 1952 Section.....

Social Security No. Maxine E. Cahoon Designate site of monument thus:



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

Designate site of monument thus:

Casket No.....	Candles.....	
Size..... Made by.....	Gloves.....	
Interior No.....	Bearers.....	
Handles.....	Hearse to.....	
Plate.....	Removal.....	
Outside Box or Vault.....	Automobiles.....	
Garment.....	Newspaper Notices.....	
Slippers.....	<u>Arrangements &amp; Supervision</u> 10 00	
Embalming.....	<u>Funeral Fun Boat</u> 25 00	
Washing and Dressing.....	<u>Cemetery Chgs</u> 25 00	
Shaving.....	<u>Drugs &amp; Mats</u> 5 00	
Services.....	Transportation Charges.....	
Use of Chairs.....	Officiating Clergyman <u>Fitzgerald</u>	
Church Charges.....	Amount of Bill 60 00	
Cemetery Charges.....	Goods Ordered by.....	
Music.....	Bill Charged to <u>James F. Hickey</u>	
Flowers.....		

DR.

CR.

	<u>Hickey Funeral Home</u>		<u>Nov 29</u>	<u>check</u>	<u>60 00</u>
	<u>403 Main St</u>				
	<u>Brockton</u>				
				<b>PAID</b>	
				<u>By James F. Hickey</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to date 2 333

*Sarah E. Kean*

Residence 288 Hammond St. Springfield 30 yr Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Isolation Hosp. Springfield Wife or 14 days or Widow of Thomas H. Kean

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

Date of Death 19 52 (Year) Nov (Month) 13 (Day) Age 8 2 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
7 Months { Single \_\_\_\_\_ }  
7 Days { Married \_\_\_\_\_ }

Maiden Name \_\_\_\_\_ Birth-place Crown Point N.Y. Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father John Whitlock His Birth-place ? Date of Disch. \_\_\_\_\_

Maiden Name of Mother Antoinette Thrasher Her Birth-place Crown Pt. N.Y. Rank \_\_\_\_\_

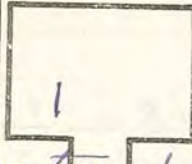
Cause of Death—Primary Atherosclerotic Secondary Heart disease Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 568

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

Date of Interment Nov. 17, 1952 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. Harry W. Kean Designate site of monument thus:  Gates St. Holyoke mass

Casket No. _____	Candles _____		
Size _____ Made by _____	Gloves _____		
Interior No. _____	Bearers _____		
Handles _____	Hearse to <u>Cemetery Fun Boat</u>	<u>25 00</u>	
Plate _____	Removal <u>Opening Closing Box</u>	<u>20 00</u>	
Outside Box or Vault _____	Automobiles <u>Decor &amp; Mats</u>	<u>5 00</u>	
Garment _____			
Slippers _____	Newspaper Notices _____		
Embalming _____			
Washing and Dressing _____			
Shaving _____			
Services _____			
Use of Chairs _____	Transportation Charges _____		
Church Charges _____	Officiating Clergyman <u>Michelson</u>	<u>5 00</u>	
Cemetery Charges _____	Amount of Bill _____	<u>55 00</u>	
Music _____	Goods Ordered by _____		
Flowers _____	Bill Charged to _____		

DR.				CR.			
	<u>Ernest A. Byron (F.D.)</u>	<u>Jan 3</u>	<u>53</u>	<u>Check</u>	<u>55 00</u>		
	<u>684 State St.</u>						
	<u>Springfield 9 Mass</u>						

PAID  
By Ernest A. Byron

RECORD AND BILL OF ITEMS

Yearly No. 61

FOR THE FUNERAL OF

Total to date 2,334

Residence *Rose Moser*  
*Sankaty Rd Sea Scout* Age of husband or wife if alive..... years

Place of Death *N. C. H. 1 mo & days* Wife or Widow of *George Moser*

Date of Birth *1888 Feb 11* Age { *64* Years Sex { *Female* Color or Race {  
 (Year) (Month) (Day) { *9* Months { *Single* {  
 (Year) (Month) (Day) { *4* Days { *Married* {

Maiden Name .....

Birth-place *New York City* Occupation *Practical Nurse* Date of Entry.....



Name of Father *John Doherty* His Birth-place *Ireland* Date of Disch.....

Maiden Name of Mother *Florence Gordon* Her Birth-place *Ireland* Rank.....

Cause of Death—Primary *Pulmonary Edema* Secondary *Metastatic* Vet's Organization No.....

Certifying Physician *Collins* Residence *Carcinoma of lungs*

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 *Nov 25, 1952* Section ..... Burial with double dagger thus: †  
 Social Security No. *Anna Kammandiner* Designate site of monument thus:

Casket No. <i>1157</i>	<i>235 00</i>	Candles .....		
Size..... Made by.....		Gloves .....		
Interior No.....		Bearers .....		
Handles .....		Hearse to .....		
Plate .....		Removal .....		
Outside Box or Vault .....	<i>195 00</i>	Automobiles <i>Please 2</i>	<i>10 00</i>	
Garment .....		<i>&amp; Priest</i>	<i>3 00</i>	
Slippers .....		Newspaper Notices.....		
Embalming <i>of Services</i>	<i>50 00</i>	Transportation Charges.....		
Washing and Dressing .....		Officiating Clergyman <i>Fitzgerald</i>		
Shaving .....		Amount of Bill.....	<i>543 00</i>	
Services <i>Transfer</i>	<i>5 00</i>	Goods Ordered by <i>Anna Kammandiner</i>		
Use of Chairs .....		Bill Charged to .....		
Church Charges <i>Funeral</i>	<i>25 00</i>			
Cemetery Charges .....	<i>20 00</i>			
Music.....				
Flowers .....				

DR.

530.00

CR.

<i>Jan 29</i>	<i>Pd. Kenneth</i>	<i>13 00</i>	<i>Jan 27</i>	<i>53 Check</i>	<i>543 00</i>
	<i>On Main St.</i>				

PAID  
By Anna Kammandiner

RECORD AND BILL OF ITEMS

Yearly No. 62

FOR THE FUNERAL OF

Total to date 2335

Carrie A Smith

Residence 5 Morgan Terrace New Bedford 35 yrs. Age of husband or wife if alive ... years. Place of Death St Lukes Hosp 13 days. Wife or Widow of William A. Smith. Date of Birth 1 (Year) (Month) (Day). Date of Death 19 52 Dec 4 (Year) (Month) (Day). Age 82 Years 11 Months 15 Days. Sex Single. Color or Race. Maiden Name. Birth-place Nantucket. Occupation None. Date of Entry. Name of Father Charles G. Austin His Birth-place Nantucket. Date of Disch. Maiden Name of Mother Mary E. Codd Her Birth-place Nantucket. Rank. Cause of Death - Primary Fracture of right femur Secondary femur. Vet's Organization No. Certifying Physician Dr. Wm. Rosen Residence. Place of Burial Nantucket Cemetery P.H. Funeral Service at Dec. 8. Lot No. 928. Time of Service. Grave No. Date of Interment Dec 8. Section. Social Security No. William A. Smith 5 Morgan Terrace N.B. Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: † Designate site of monument thus: □



Table with columns for items and prices. Items include Casket No., Size, Interior No., Handles, Plate, Outside Box or Vault, Garment, Slippers, Embalming, Washing and Dressing, Shaving, Services, Use of Chairs, Church Charges, Cemetery Charges, Music, Flowers, Candles, Gloves, Bearers, Hearse to, Removal, Automobiles, Newspaper Notices, Transportation Charges, Officiating Clergyman, Amount of Bill, Goods Ordered by, Bill Charged to. Prices are listed in dollars and cents.

DR.

CR.

Table with columns for date, description, amount, and balance. Entries include: E. J. Wilson Jan 2 53 check 70 00; Pd Wood Jan 3 5 00. A large 'PAID' stamp is present with the signature 'E. J. Wilson'.

RECORD AND BILL OF ITEMS

Yearly No. 63

FOR THE FUNERAL OF

Total to date 2336

Susan J Menges

Residence 81 Main St.  
 Place of Death 81 Main St.  
 Date of Birth 1908 Nov 8  
 Date of Death 1952 Dec 9  
 Maiden Name  
 Birth-place White Plains N.Y.  
 Name of Father Frederick Van Kleeck  
 Maiden Name of Mother Alice Pennes  
 Cause of Death—Primary Carcinoma  
 Certifying Physician Folger  
 Place of Burial Nantucket  
 Funeral Service at  
 Time of Service  
 Date of Interment Dec 12  
 Social Security No. Ernest H. Menges

Wife or Widow of Ernest H Menges  
 Age 44 Years  
 Sex  
 Single  
 Married  
 Color or Race  
 Occupation House Wife  
 Date of Entry  
 Date of Disch.  
 This Birth-place White Plains  
 Her Birth-place Chittenden  
 Rank  
 Vet's Organization No.  
 Residence  
 Cemetery P H  
 Lot No. 1192  
 Grave No.  
 Section  
 Put in the Diagram one mark like th  
 for every Grave in it. And mark th  
 Burial with double dagger thus: †  
 Designate site of monument thus: □

Casket No. 415	295 00	Candles	
Size Made by		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	195 00	Automobiles	
Garment		A. Johnson truck w/ flowers	10 00
Slippers		Newspaper Notices	
Embalming J Services	50 00		
Washing and Dressing		Transportation Charges	
Shaving Transpa	5 00	Officiating Clergyman Johnson	
Services		Amount of Bill	600 00
Use of Chairs		Goods Ordered by Ernest H Menges	
Church Charges Funeral	25 00	Bill Charged to	
Cemetery Charges	2 000		
Music			
Flowers			

DR. 590.00 CR.

		Jan. 9	check	600 00

By: Ernest H Menges



# RECORD AND BILL OF ITEMS

Yearly No. 64

FOR THE FUNERAL OF

Total to date 2337

Residence Marianna Sockel  
Our Island Home 7 mos Age of husband or wife if alive \_\_\_\_\_ years

Place of Death " " " Wife or Widow of James Sockel

Date of Birth 1857 July 10 Age 95 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 5 Months Single \_\_\_\_\_  
 Date of Death 1952 Dec 10 (Year) (Month) (Day) { Days Married \_\_\_\_\_

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

Birth-place Nantucket Occupation None Date of Entry \_\_\_\_\_

Name of Father William Burgess His Birth-place Nantucket Date of Disch. \_\_\_\_\_

Maiden Name of Mother Ann O'Donnell Her Birth-place Ireland Rank \_\_\_\_\_

Cause of Death—Primary Chronic Myo. Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

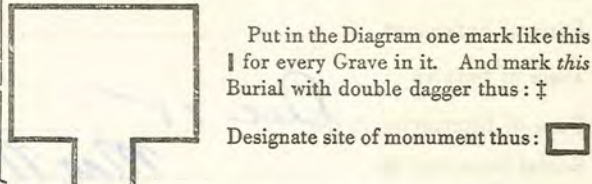
Place of Burial Nantucket Cemetery P H

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

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

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

Social Security No. Mary S Burgess



Casket No. <u>110</u>	<u>145 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
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>
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>of Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving <u>Transfer</u>	<u>5 00</u>	<u>Voormereld Spray</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>	<u>10 00</u>
Cemetery Charges _____	<u>20 00</u>	Amount of Bill	<u>295 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 270.00

CR.

<u>Mrs Edgar F Sanborn</u>	<u>Jan 2</u>	<u>53 Check</u>	<u>295 00</u>
<u>1502 North 13th Ave.</u>			
<u>Lakewood Florida</u>			
		<b>PAID</b>	
		By <u>Edgar F Sanborn</u>	

1949-1953


# RECORD AND BILL OF ITEMS

Yearly No. 65

FOR THE FUNERAL OF

Total to date 2308

*Charles C. Chase*

Residence *36 1/2 Union St* Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death *W.C.H. 13 days* Wife or Widow of *Mary O'Connor*  
 Date of Birth *1 880 Apr 13* (Year) (Month) (Day) Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death *19 52 Dec 16* (Year) (Month) (Day) Age { *72* Years { Sex \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { *8* Months { Single \_\_\_\_\_  
 Birth-place *Nantucket* Occupation *Laborer* { *3* Days { Married   
 Name of Father *Alexander Chase* His Birth-place *Nant* Military Service Record \_\_\_\_\_ Date of Entry \_\_\_\_\_  
 Maiden Name of Mother *Mary Wilson* Her Birth-place *Nant* Date of Disch. \_\_\_\_\_  
 Cause of Death—Primary *Cerebral Embolus* Secondary *Arteriosclerosis* Rank \_\_\_\_\_  
 Certifying Physician *Cassaday* Residence *Chronic Mt* Vet's Organization No. \_\_\_\_\_  
 Place of Burial *Nant* Cemetery *Newtown*  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment *Dec 18* Section \_\_\_\_\_  
 Social Security No. *Mrs Mary 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 No.	Candles	
Size Made by	Gloves	
Interior No.	Bearers	
Handles	Hearse to	
Plate	Removal	
Outside Box or Vault	Automobiles	
Garment		
Slippers	Newspaper Notices	
Embalming	<i>Preparation Casket Outside</i>	
Washing and Dressing	<i>Cases transfer &amp; interment</i>	<i>100 00</i>
Shaving	<i>Opening &amp; Closing Grave</i>	<i>20 00</i>
Services	<i>Casket &amp; Burial</i>	<i>10 00</i>
Use of Chairs	Transportation Charges	
Church Charges	Officiating Clergyman <i>Johnson</i>	
Cemetery Charges	Amount of Bill	<i>130 00</i>
Music	Goods Ordered by <i>Old Age Assn</i>	
Flowers	Bill Charged to	

DR.	CR.
	<i>Jan 16 53 check</i>
	<i>130 00</i>
	<b>PAID</b>
	<i>Town Treasurer</i>

RECORD AND BILL OF ITEMS

Yearly No. 66

FOR THE FUNERAL OF

Total to date 233.9

Eda C. <sup>May</sup> Colburn Barrett

Residence 34 Centre St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death M. C. H. 16 days Wife or Widow of O. Marshall Barrett  
 Date of Birth 1888 Nov 25 Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 1933 Dec 18 Age 45 Months \_\_\_\_\_ Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ 23 Days Married \_\_\_\_\_  
 Birth-place Nantucket Occupation Housewife Date of Entry \_\_\_\_\_  
 Name of Father Ellsworth B. Coleman His Birth-place Nantucket Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother May Anna Bryant Her Birth-place Charlestown Rank \_\_\_\_\_  
 Cause of Death—Primary Myocardial Infarction Secondary Arteriosclerosis Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Crasaday Residence R. H. M. V. \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P. H. M. V. \_\_\_\_\_  
 Funeral Service at \_\_\_\_\_ Lot No. 19 \_\_\_\_\_  
 Time of Service Cremation Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Elizabeth Diotte, 58 Sterling St. East Bridgewater

Casket No. 110	135.00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault	25.00	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____			
Embalming <i>J. J. Swirell</i>	50.00		
Washing and Dressing _____		Eastman Boston	83.50
Shaving <i>Gransfus</i>	15.00	Toll Call	80
Services _____		Transportation Charges	6.74
Use of Chairs _____		Officiating Clergyman <i>Johnson</i>	240.00
Church Charges <i>Funeral</i>	15.00	Amount of Bill	<u>339.24</u>
Cemetery Charges _____		Goods Ordered by _____	
Music _____		Bill Charged to _____	
Flowers _____			

DR. 240.00 CR.

			Apr 20 53 Check	331.24
PAID				
By Elizabeth Diotte				
58 Sterling St				
E. Braintree 84. Mass				

# RECORD AND BILL OF ITEMS

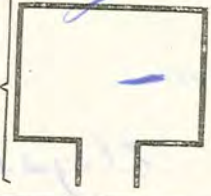
FOR THE FUNERAL OF

Total to date 234

Yearly No. 1

Margaret Mc Goldrick

Residence Old Peoples Home 115 Mam St Age of husband or wife if alive \_\_\_\_\_  
 Place of Death N.C.H. 14 days  
 Date of Birth 1876 June 23 Wife or Widow of Owen Mc Goldrick  
 Date of Death 1953 Jan 1 Age 76 Years 6 Months 9 Days Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Birth-place County Leitrim Ireland Occupation None  
 Name of Father Peter Mc Guinn His Birth-place Ireland  
 Maiden Name of Mother Elin Galligan Her Birth-place Ireland  
 Cause of Death—Primary Coronary Infarct Secondary \_\_\_\_\_  
 Certifying Physician M. Hayes Residence \_\_\_\_\_  
 Place of Burial Nant Cemetery St Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Jan 3 1953 Section \_\_\_\_\_  
 Social Security No. G.P.H. Records



Put in the Diagram one mark for every Grave in it. And mark Burial with double dagger thus  $\ddagger$  Designate site of monument thus

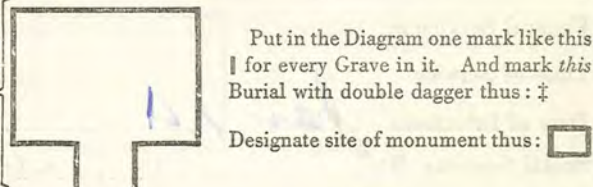
Casket No. <u>1097</u>	<u>345 00</u>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>DeWitt</u>	<u>35 00</u>	Officiating Clergyman <u>Fitzgerald</u>	
Washing and Dressing		Amount of Bill	
Shaving <u>Transfer</u>	<u>5 00</u>	Goods Ordered by <u>O P H</u>	
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.	<u>455 00</u>		

DR.				CR.	
	Casket	Jan 5	ca. Mustaphem	256 00	
		" 4	" " "	89 00	
			Casket	345 00	
	Bal.		O P H.	110 00	
			Donation	25 00	
			Bal O P H.	85 00	
			<b>PAID</b>		
		Mar 25	Bal O P H.		

RECORD AND BILL OF ITEMS

Yearly No. 2 FOR THE FUNERAL OF Norman J. La Fountaine Total to date 2341

Residence 50 Union St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. 14 days Wife or Widow of Geo. M. Rowley  
 Date of Birth 1906 Jan 16 { 46 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { \_\_\_\_\_ Months { Single \_\_\_\_\_  
 Date of Death 1953 Jan 8 { \_\_\_\_\_ Days { Married \_\_\_\_\_  
 (Year) (Month) (Day)  
 Maiden Name \_\_\_\_\_  
 Birth-place Orange, Mass Occupation Painter Date of Entry \_\_\_\_\_  
 Name of Father Frank La Fountaine His Birth-place Beckmantown Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Matilda Okey Her Birth-place Plattsburgh Rank \_\_\_\_\_  
 Cause of Death—Primary Myocardial Infarction Coronary Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Edsaday Residence Antony Avenue  
 Place of Burial Went Cemetery N. C. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 960  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Jan. 11, 1953 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



Casket No. <u>110</u>	<u>135 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault _____	<u>195 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>of Service</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>10 00</u>		
Use of Chairs _____		Transportation Charges	<u>4 35 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Johnson</u>	<u>10 00</u>
Cemetery Charges _____	<u>20 00</u>	Amount of Bill	<u>445 80</u>
Music _____		Goods Ordered by <u>Mrs La Fountaine</u>	
Flowers _____		Bill Charged to _____	

DR. 435.00 CR.

			<u>Feb 4, 1953</u>	<u>Cash</u>	<u>445 00</u>

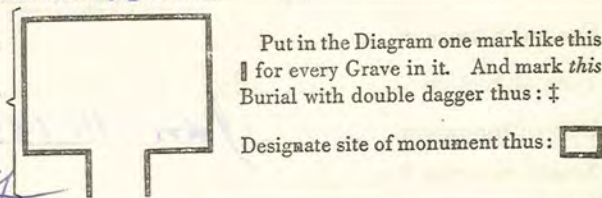
# RECORD AND BILL OF ITEMS

Yearly No. 3

FOR THE FUNERAL OF

Total to date 2342

Ruth Woodbury Foy  
 Residence 8 Cliff Road Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 4 Bloom St. Wife or Widow of Benj. J. W. Foy  
 Date of Birth 1 871 July 3 Age { 81 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 6 Months { Single \_\_\_\_\_  
 Date of Death 19 53 Jan 11 (Year) (Month) (Day) { 8 Days { Married \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Birth-place Salem Mass Occupation \_\_\_\_\_ Date of Entry \_\_\_\_\_  
 Name of Father Charles Henry Baker His Birth-place Salem Military Service Record \_\_\_\_\_ Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Caroline G. Brown Her Birth-place Belfast Me Rank \_\_\_\_\_  
 Cause of Death—Primary Coronary Infarction Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Menger Residence Chronic 240 544  
 Place of Burial \_\_\_\_\_ Cemetery Wentworth  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Jan 16 Section \_\_\_\_\_  
 Social Security No. Catherine M. Mackay



Casket No. <u>115</u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>of hells</u>	<u>30 00</u>	Automobiles	
Garment _____		Newspaper Notices <u>telegram 10 M</u>	<u>1 04</u>
Slippers _____		<u>Toll Calls</u>	<u>1 60</u>
Embalming <u>of Services</u>	<u>50 00</u>	<u>Transportation to New Bedford</u>	<u>8 06</u>
Washing and Dressing _____		<u>D. W. Boston Traveler</u>	<u>3 15</u>
Shaving <u>Transfer</u>	<u>15 00</u>	<u>See of Moody Co.</u>	<u>205 00</u>
Services _____		Transportation Charges	<u>218 85</u>
Use of Chairs _____		Officiating Clergyman <u>Johnson</u>	<u>325 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Amount of Bill	<u>533 85</u>
Cemetery Charges _____		Goods Ordered by <u>Mrs Mackay</u>	
Music _____		Bill Charged to <u>Roy</u>	
Flowers _____			

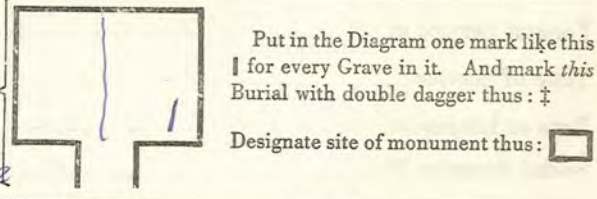
DR. 315.00 CR.

<u>Shipped to</u>	<u>Apr 3</u>	<u>1954 Check</u>	<u>325 85</u>
<u>See of Moody</u>			
<u>9 Dane St.</u>			
<u>Beverly Mass</u>			
<u>Beverly 153</u>			
<u>Sup. Secretary</u>		<u>By Roy Sarguneth</u>	
<u>Ethel B Wentworth</u>		<u>Roy sent check to See of Moody</u>	
<u>Hamilton 527</u>		<u>\$205.00</u>	

RECORD AND BILL OF ITEMS

Yearly No. 4 FOR THE FUNERAL OF John Leslie Mac Donald Total to date 2343

Residence Massasoit Ave Providence R.I. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death Veterans Hospital Wife or Widow of Rosa Williams  
 Date of Birth 1 7 1953 Jan 11 Age 95 9 Days Sex Divorced Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) (Year) (Month) (Day) (Year) (Month) (Day) Single \_\_\_\_\_ Married \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Birth-place Prince Edward Isls. Occupation Barber retired 15 yrs Date of Entry \_\_\_\_\_  
 Name of Father Daniel Mac Donald His Birth-place Prince Edward Is. Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Elizabeth Ellis Her Birth-place \_\_\_\_\_ Rank \_\_\_\_\_  
 Cause of Death—Primary Cerebral Vascular Secondary Accident Vet's Organization No. \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 963 Grave No. 7  
 Time of Service \_\_\_\_\_ Section \_\_\_\_\_  
 Date of Interment Jan. 13 1953 Social Security No. Wander Gladden



Casket No.		Candles	
Size..... Made by.....		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles <u>Pease 1</u>	5 00
Garment		Newspaper Notices	
Slippers		<u>Transfers</u>	10 00
Embalming		<u>Funeral</u>	25 00
Washing and Dressing		<u>Cemetery Chgs</u>	20 00
Shaving		<u>Devise of Mats</u>	5 00
Services		Transportation Charges	
Use of Chairs		Officiating Clergyman <u>Johnson</u>	10 00
Church Charges		Amount of Bill	75 00
Cemetery Charges		Goods Ordered by	
Music		Bill Charged to	
Flowers			

DR.

CR.

<u>John W. Mac Donald</u>	<u>Jan 13</u>	<u>1953</u>	<u>Cash</u>	<u>75 00</u>
<u>Massasoit Ave</u>				
<u>East Providence</u>				

PAID

By John W. Mac Donald

# RECORD AND BILL OF ITEMS

Yearly No. 5

FOR THE FUNERAL OF

Total to date 2344

Edward E. Reith

Residence 8 East Dover Age of husband or wife if alive..... years

Place of Death 8 East Dover Wife or Widow of Eliza A. Crocker

Date of Birth 1 869 Aug 20 Age { 83 Years { Sex..... Color or Race  
 (Year) (Month) (Day) { 4 Months { Single.....  
 Date of Death 19 53 Jan 14 { 25 Days { Married.....  
 (Year) (Month) (Day)

Maiden Name..... Occupation Painter Retired Date of Entry.....  
 Birth-place Nantucket His Birth-place ? Date of Disch.....  
 Name of Father John Reith Her Birth-place Nant Rank.....  
 Maiden Name of Mother Susan Parlow Vet's Organization No.....  
 Cause of Death—Primary General Arteriosclerosis Secondary Myocarditis

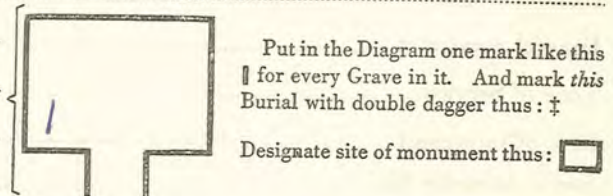
Certifying Physician Folger Residence.....  
 Place of Burial Nantucket Cemetery P.H.

Funeral Service at..... Lot No. 881

Time of Service..... Grave No. 1

Date of Interment Jan 17 1953 Section.....

Social Security No. Edith E. Field



Casket No. <u>110 -</u>	<u>135 00</u>	Candles.....	
Size..... Made by.....		Gloves.....	
Interior No.....		Bearers.....	
Handles.....		Hearse to.....	
Plate.....		Removal.....	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles.....	
Garment.....		Newspaper Notices.....	
Slippers.....			
Embalming <u>Services</u>	<u>50 00</u>	Transportation Charges.....	
Washing and Dressing.....		Officiating Clergyman <u>Burress</u>	
Shaving <u>Transfer</u>	<u>5 00</u>	Amount of Bill.....	<u>260 00</u>
Services.....		Goods Ordered by <u>Edith Field</u>	
Use of Chairs.....		Bill Charged to.....	
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges.....	<u>20 00</u>		
Music.....			
Flowers.....			
DR.	<u>260.00</u>		CR.

		<u>Jan 28 53 Cash</u>	<u>260 00</u>
		<b>PAID</b>	
		<u>By Edith Field</u>	



# RECORD AND BILL OF ITEMS

Yearly No. 6

FOR THE FUNERAL OF

Total to date 2345

*Ida M. Leach*

Residence Our Island Home 64 W. 44 Pine St Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1 862 Feb 8 Age { 90 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) { 11 Months { Single \_\_\_\_\_  
 (Year) (Month) (Day) { 10 Days { Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Birth-place Nantucket Occupation Practical Nurse Date of Entry \_\_\_\_\_

Name of Father Calvin Crocker His Birth-place Barnstable Date of Disch. \_\_\_\_\_

Maiden Name of Mother Hephibeth Coleman Her Birth-place Nant. Rank \_\_\_\_\_

Cause of Death—Primary General Arteriosclerosis Secondary Chronic Myo Vet's Organization No. \_\_\_\_\_

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

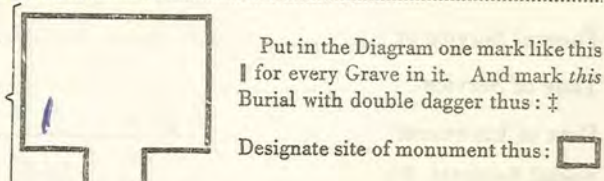
Place of Burial Nantucket Cemetery Newtown

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

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

Date of Interment Jan 21 1953 Section Front

Social Security No. Ernest S Crocker



Casket No. <u>115</u>	195 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	25 00	Automobiles <u>Pease 1</u>	5 00
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	0 25
Embalming <u>Services</u>	50 00	Officiating Clergyman <u>Michelson</u>	10 00
Washing and Dressing _____		Amount of Bill	3 40 00
Shaving <u>Transfer</u>	5 00	Goods Ordered by <u>Ernest Crocker</u>	
Services _____		Bill Charged to <u>Roy</u>	
Use of Chairs _____			
Church Charges <u>Funeral</u>	25 00		
Cemetery Charges	25 00		
Music _____			
Flowers _____			
DR. <u>320.00</u>		CR.	

<u>June 5</u>	<u>Paid Pease</u>	<u>5 00</u>	<u>June 5</u>	<u>check</u>	<u>340 00</u>

PAID

By Roy Sanguinetti



RECORD AND BILL OF ITEMS

Yearly No. 8

FOR THE FUNERAL OF

Total to date 2347

Eva B Chase

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

Place of Death Taunton State Hospital <sup>6 days</sup> Wife or Widow of Albert B Chase

Date of Birth 1876 <sup>(Year)</sup> Dec <sup>(Month)</sup> 16 <sup>(Day)</sup> Age 77 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1953 <sup>(Year)</sup> Jan <sup>(Month)</sup> 29 <sup>(Day)</sup> Age 1 Months Single \_\_\_\_\_

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

Birth-place Nantucket Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father \_\_\_\_\_ His Birth-place \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_ Her Birth-place New Bedford Rank \_\_\_\_\_

Cause of Death—Primary Cardio Vascular Secondary Renal disease Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 632

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

Date of Interment Feb 1 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Hospital Records

**Military Service Record**

1
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Put in 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 No. <u>120</u>	<u>125 00</u>	Candles	
Size		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>5 00</u>	<u>Taunton Expenses</u>	<u>50 00</u>
Use of Chairs		Transportation Charges <u>Jolly Calls</u>	<u>18 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Johnson</u>	
Cemetery Charges	<u>20 00</u>	Amount of Bill	<u>268 00</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	
DR. <u>200 00</u>		CR.	

		Apr 11 Cash	162 00

1949-1953

RECORD AND BILL OF ITEMS

Yearly No. 9

FOR THE FUNERAL OF

Total to date 2348

James J. Levins

Residence 23 Union Street 47 yrs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 8 days Wife or Widow of Helen M. Fisher

Date of Birth 1879 Feb 27 (Year) (Month) (Day) Age { 73 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 1953 Feb 4 (Year) (Month) (Day) { 11 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 8 Days { Married \_\_\_\_\_

Birth-place Meridan Conn Occupation Letter Carrier Retired Date of Entry \_\_\_\_\_  
 Name of Father James Levins His Birth-place Ireland Military Service Record \_\_\_\_\_ Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Briget Egan Her Birth-place \_\_\_\_\_ Rank \_\_\_\_\_  
 Cause of Death—Primary Cerebral Hem. 9 days Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

Certifying Physician Foley Residence \_\_\_\_\_  
 Place of Burial Wanucket Cemetery St Marys

Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Feb 7. Section \_\_\_\_\_  
 Social Security No. Helen F. Levins



Put in 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 No. <u>1097</u>	<u>345 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles <u>1 Seat 2</u>	<u>10 00</u>
Garment _____		<u>1 Print</u>	<u>3 00</u>
Slippers _____		Newspaper Notices	
Embalming <u>of Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>10 00</u>		
Use of Chairs <u>Prayer Rail Etc</u>	<u>5 00</u>	Transportation Charges	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>F. Carey</u>	
Cemetery Charges <u>20 00</u>		Amount of Bill	<u>443 00</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

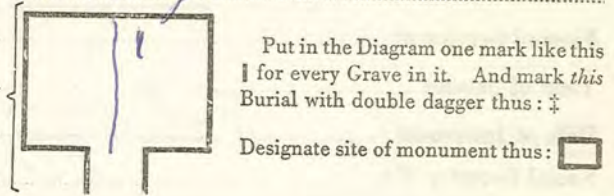
DR. 480.00 CR.

				<u>Apr 6.</u>	<u>Cash</u>		<u>480 00</u>
					<b>PAID</b>		
					<u>By Helen Levins.</u>		

# RECORD AND BILL OF ITEMS

Yearly No. 10 FOR THE FUNERAL OF Theresa Ann Igoe Total to date 2349

Residence 28 North Water St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. Wife or Widow of \_\_\_\_\_  
 Date of Birth 1932 Nov 20  
 Date of Death 1933 Feb 14 Age { 2 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 25 Months { Single \_\_\_\_\_ { \_\_\_\_\_  
 Birth-place Nantucket Occupation None Date of Entry \_\_\_\_\_  
 Name of Father Thomas M Igoe Jr. His Birth-place Boston Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Beatrice P Anderson Her Birth-place Nant. Rank \_\_\_\_\_  
 Cause of Death—Primary Bronchial Pneu. Secondary Premature Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Collins Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Feb 16 Section \_\_\_\_\_  
 Social Security No. Thomas M Igoe Jr.



Casket No.	<u>20 00</u>	Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming		Officiating Clergyman <u>Fa Carey</u>	
Washing and Dressing		Amount of Bill	
Shaving		Goods Ordered by	
Services <u>Transfer</u>	<u>5 00</u>	Bill Charged to	
Use of Chairs			
Church Charges			
Cemetery Charges	<u>10 00</u>		
Music			
Flowers			

DR. 35.00 CR.

		<u>June 19</u>	<u>Check</u>	<u>35 00</u>
			<b>PAID</b>	
			<u>By Beatrice Igoe</u>	

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 11

FOR THE FUNERAL OF

Total to date 2350

Lawrence F. Mooney Jr.

Residence 46 West Chester Age of husband or wife if alive..... years

Place of Death N. C. H. 11 days Wife or Widow of Ethel S. Foley

Date of Birth 1 886 Feb 6 (Year) (Month) (Day) Age { 67 Years { Sex..... Color or Race

Date of Death 19 53 Feb 20 (Year) (Month) (Day) Age { 0 Months { Single.....

Maiden Name..... Days { 14 Days { Married Retired 2 yrs

Birth-place Nantucket Occupation Chief of Police Date of Entry.....


Name of Father Lawrence F. Mooney His Birth-place Nant. Date of Disch.....

Maiden Name of Mother Margaret Donath Her Birth-place Sheffield Rank.....

Cause of Death—Primary Hypertrophic Secondary..... Vet's Organization No.....

Certifying Physician Folger Residence Cirrhosis of liver

Place of Burial Nantucket Cemetery St Marys East

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 Feb 23 1953 Section..... Designate site of monument thus:

Social Security No. Ethel S. Mooney

Casket No. <u>170</u>	<u>265 00</u>	Candles.....	
Size..... Made by.....		Gloves.....	
Interior No.....		Bearers.....	
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>
Garment.....		<u>" 1 Priest</u>	<u>3 00</u>
Slippers.....		Newspaper Notices.....	
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 <u>Fr. Carey</u>	
Cemetery Charges.....	<u>20 00</u>	Amount of Bill.....	<u>398 00</u>
Music.....		Goods Ordered by <u>Ethel Mooney</u>	
Flowers.....		Bill Charged to.....	

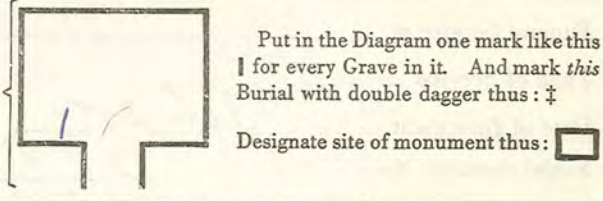
DR. 390.00 CR.

		<u>Mar 11, 1953</u>	<u>Check</u>	<u>398 00</u>
		<u>" "</u>	<u>pd Pease</u>	<u>8 00</u>
			<b>PAID</b>	
			<u>By Ethel S. Mooney</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 12 FOR THE FUNERAL OF William N. Lewis Total to date 2351

Residence Orange Street Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death " Wife or Widow of Carrie Olsen  
 Date of Birth 1 977 Feb 25 (Year) (Month) (Day) Age { 45 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 19 53 Feb 24 (Year) (Month) (Day) Age { 11 Months { Single \_\_\_\_\_ { \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Age { 30 Days { Married \_\_\_\_\_ { \_\_\_\_\_  
 Birth-place Nantucket Occupation Farmer Date of Entry \_\_\_\_\_  
 Name of Father Simpson Lewis His Birth-place Nant Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Julia Swann Her Birth-place Nant Rank \_\_\_\_\_  
 Cause of Death—Primary Coronary thrombosis Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Folger Residence \_\_\_\_\_  
 Place of Burial Nant Cemetery P H  
 Funeral Service at \_\_\_\_\_ Lot No. 652  
 Time of Service \_\_\_\_\_ Grave No. 2  
 Date of Interment Feb 27 Section \_\_\_\_\_  
 Social Security No. Carrie O Lewis



Casket No. <u>110</u>	145 00	Candles		
Size _____ Made by _____		Gloves		
Interior No. _____		Bearers		
Handles _____		Hearse to _____		
Plate _____		Removal		
Outside Box or Vault <u>Pine</u>	25 00	Automobiles		
Garment _____		Newspaper Notices		
Slippers _____		Transportation Charges		
Embalming	35 00	Officiating Clergyman <u>Richard</u>		
Washing and Dressing		Amount of Bill	255 00	
Shaving		Goods Ordered by <u>Hue</u>	30 00	
Services <u>Transp'd</u>	5 00	Bill Charged to	225 00	
Use of Chairs				
Church Charges <u>Funeral</u>	25 00			
Cemetery Charges	20 00			
Music				
Flowers				

DR. 255.00 CR.

		Apr. 29. Cash	225 00

PAID

By Helen Otterson

# RECORD AND BILL OF ITEMS

Yearly No. 13

FOR THE FUNERAL OF

Total to date 2352

Helena L. Appleton

Residence O.P.H. 115 Main St 5 yrs 8 mos Age of husband or wife if alive..... years

Place of Death O.P.H. " " " " " " Wife or Widow of Robert K Appleton

Date of Birth 1857 Apr 11 (Year) (Month) (Day) Age { 95 Years { Sex ..... { Color or Race

Date of Death 1953 Feb 26 (Year) (Month) (Day) Age { 10 Months { Single ..... {

Maiden Name ..... Age { 15 Days { Married ..... {

Birth-place Nantucket Occupation Housewife Date of Entry.....

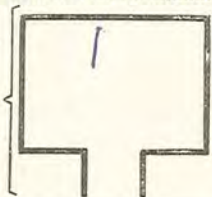
Name of Father George F. Folger His Birth-place Nant Military Service Record Date of Disch.....

Maiden Name of Mother Mary G. Ellis Her Birth-place Nant Rank.....

Cause of Death—Primary Chronic Myo Secondary Cardiac Vet's Organization No.....

Certifying Physician Folger Residence decompensation

Place of Burial Nantucket Cemetery 1st N.V.

Funeral Service at ..... Lot No. 59  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 Section.....

Social Security No. O.P.H. Records

Casket No. <u>115</u>	<u>135 00</u>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment		Newspaper Notices	
Slippers		<u>Removal, Casket, Outside Case</u>	
Embalming <u>of Service</u>	<u>35 00</u>	<u>Interment &amp; Securing</u>	
Washing and Dressing		<u>Necessary Papers</u>	<u>250 00</u>
Shaving <u>Transfer</u>	<u>10 00</u>	Transportation Charges	
Services		Officiating Clergyman <u>Draker</u>	
Use of Chairs		Amount of Bill	<u>250 00</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Goods Ordered by	
Cemetery Charges <u>tu</u>	<u>20 00</u>	Bill Charged to	
Music			
Flowers			

DR. 250.00 CR.

		<u>July 3</u>	<u>50 Check</u>	<u>200 00</u>
			<u>Donation</u>	<u>50 00</u>
				<u>250 00</u>
			<b>PAID</b>	
			<u>By O.P.H. Assn.</u>	



RECORD AND BILL OF ITEMS

Yearly No. 14

FOR THE FUNERAL OF

Total to date 2353

*Mary Jane Grant*

Residence *6 New Street 45 yrs* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *N. C. H. 14 days* Wife or Widow of *Charles W. Grant*

Date of Birth *1 884 Oct 22* Age *68* Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day) *4* Months Single \_\_\_\_\_  
*8* Days Married \_\_\_\_\_

Date of Death *19 33 Mech 2*

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

Birth-place *Kings Mountain Cape Breton* Occupation *House wife* Date of Entry \_\_\_\_\_

Name of Father *John Mac Donald* His Birth-place *Nova Scotia* Date of Disch. \_\_\_\_\_

Maiden Name of Mother *Jennie* Her Birth-place *Nova Scotia* Rank \_\_\_\_\_

Cause of Death—Primary *Pulmonary Infarct* Secondary *Secondary* Vet's Organization No. \_\_\_\_\_

Certifying Physician *Menges* Residence *Anemia*

Place of Burial *Nantucket* Cemetery *Newtown*

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

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

Date of Interment *March 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 No. <i>1151</i>	<i>195 00</i>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <i>Pine</i>	<i>25 00</i>	Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming <i>of Service</i>	<i>50 00</i>		
Washing and Dressing			
Shaving <i>Transfer</i>	<i>5 00</i>		
Services			
Use of Chairs		Transportation Charges	
Church Charges <i>Funeral</i>	<i>25 00</i>	Officiating Clergyman <i>Bunress</i>	<i>5 00</i>
Cemetery Charges <i>20 00</i>	<i>20 00</i>	Amount of Bill	<i>325 00</i>
Music		Goods Ordered by <i>Charles W. Grant</i>	
Flowers		Bill Charged to	

DR.

320.00

CR.

			<i>April 30 53 Cash</i>	<i>325 00</i>
<b>PAID</b>				
<i>By Charles Grant</i>				

# RECORD AND BILL OF ITEMS

Yearly No. 15

FOR THE FUNERAL OF

Total to date 2354

*Isabel Norcross*

Residence 3 Duane St

Place of Death N E H 17 days 43 mos

Date of Birth 1 8 79 Me 15

Date of Death 19 53 Me 3

Maiden Name Isabel Norcross

Birth-place New York City

Name of Father John Henry Niemeier

Maiden Name of Mother Mattie Nichols

Cause of Death—Primary Fall on Duane St

Certifying Physician Menges Med Ex

Place of Burial Next

Funeral Service at Next

Time of Service March 5, 1953

Date of Interment March 5, 1953

Social Security No. Minnie A Niemeier

Wife or Widow of William H Norcross

Age { 73 Years { Sex .....  
 { 11 Months { Single .....  
 { 16 Days { Married .....

Color or Race .....

Occupation Housewife

His Birth-place Germany

Her Birth-place N. Y. City

Secondary Fractured

Residence right hip 10/11/52 Hypostatic

Cemetery OPHMV

Lot No. 42

Grave No. 1

Section 1

Date of Entry .....

Date of Disch. ....

Rank .....

Vet's Organization No. ....

Military Service Record

Put in the Diagram one mark like 1 for every Grave in it. And mark † Burial with double dagger thus: †

Designate site of monument thus: □

Casket No. <u>115</u>	<u>195 00</u>	Candles .....	
Size..... Made by.....		Gloves .....	
Interior No.....		Bearers .....	
Handles .....		Hearse to .....	
Plate .....		Removal .....	
Outside Box or Vault .....	<u>195 00</u>	Automobiles <u>Wood 1</u>	<u>5 00</u>
Garment .....		Newspaper Notices.....	
Slippers .....		Transportation Charges.....	
Embalming <u>Service</u>	<u>50 00</u>	Officiating Clergyman <u>Richard</u>	
Washing and Dressing .....		Amount of Bill.....	<u>505 00</u>
Shaving <u>Transfer</u>	<u>10 00</u>	Goods Ordered by <u>Miss Niemeier</u>	
Services .....		Bill Charged to .....	
Use of Chairs .....			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges .....	<u>25 00</u>		
Music .....			
Flowers .....			

DR. 500.00

CR.

<u>May 29</u>	<u>Paid Hebert Wood</u>	<u>5 00</u>	<u>May 26</u>	<u>53 Check</u>	<u>505 00</u>

**PAID**

By Ray Sanguinetti

# RECORD AND BILL OF ITEMS

Yearly No. 16 FOR THE FUNERAL OF Laura F. Young Total to date 235.50

Residence 14 North Liberty Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Taunton State Hospital 17 days Wife or Widow of \_\_\_\_\_

Date of Birth 1 March 3 Age 76 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death 1953 March 3 Age \_\_\_\_\_ Months Single \_\_\_\_\_  
 (Year) (Month) (Day) Days Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation Childs Nurse, Domestic Date of Entry \_\_\_\_\_

Birth-place England His Birth-place England Date of Disch. \_\_\_\_\_

Name of Father George Young Her Birth-place England Rank \_\_\_\_\_

Maiden Name of Mother Sarah Sellers Cause of Death—Primary Cerebral thrombosis Secondary Generalized Arteriosclerosis Vet's Organization No. \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence Wantricket Cemetery PSH

Place of Burial \_\_\_\_\_ Lot No. 1167 Grave No. 2 Section Single

Funeral Service at \_\_\_\_\_ Time of Service \_\_\_\_\_ Date of Interment March 7

Social Security No. \_\_\_\_\_ Taunton Records

Casket No.		125 00	Candles		
Size	Made by		Gloves		
Interior No.			Bearers		
Handles			Hearse to		
Plate			Removal		
Outside Box or Vault	<u>Pine</u>	25 00	Automobiles	<u>Wood 1</u>	5 00
Garment			Newspaper Notices		
Slippers					
Embalming					
Washing and Dressing					
Shaving	<u>Transfer</u>	5 00		<u>Toll Call</u>	40
Services		10 00		<u>Taunton</u>	40 00
Use of Chairs			Transportation Charges		15 60
Church Charges	<u>Funeral</u>	25 00	Officiating Clergyman	<u>Johnson</u>	10 00
Cemetery Charges		20 00	Amount of Bill		71 00
Music			Goods Ordered by	<u>Norman Watson</u>	210 00
Flowers			Bill Charged to		281 00
		210 00			

DR.		210.00			CR.	
June 6	Paid Cash	5 00	March	17	53	Cash
						281 00
<p><b>PAID</b></p> <p>By <u>Norman Watson</u></p>						

# RECORD AND BILL OF ITEMS

Yearly No. 17

FOR THE FUNERAL OF

Total to date 2356

*Alvin E. Paddock*

Residence *4 Bloom* Age of husband or wife if alive \_\_\_\_\_

Place of Death *M.C.H.*

Date of Birth *1 1868 Apr 7* (Year) (Month) (Day)

Date of Death *1953 Apr 7* (Year) (Month) (Day) Age *84* Years *11* Months *28* Days Sex *Male* Color or Race \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation *Carpenter Retired* Date of Entry \_\_\_\_\_

Birth-place *Nantucket* His Birth-place *Nant* Date of Disch. \_\_\_\_\_

Name of Father *Paul Paddock* Her Birth-place *Nant* Rank \_\_\_\_\_

Maiden Name of Mother *Emily M. Fuller* Cause of Death—Primary *Intestinal obstruction* Secondary *Arteriosclerosis* Vet's Organization No. \_\_\_\_\_

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

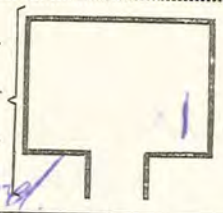
Place of Burial *Nantucket* Cemetery *Newton*

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

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

Date of Interment *April 6, 1953* Section \_\_\_\_\_

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



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

Designate site of monument thus: □

Casket No. <i>111</i>	<i>145 00</i>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <i>Pine</i>	<i>25 00</i>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	<i>275 00</i>
Embalmg <i>&amp; Services</i>	<i>50 00</i>	Officiating Clergyman <i>Michelson</i>	<i>10 00</i>
Washing and Dressing _____		Amount of Bill	<i>285 00</i>
Shaving <i>Transfer</i>	<i>5 00</i>	Goods Ordered by <i>Margaret Harwood</i>	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges	<i>20 00</i>		
Music <i>Devic &amp; Mats</i>	<i>5 00</i>		
Flowers _____			

DR. *275.00*

<i>Apr 6</i>	<i>Paid Clergyman</i>	<i>10 00</i>	<i>Sept 21. 53</i>	<i>Check</i>	<i>285 00</i>

**PAID**  
By *Margaret Harwood*  
*Admny*

# RECORD AND BILL OF ITEMS

Yearly No. 18 Total to date 2357

FOR THE FUNERAL OF

*Katharine Craig Williams*

Residence 79 Walnut Place Brookline 50 yrs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 4 " " " " " " " " Wife or Widow of Harold Williams

Date of Birth 1 (Year) (Month) (Day) Age { 75 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1933 Apr 3 (Year) (Month) (Day) { 6 Months { Single \_\_\_\_\_

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

Birth-place Washington D.C. Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father Robert Craig His Birth-place Penn. Date of Disch. \_\_\_\_\_

Maiden Name of Mother Annie B. Mahan Her Birth-place Virginia Rank \_\_\_\_\_

Cause of Death—Primary Anterior Sclerotic Secondary Heart disease Vet's Organization No. \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence with acute Coronary Occlusion

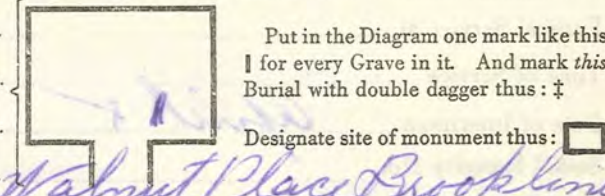
Place of Burial Nantucket Cemetery North

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

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

Date of Interment April 6/53 Section \_\_\_\_\_

Social Security No. Annie C Williams, 79 Walnut Place Brookline



Casket No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Interior No. _____	Bearers _____
Handles _____	Hearse to _____
Plate _____	Removal <u>From Boat</u> <span style="float: right;">10 00</span>
Outside Box or Vault _____	Automobiles _____
Garment _____	Newspaper Notices _____
Slippers _____	<u>Funeral</u> <span style="float: right;">25 00</span>
Embalming _____	<u>Cemetery Chgs</u> <span style="float: right;">25 00</span>
Washing and Dressing _____	<u>Device &amp; Mats</u> <span style="float: right;">10 00</span>
Shaving _____	Transportation Charges _____
Services _____	Officiating Clergyman <u>Johnson</u> <span style="float: right;">65 00</span>
Use of Chairs _____	Amount of Bill _____
Church Charges _____	Goods Ordered by <u>J. S. Waterman &amp; Sons</u>
Cemetery Charges _____	Bill Charged to _____
Music _____	
Flowers _____	

DR.	CR.
	<u>Apr 13 1953 Check</u> <span style="float: right;">65 00</span>
	<b>PAID</b>
	<u>By J. S. Waterman &amp; Sons</u>

RECORD AND BILL OF ITEMS

Yearly No. 19

FOR THE FUNERAL OF

Total to date 2358

Residence Raymond W. Stafford  
32 Broad St 540  
 Place of Death Tom Mowers Road Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth 1895 Mar 17 (Year) (Month) (Day) Wife or Widow of Ellie A Garland  
 Date of Death 1953 Apr 6 (Year) (Month) (Day) Age { 58 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 { 0 Months { Single \_\_\_\_\_ { \_\_\_\_\_  
 { 20 Days { Married  { \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Occupation Night Watchman Date of Entry 4/13-15  
 Birth-place Lawrenceville Pa His Birth-place Lawrenceville Date of Disch. 2-10-20  
 Name of Father Wallace H. Stafford Her Birth-place " Rank Private 1st Cl  
 Maiden Name of Mother Cellena Cause of Death—Primary Myocardial Secondary Infarction Vet's Organization No. WW.I  
 Certifying Physician Carrollay Med Ex Residence \_\_\_\_\_  
 Place of Burial Wanquetet Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 430  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment April 8 Section East Put in the Diagram one mark like this  
 Social Security No. \_\_\_\_\_ for every Grave in it. And mark this  
 Designate site of monument thus:

Casket No. <u>80</u>	<u>75 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____			
Embalming _____		Transportation Charges _____	
Washing and Dressing _____		Officiating Clergyman <u>Richards</u>	
Shaving _____		Amount of Bill <u>150 00</u>	
Services _____	<u>25 00</u>	Goods Ordered by _____	
Use of Chairs _____		Bill Charged to <u>Veterans Admn.</u>	
Church Charges <u>Interment</u>	<u>25 00</u>		
Cemetery Charges _____			
Music _____			
Flowers _____			

DR.

15 0 00

CR.

		June 16 1953 Check	150 00
		<b>PAID</b>	
		Pd By <u>Veterans Admn.</u>	

RECORD AND BILL OF ITEMS

Yearly No. 20

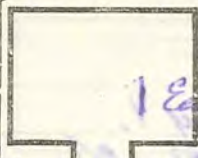
FOR THE FUNERAL OF

Total to date 2359

Sarah E. Philipps

Residence 17 Pine St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 35 Pine St Wife or Widow of Arthur W. Philipps  
 Date of Birth 1 876 Apr 5 Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 53 Apr 9 Age 77 Years 0 Months 4 Days Single \_\_\_\_\_ Married \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ Occupation homemaker Date of Entry \_\_\_\_\_  
 Birth-place Nantucket His Birth-place New London Conn Date of Disch. \_\_\_\_\_  
 Name of Father William J. Philipps Her Birth-place Nantucket Rank \_\_\_\_\_  
 Maiden Name of Mother Sarah E. Cornish Cause of Death—Primary Acute Pulmonary Secondary Edema Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Collins Residence Mass + Victoria's clearance  
 Place of Burial Nantucket Cemetery North  
 Funeral Service at \_\_\_\_\_ Lot No. 162  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment April 12 1953 Section \_\_\_\_\_  
 Social Security No. Ethel E. Mackinnon 18 Fenwick St 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 No. 170-12	265 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault Pine	25 00	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____			
Embalming & Services	50 00		
Washing and Dressing _____			
Shaving _____		Organist	5 00
Services Transfers	10 00	Transportation Charges	
Use of Chairs _____		Officiating Clergyman Broughtwell	15 00
Church Charges Funeral	25 00	Amount of Bill	
Cemetery Charges	25 00	Goods Ordered by _____	
Music _____		Bill Charged to _____	
Flowers _____			

DR.

400.00

CR.

July 18	Paid Herbert	5 00	July 10	33 Check	400 00

PAID


Bd Ethel E. Mackinnon Odessa

# RECORD AND BILL OF ITEMS

Yearly No. 21

FOR THE FUNERAL OF

Total to date 2360

Mary Antoinette Dunham  
 Residence 124 Main St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 14 Nyl Road Falmouth Wife or Widow of Arthur P. Dunham  
 Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age { 71 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 53 (Year) Apr (Month) 27 (Day) \_\_\_\_\_ { 10 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 27 Days { Married \_\_\_\_\_  
 Birth-place Nantucket Occupation Housewife Date of Entry \_\_\_\_\_  
 Name of Father George L. Coffin His Birth-place Nant Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Mary Taylor Her Birth-place Nant Rank \_\_\_\_\_  
 Cause of Death—Primary Prothalsia Secondary Cerebral Hem Vet's Organization No. \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence Sydney's death  
 Place of Burial Nantucket Cemetery P. H.  
 Funeral Service at \_\_\_\_\_ Lot No. 499  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 May 1 Section \_\_\_\_\_  
 Social Security No. Miss Marine D. Robinson 44 Nyl Rd Falmouth

Casket No. ....		Candles .....	
Size..... Made by.....		Gloves .....	
Interior No.....		Bearers .....	
Handles .....		Hearse to .....	
Plate .....		Removal .....	
Outside Box or Vault .....		Automobiles <u>Pease 2</u>	<u>10 00</u>
Garment .....		Newspaper Notices.....	
Slippers <u>Transfers</u>	<u>10 00</u>		
Embalming .....			
Washing and Dressing .....			
Shaving .....	<u>15 00</u>		
Services .....			
Use of Chairs .....		Transportation Charges.....	
Church Charges <u>Funeral</u>	<u>25 00</u>	Officiating Clergyman <u>Richard</u>	
Cemetery Charges.....	<u>20 00</u>	Amount of Bill.....	<u>85 00</u>
Music <u>Service of Matt</u>	<u>5 00</u>	Goods Ordered by.....	
Flowers .....		Bill Charged to .....	
	<u>75 00</u>		

DR.

CR.

<u>Aug 14</u>	<u>Paid John</u>	<u>10 00</u>	<u>Aug 12 53</u>	<u>Check</u>	<u>85 00</u>



RECORD AND BILL OF ITEMS

Yearly No. <sup>23</sup> ~~22~~

FOR THE FUNERAL OF

Total to date 2361

Helen Newton Clark

Residence 99 Randolph St. So Weymouth

Place of Death Rossett Hosp. Wife or Widow of Robert W. Clark

Date of Birth 1904 (Year) 5 (Month) 9 (Day) Age 48 8 9 Years Months Days Sex Single Married

Maiden Name East Boston Occupation Housewife Date of Entry

Name of Father George DeColesworthy His Birth-place Winst. Date of Disch.

Maiden Name of Mother Sarah Francil Her Birth-place Easton, Mass. Rank

Cause of Death-Primary Cerebral Hem. Secondary Vet's Organization No.

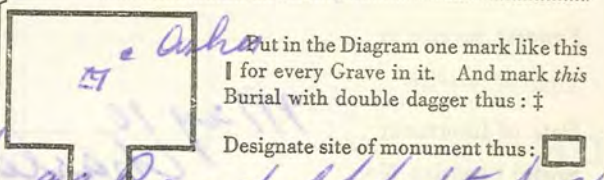
Certifying Physician Residence

Place of Burial Nantucket Cemetery P H

Funeral Service at Lot No. 99

Time of Service Grave No. Section

Date of Interment May 8, 1953 Social Security No. Robert W. Clark



Casket No.		Candles	P.O. Boy 53
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Garment		Newspaper Notices	
Slippers		Interment of Ashes	5.00
Embalming		Transportation Charges	
Washing and Dressing		Officiating Clergyman	
Shaving		Amount of Bill	
Services		Goods Ordered by	
Use of Chairs		Bill Charged to	
Church Charges			
Cemetery Charges			
Music			
Flowers			

DR.		CR.	
		July 2 1955 check	5.00
		<b>PAID</b>	
		By Robert W. Clark	

# RECORD AND BILL OF ITEMS

Yearly No. 22

FOR THE FUNERAL OF

Total to date 2362

*Friedrich M Sayle*

Residence 65 Union St 1844 Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 18 days Wife or Widow of Grace Armstrong

Date of Birth 1 880 March 17 (Year) (Month) (Day) Age { 73 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 19 53 May 7 (Year) (Month) (Day) { 1 Months { Single Separated

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

Birth-place Cleveland Ohio Occupation Interior decorator Date of Entry \_\_\_\_\_

Name of Father Charles H Sayle His Birth-place Cleveland Ohio Date of Disch. \_\_\_\_\_

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

Cause of Death—Primary Acute myocardial Secondary Infarction Vet's Organization No. \_\_\_\_\_

Certifying Physician Collins Residence Arteriosclerosis of Myocardites

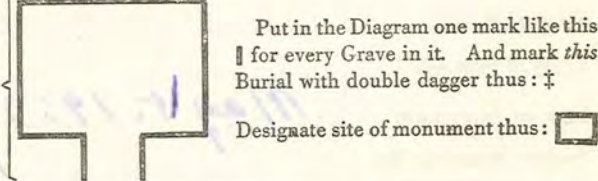
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 961

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

Date of Interment May 10 Section \_\_\_\_\_

Social Security No. Charles F. Sayle



Casket No. <u>110</u>	<u>145</u> 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	<u>25</u> 00	Automobiles _____	
Garment _____		Newspaper Notices _____	
Slippers _____		<u>Lot No. 961</u>	<u>60</u> 00
Embalming <u>Services</u>	<u>50</u> 00		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfer</u>	<u>5</u> 00		
Use of Chairs _____		Transportation Charges _____	
Church Charges <u>Funeral</u>	<u>25</u> 00	Officiating Clergyman <u>Richard</u>	
Cemetery Charges _____	<u>20</u> 00	Amount of Bill _____	<u>330</u> 00
Music _____		Goods Ordered by <u>Charles Sayle</u>	
Flowers _____		Bill Charged to _____	

DR.

270 00

CR.

		<u>July 17</u>	<u>53 Cr. Cash</u>	<u>200</u> 00
		<u>Aug 18</u>	" " "	<u>130</u> 00
			<b>PAID</b>	
			<u>By Charles Sayle</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 24

FOR THE FUNERAL OF

Total to date 2363

Residence Joy St. New Bedford Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 6 days Wife or Widow of Anna Ambrose Hemm

Date of Birth 1 891 Jan 14 (Year) (Month) (Day) Age { 62 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 19 53 May 17 (Year) (Month) (Day) { 4 Months { Single \_\_\_\_\_

Maiden Name \_\_\_\_\_ { 3 Days { Married \_\_\_\_\_

Birth-place So Chatham Occupation Fisherman Date of Entry \_\_\_\_\_

Name of Father Samuel A Joseph His Birth-place Plymouth Military Service Record \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Maiden Name of Mother Angelina Quick Her Birth-place So Chatham Rank \_\_\_\_\_

Cause of Death—Primary Cerebral Hem. Secondary Hypertension Vet's Organization No. \_\_\_\_\_

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

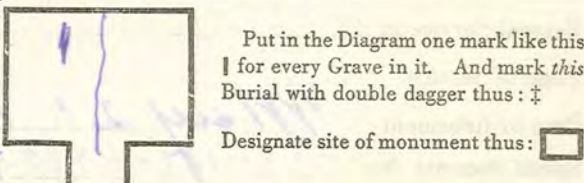
Place of Burial W. Hart Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 282

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

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

Social Security No. \_\_\_\_\_ Mahala F Perry



Casket No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Interior No. _____	Bearers _____
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault _____	Automobiles <u>Pease 1</u> <u>5.00</u>
Garment _____	Newspaper Notices _____
Slippers _____	<u>Removal, Preparation</u>
Embalming _____	<u>Casket outside case</u>
Washing and Dressing _____	<u>&amp; interment</u> <u>100.00</u>
Shaving _____	<u>Opening &amp; Closing &amp; wear</u> <u>20.00</u>
Services _____	Transportation Charges <u>down to car</u> <u>10.00</u>
Use of Chairs _____	Officiating Clergyman <u>Johnson</u> <u>5.00</u>
Church Charges _____	Amount of Bill <u>140.00</u>
Cemetery Charges _____	Goods Ordered by <u>Welfare Dept</u>
Music _____	Bill Charged to _____
Flowers _____	

DR.

CR.

June 5	Paid Pease Federal St. 5.00	June 4 1953 Check	135.00
		<b>PAID</b> By Welfare Dept.	

# RECORD AND BILL OF ITEMS

Yearly No. 25

FOR THE FUNERAL OF

Total to date 2364

Residence 10 Fan Street Paul Harris Drake  
 Place of Death N.C.H. 7 days Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth 1 889 Feb 12 (Year) (Month) (Day) Wife or Widow of Pearl Dorcas Pulsifer  
 Date of Death 19 53 May 17 (Year) (Month) (Day) Age { 64 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 2 Months { Single \_\_\_\_\_ {  
 { 25 Days { Married  {  
 Birth-place Stoughton Mass. Occupation Clergyman Date of Entry \_\_\_\_\_  
 Name of Father Harold W. Drake His Birth-place Stoughton Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Sullivan Harris Her Birth-place Schubert Rank \_\_\_\_\_  
 Cause of Death—Primary Myocardial Infarction Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Cassaday Residence Antonia Church Drabik's  
 Place of Burial Newton Cemetery Newton  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment May 21, 1953 Section \_\_\_\_\_  
 Social Security No. 022-150-4995 Pearl D. Drake



Casket No. <u>170</u>	<u>265 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<u>30 00</u>	Automobiles	
Garment _____		<u>Telegrams D.W.</u>	<u>1 16</u>
Slippers _____		Newspaper Notices	<u>14 50</u>
Embalming <u>&amp; Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>20 00</u>		
Use of Chairs _____		Transportation Charges <u>Tickets</u>	<u>9 99</u>
Church Charges _____		Officiating Clergyman <u>Johnson &amp; Michelson</u>	
Cemetery Charges _____		Amount of Bill	<u>390 65</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 365.00

CR.

<u>Shipped to</u>	<u>July 11</u>	<u>53 Check</u>	<u>365 00</u>
<u>Rockwell Funeral Home</u>			
<u>46 Mt. Auburn St.</u>			
<u>Watertown</u>			
		<b>PAID</b>	
		<u>By Mrs Drake</u>	

**RECORD AND BILL OF ITEMS**

Yearly No. 26 FOR THE FUNERAL OF Total to date 2365

Ethel F. Ryder  
 Residence Our Island Home 6 yrs Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death N. C. H. 10 days Wife or Widow of \_\_\_\_\_  
 Date of Birth 1 8 74 June 15 (Year) (Month) (Day) Age { 78 Years } { Sex \_\_\_\_\_ } { Color or Race \_\_\_\_\_ }  
 Date of Death 19 53 May 23 (Year) (Month) (Day) Age { 11 Months } { Single } { Married }  
 Maiden Name \_\_\_\_\_  
 Birth-place Froyboro Occupation None Date of Entry \_\_\_\_\_  
 Name of Father Luquie A. Ryder His Birth-place Bangor Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Caroline A. Henchley Her Birth-place Capot Cod Rank \_\_\_\_\_  
 Cause of Death—Primary Dysentery Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Cassaday Residence \_\_\_\_\_  
 Place of Burial New Bedford Cemetery Oak Grove  
 Funeral Service at \_\_\_\_\_ Lot No. 56 Grave No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_ Section 3  
 Date of Interment May 26 1953 Social Security No. Carrie J. Ryder  
 Military Service Record \_\_\_\_\_

Put in 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 No. <u>110</u>	<u>145 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<u>25 00</u>	Automobiles	
Garment <u>Dress</u>	<u>10 00</u>	Newspaper Notices	
Slippers _____			
Embalming <u>services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____		<u>E. J. Wilson</u>	<u>92 50</u>
Services <u>Transfers</u>	<u>10 00</u>	Transportation Charges	<u>4 50</u>
Use of Chairs _____		Officiating Clergyman	<u>240 00</u>
Church Charges _____		Amount of Bill	<u>337 00</u>
Cemetery Charges _____		Goods Ordered by	
Music _____		Bill Charged to	
Flowers _____			

DR. 230.00 CR.

			<u>Oct 15 53</u>	<u>Chuel</u>	<u>337 00</u>
<div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 0 auto;"> <p>PAID            Oct 15/53            W. Hall</p> </div>					

RECORD AND BILL OF ITEMS

Yearly No. 27

FOR THE FUNERAL OF

Total to date 2366

Sams Lee Yarbrough

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

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

Date of Birth 1953 May 29 (Year) (Month) (Day) Age { Years { Sex { Color or Race  
 { Months { Single {  
 { Days { Married {

Date of Death 1953 May 30 (Year) (Month) (Day)

Maiden Name.....

Birth-place Nantucket Occupation None Date of Entry.....

Name of Father Charlie Yarbrough His Birth-place Dallas Texas Date of Disch.....

Maiden Name of Mother Beatrice M. [unclear] Her Birth-place Nantucket Rank.....

Cause of Death—Primary Aspiration Secondary Pneumonia Vet's Organization No.....

Certifying Physician M. [unclear] Residence.....

Place of Burial Nantucket Cemetery St. Marys

Funeral Service at..... Lot No. [Diagram] Put in the Diagram one mark like this  
 for every Grave in it. And mark this  
 Burial with double dagger thus: †  
 Designate site of monument thus: □

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

Date of Interment May 31, 1953 Section [unclear]

Social Security No. Army Brook

Casket No.	25 00	Candles	
Size..... Made by.....		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming			
Washing and Dressing			
Shaving			
Services of Interment	10 00		
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman	
Cemetery Charges		Amount of Bill	35 00
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR. 35.00 CR.

					Aug 18 53 Cash	35 00
					PAID	
					By Mrs Yarbrough	

RECORD AND BILL OF ITEMS

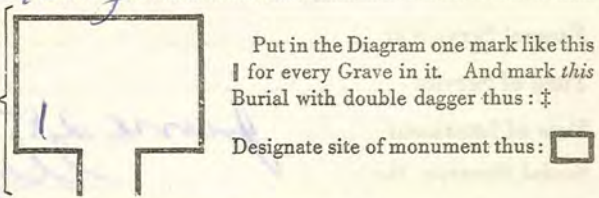
Yearly No. 28

FOR THE FUNERAL OF

Total to date 2367

Audrey E. Francis

Residence 33 Centre St. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 33 Centre St. Wife or Widow of Elwyn R. Francis Jr  
 Date of Birth 1 931 Jan 6 (Year) (Month) (Day) Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 53 May 31 (Year) (Month) (Day) Age { \_\_\_\_\_ Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { \_\_\_\_\_ Months { Single \_\_\_\_\_  
 Birth-place Nantucket Occupation Housewife Date of Entry \_\_\_\_\_  
 Name of Father William J. Larkin His Birth-place Nant Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Mildred H. Corbish Her Birth-place Nant. Rank \_\_\_\_\_  
 Cause of Death—Primary Carcinoma of Ovary Secondary Intestinal Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Menges Residence obstruction  
 Place of Burial Nantucket Cemetery St. Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment June 13, 1953 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_



Casket No. <u>115</u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Fa Carey</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>20 00</u>		
Music _____			
Flowers _____			

DR.

325.00

CR.

		<u>June 4 53</u>	<u>Check</u>	<u>300 00</u>
			<u>Due</u>	<u>25 00</u>
			<b>PAID</b>	
			<u>By William Larkin</u>	

RECORD AND BILL OF ITEMS

Yearly No. 29

FOR THE FUNERAL OF

Total to date 2368

James S. Andrews

Residence 1 East York 82 yrs Age of husband or wife if alive years

Place of Death N. C. H. 23 days Wife or Widow of Elizabeth H. Parker

Date of Birth 1871 Apr 25 82 Years Sex Color or Race

Date of Death 1953 June 25 2 Months Single

Maiden Name Days Married

Birth-place Nantucket Occupation Fisherman Date of Entry

Name of Father David B. Andrews His Birth-place Nant Date of Disch.

Maiden Name of Mother Almira S. Easton Her Birth-place Providence Rank

Cause of Death—Primary Carcinoma of Secondary Liver Vet's Organization No.

Certifying Physician Menager Residence

Place of Burial Nantucket Cemetery N. H.

Funeral Service at Lot No. 682

Time of Service Grave No.

Date of Interment June 28 Section

Social Security No. Elizabeth H. Andrews

Military Service Record



Put in 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 No. 115	195 00	Candles	
Size Made by		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault Pine	25 00	Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming Services	50 00	Officiating Clergyman Richard	
Washing and Dressing		Amount of Bill	325 00
Shaving		Goods Ordered by	
Services Transfers	10 00	Bill Charged to	
Use of Chairs			
Church Charges			
Cemetery Charges Funeral	25 00		
Music	20 00		
Flowers			
	325.00		

DR.

CR.

		July 20	53 Check	325 00
<b>PAID</b>				
By Elizabeth H. Andrews				



RECORD AND BILL OF ITEMS

Yearly No. 30

FOR THE FUNERAL OF

Total to date 2369

Thomas J. Willauer

Residence Hopkinton B.B.C. Age of husband or wife if alive \_\_\_\_\_ years

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

Date of Birth 1940 Mch 19 (Year) (Month) (Day) Age { 13 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 { 3 Months { Single  }  
 { 9 Days { Married \_\_\_\_\_ }

Date of Death 1953 June 27 (Year) (Month) (Day)

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

Birth-place Washington D.C. Occupation Student Date of Entry \_\_\_\_\_

Name of Father Whitney Willauer His Birth-place Pine N.Y. Date of Disch. \_\_\_\_\_

Maiden Name of Mother Estise Russell Her Birth-place Brookline Mass Rank \_\_\_\_\_

Cause of Death—Primary Suffocation Secondary buried in Vet's Organization No. \_\_\_\_\_

Certifying Physician Cassaday M.D. of Residence \_\_\_\_\_

Place of Burial Nantucket Cemetery North

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

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

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

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

Military Record Service

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

Casket No. <u>1097</u>	<u>345 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside-Box or Vault _____	<u>195 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>of Services</u>	<u>50 00</u>	Officiating Clergyman <u>Johnson</u>	
Washing and Dressing _____		Amount of Bill	<u>660 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>25 00</u>		
Music <u>Devise &amp; Mats</u>	<u>10 00</u>		
Flowers _____			
	<u>660.00</u>		

DR.

CR.

	<u>Mr. A. O. Willauer</u>	<u>Aug 17</u>	<u>1952 Check</u>	<u>660 00</u>
	<u>7 N. E. Mutual</u>			
	<u>501 Boylston St</u>			
	<u>Boston. 17</u>			
			<b>PAID</b>	
			<u>By <del>W.H.C.</del></u>	
			<u>Marion E. Grady Atty</u>	
			<u>21 Bradley Rd</u>	
			<u>Medford. 55 Mass</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 31

FOR THE FUNERAL OF

Total to date 2370

Judy Lee Reed  
 Residence King Street Seat 1 corner Age of husband or wife if alive..... year  
 Place of Death " " Wife or Widow of.....  
 Date of Birth 1952 Jan 25 (Year) (Month) (Day) Sex Female Color or Race.....  
 Date of Death 1953 June 27 (Year) (Month) (Day) Age 1 Years 5 Months 4 Days Single  Married.....  
 Maiden Name.....  
 Birth-place Nantucket Occupation None Date of Entry.....  
 Name of Father Victor J. Reed His Birth-place East Milto Date of Disch.....  
 Maiden Name of Mother Barbara Peith Her Birth-place Nant Rank.....  
 Cause of Death—Primary Suffocation Secondary Head down Vet's Organization No.....  
 Certifying Physician Carlday M. D. Esq Residence between crib and another bed  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at..... Lot No. 850  
 Time of Service..... Grave No. 1  
 Date of Interment July 1 Section Rear  
 Social Security No. Victor Reed



Casket No. <u>2-06-24</u>	<u>50 00</u>	Candles.....	
Size..... Made by.....		Gloves.....	
Interior No.....		Bearers.....	
Handles.....		Hearse to.....	
Plate.....		Removal.....	
Outside Box or Vault.....	<u>10 00</u>	Automobiles.....	
Garment.....		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.....	
Use of Chairs.....			
Church Charges.....			
Cemetery Charges <u>Interment</u>	<u>10 00</u>		
Music.....			
Flowers.....			

DR.

100 00

CR.

			<u>July 14 53</u>	<u>Cash</u>	<u>100 00</u>

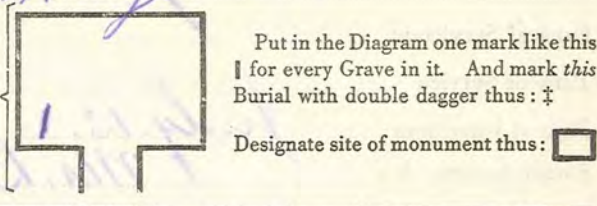
**PAID**  
By Victor Reed

RECORD AND BILL OF ITEMS

Yearly No. 32 FOR THE FUNERAL OF Total to date 2371

*Margaret V. Duffy*

Residence 16 Pine St. Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death M. C. H. 12 days Wife or Widow of Andrew Duffy  
 Date of Birth 1 871 Sept 17 (Year) (Month) (Day) Age { 82 Years { Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 53 July 3 (Year) (Month) (Day) { 9 Months { Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 26 Days { Married \_\_\_\_\_  
 Birth-place Ireland Occupation House wife Date of Entry \_\_\_\_\_  
 Name of Father Patrick Mahon His Birth-place Ireland Military Service Record \_\_\_\_\_ Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Mary Burns Her Birth-place Ireland Rank \_\_\_\_\_  
 Cause of Death—Primary Coronary insufficiency Secondary arterio Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Mohr Residence Delisier  
 Place of Burial Newtucket Cemetery St. Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment July 1 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Elizabeth R. Duffy



Casket No. <u>115</u>	<u>195 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>of Service</u>	<u>50 00</u>	Officiating Clergyman <u>Fitzgerald</u>	
Washing and Dressing _____		Amount of Bill	<u>325 00</u>
Shaving _____		Goods Ordered by <u>Raymond Duffy</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>20 00</u>		
Music _____			
Flowers _____			

DR. 325 00 CR.

			<u>Aug 26</u>	<u>53. Check</u>	<u>325 00</u>
				<b>PAID</b>	
				<u>By Raymond Duffy</u>	

RECORD AND BILL OF ITEMS

1949-1953

Yearly No. 33

FOR THE FUNERAL OF

Total to date 2372

Ethel Rogers Swartwout

Residence 515 Park Ave. N.Y. City Age of husband or wife if alive \_\_\_\_\_ years  
Place of Death N.C.H. 9 days Wife or Widow of Richard H. Swartwout  
Date of Birth 1 \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) Age { Years { Sex { Color or Race  
Date of Death 1953 July 8 \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) { Months { Single {  
Maiden Name \_\_\_\_\_ Days { Married {  
Birth-place Brooklyn N.Y. Occupation Housewife Date of Entry \_\_\_\_\_  
Name of Father Edwin Rogals His Birth-place New York Date of Disch. \_\_\_\_\_  
Maiden Name of Mother Margareta Her Birth-place Canada Rank \_\_\_\_\_  
Cause of Death—Primary Hemorrhage Secondary reason of \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
Certifying Physician Collins Residence 141st St. N.Y.C.  
Place of Burial New York City Cemetery Sleepy Hollow  
Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
Date of Interment July 13 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 No. _____	Candles _____
Size _____ Made by _____	Gloves _____
Interior No. _____	Bearers _____
Handles _____	Hearse to _____
Plate _____	Removal _____
Outside Box or Vault _____	Automobiles _____
Garment _____	Newspaper Notices _____
Slippers _____	Arrangement Supervision
Embalming _____	Removals, Shipping Case
Washing and Dressing _____	Outside Case & Security
Shaving _____	Necessary Papers 200 00
Services _____	Transportation Charges 33 83
Use of Chairs _____	Officiating Clergyman 2 Certified Copy 1 00
Church Charges _____	Amount of Bill 234 83
Cemetery Charges _____	Goods Ordered by _____
Music _____	Bill Charged to _____
Flowers _____	

DR.				CR.			
				Aug 25	1953 Check	234	83
<b>PAID</b>							
By Mr. Charles Hamm							
12 East 41st St							
New York 17 N.Y.							

RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 2373

Grace B. Van Houten

Residence 24 Beach Place Maplewood N.J. Age of husband or wife if alive years

Place of Death On beach at Sachacha Wife or Widow of Raymond S. Van Houten

Date of Birth 1 884 Mch 9 Sex 69 Years Color or Race
Date of Death 19 33 July 10 Age 4 Months Single
Maiden Name 1 Days Married

Birth-place Bayonne New Jersey Occupation Housewife Date of Entry

Name of Father James H. Van Buskirk His Birth-place ? Date of Disch.

Maiden Name of Mother Rebecca Louise Bumpkin Her Birth-place ? Rank

Cause of Death-Primary Myocardial Secondary Infarction Vet's Organization No.

Certifying Physician Cassaday Med Ex Residence

Place of Burial ? Cemetery ?

Funeral Service at Lot No. Grave No. Section

Time of Service Date of Interment Social Security No. Raymond S. Van Houten

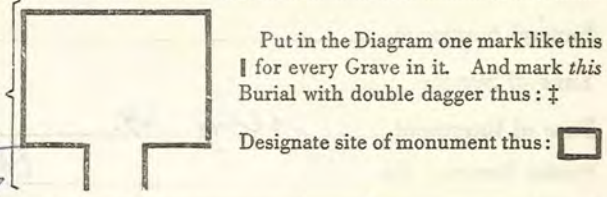


Table with columns for item description and cost. Includes items like Casket No., Candles, Gloves, Automobiles (Toll calls & telegram 4 77, Telegrams 19 N. 2 32), Newspaper Notices (Transfer, Preparation, Shipping case outside case & securing necessary papers 150 00), Transportation Charges (31 04), and Amount of Bill (188 15).

Payment record table with columns DR. and CR. Includes handwritten entry: 'Shipped to Smith & Smith 415 Morris Ave Springfield N.J. Aug 28 53 Check 188 15 PAID By Ma Van Houten'

# RECORD AND BILL OF ITEMS

Yearly No. 34

FOR THE FUNERAL OF

Total to date 2374

*Hugh Tallant*

Residence The Oronoque Savannah Ga  
 Place of Death St Josephs Hosp Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth 1 869 Sept 15 (Year) (Month) (Day) Wife or Widow of Ruth Foster Hilton  
 Date of Death 19 52 Dec 7 (Year) (Month) (Day) Age { 83 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 2 Months { Single \_\_\_\_\_  
 Birth-place Boston Mass Occupation Architect { 22 Days { Married \_\_\_\_\_  
 Name of Father Henry Pinkham Tallant His Birth-place Nant Military Service Record \_\_\_\_\_ Date of Entry \_\_\_\_\_  
 Maiden Name of Mother Mary Gardner Coleman Her Birth-place Nant Date of Disch. \_\_\_\_\_  
 Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Rank \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_ Residence \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Place of Burial Nantucket Cemetery PH  
 Funeral Service at \_\_\_\_\_ Lot No. 61  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment July 14 Section \_\_\_\_\_  
 Social Security No. \_\_\_\_\_ Alice Weld Tallant 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 No. ....		Candles .....	
Size..... Made by.....		Gloves .....	
Interior No. ....		Bearers .....	
Handles .....		Hearse to .....	
Plate .....		Removal .....	
Outside Box or Vault .....		Automobiles <u>Wood 5x3</u>	<u>8 00</u>
Garment .....		Newspaper Notices .....	
Slippers .....		Transportation Charges .....	
Embalming .....		Officiating Clergyman <u>Dr Gardner</u>	
Washing and Dressing .....		Amount of Bill .....	<u>25 00</u>
Shaving .....		Goods Ordered by .....	
Services <u>of interment of ashes</u>	<u>25 00</u>	Bill Charged to .....	
Use of Chairs .....			
Church Charges .....			
Cemetery Charges .....			
Music .....			
Flowers .....			

DR. 25 00 CR.

	<u>Dr. Alice Weld Tallant Aug 6.</u>	<u>53 Check</u>	<u>25 00</u>
	<u>2008 Walnut St</u>		
	<u>Philadelphia 3, Pa.</u>		
<u>Aug 8</u>	<u>Paid Herbut</u>	<u>8 00</u>	

**PAID**  
 By  
Dr. Alice W. Tallant

RECORD AND BILL OF ITEMS

Yearly No. 36

FOR THE FUNERAL OF

Total to date 2375

Residence 203 Ash St. New Bedford Age of husband or wife if alive \_\_\_\_\_ years

Place of Death Taunton State Hosp. Wife or Widow of Joseph Mayo

Date of Birth 1 (Year) July (Month) 13 (Day) Age 79 Years 9 Months 9 Days Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

Date of Death 1953 (Year) July (Month) 13 (Day) Single \_\_\_\_\_ Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation None Date of Entry \_\_\_\_\_

Birth-place Dennis Mass His Birth-place Dennis Date of Disch. \_\_\_\_\_

Name of Father Isaiah Edwards Her Birth-place Dennis Rank \_\_\_\_\_

Maiden Name of Mother Sirza Kells Secondary Cardio-vascular disease Vet's Organization No. \_\_\_\_\_

Cause of Death—Primary Arteriosclerotic Residence Vasculare disease

Certifying Physician \_\_\_\_\_ Cemetery P.H.

Place of Burial Nant. Lot No. 800 Grave No. 2 Section \_\_\_\_\_

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

Time of Service \_\_\_\_\_ Designate site of monument thus:

Date of Interment July 14

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

Casket No.		Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	<u>Wood 1. 5 00</u>
Garment		Newspaper Notices	<u>W</u>
Slippers		Transportation Charges	
Embalming		Officiating Clergyman	<u>Richard 5 00</u>
Washing and Dressing		Amount of Bill	<u>60 00</u>
Shaving		Goods Ordered by	
Services		Bill Charged to	<u>Joseph C Mayo</u>
Use of Chairs			
Church Charges	<u>Funeral 25 00</u>		
Cemetery Charges	<u>20 00</u>		
Music	<u>Device &amp; Mats. 5 00</u>		
Flowers			
	<u>50 00</u>		

DR.		CR.	
	<u>Dorothy M. Haepstra</u>	<u>Sept 15</u>	<u>Cash 10 00</u>
	<u>160 Pleasant St.</u>	<u>Oct. 20</u>	<u>" 10 00</u>
	<u>Fairhaven Mass</u>	<u>Nov. 10</u>	<u>" 10 00</u>
		<u>Dec 22</u>	<u>" 10 00</u>
<u>Jan 16</u>	<u>Pd Herbit 5 00</u>	<u>Feb 16</u>	<u>" 20 00</u>
			<u>60 00</u>
			<u>PAID</u>
			<u>By Joseph C Mayo</u>

1949-1953

276

# RECORD AND BILL OF ITEMS

Yearly No. 37

FOR THE FUNERAL OF

Total to date 2,376

*Mary Elizabeth Finnegan*

Residence Codfish Park & Beach Age of husband or wife if alive..... years

Place of Death Sia Beach Wife or Widow of Martin Finnegan

Date of Birth 1912 Feb 19 Age { 41 Years { Sex .....

Date of Death 1953 July 22 { 5 Months { Single .....

Maiden Name ..... { 3 Days { Married .....

Birth-place Brighton Mass Occupation Housewife Date of Entry.....

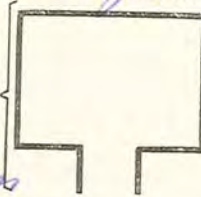
Name of Father Michael Gannon His Birth-place Norway Date of Disch.....

Maiden Name of Mother Helen Carney Her Birth-place " " Rank.....

Cause of Death—Primary Drowning Secondary Suicide Vet's Organization No.....

Certifying Physician Cassady Med Co Residence.....

Place of Burial Roxbury Cemetery Mt. St. Joseph

Funeral Service at ..... Lot No. 

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

Date of Interment July 25, 53 Section.....

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

Casket No. <u>2097</u>	<u>395 00</u>	Candles .....	
Size..... Made by.....		Gloves .....	
Interior No.....		Bearers .....	
Handles .....		Hearse to .....	
Plate .....		Removal .....	
Outside Box or Vault <u>Pine</u>	<u>30 00</u>	Automobiles.....	
Garment .....		Newspaper Notices.....	
Slippers .....			
Embalming <u>Services</u>	<u>50 00</u>		
Washing and Dressing .....			
Shaving .....			
Services <u>Transfers</u>	<u>15 00</u>		
Use of Chairs .....		Transportation Charges <u>To Boston</u>	<u>12 89</u>
Church Charges.....		Officiating Clergyman.....	<u>490 00</u>
Cemetery Charges.....		Amount of Bill.....	<u>502 89</u>
Music.....		Goods Ordered by.....	
Flowers .....		Bill Charged to .....	
DR.	<u>490.00</u>		CR.

<u>Shipped to</u>		<u>Aug 7</u>	<u>Cash</u>	<u>500 00</u>
<u>Warren Sullivan</u>			<u>Else</u>	<u>2 89</u>
<u>35 Henshaw St</u>				
<u>Brighton</u>				
<u>Phone Stadium 2-2100</u>				
			<b>PAID</b>	
			<u>By Martin Finnegan</u>	



RECORD AND BILL OF ITEMS

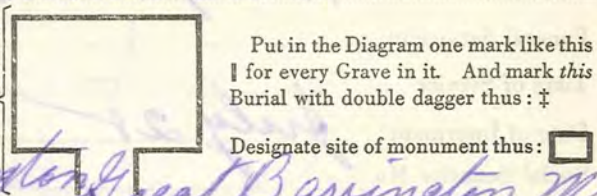
Yearly No. 38

FOR THE FUNERAL OF

Total to date 2377

Alice Everett Sholes

Residence 11130 Magnolia Drive Cleveland Ohio Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 23 Lincoln Ave Wife or Widow of Justin G. Sholes  
 Date of Birth 1 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ Age { 71 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death 19 53 July 22 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_ { \_\_\_\_\_ Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { \_\_\_\_\_ Days { Married \_\_\_\_\_ {  
 Birth-place Cleveland Ohio Occupation None Date of Entry \_\_\_\_\_  
 Name of Father Sylvester J. Everett His Birth-place Cleveland Military Service Record Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Alice Wade Her Birth-place Cleveland Rank \_\_\_\_\_  
 Cause of Death—Primary Hypostatic Pneum Secondary Carcinoma Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Manges Residence of Paperess \_\_\_\_\_  
 Place of Burial Cleveland Cemetery Lakeside \_\_\_\_\_  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment \_\_\_\_\_ Section \_\_\_\_\_  
 Social Security No. Mrs Donald Worthington Great Barrington Mass



Casket No.	Candles
Size Made by	Gloves
Interior No.	Bearers
Handles	Hearse to
Plate	Removal
Outside Box or Vault	Automobiles
Garment	Newspaper Notices
Slippers	Transfer Preparation
Embalming	Shipping Case Outside Case
Washing and Dressing	Security Necessary Papers 200 00
Shaving	
Services	Transportation Charges
Use of Chairs	Officiating Clergyman
Church Charges	Amount of Bill
Cemetery Charges	Goods Ordered by
Music	Bill Charged to
Flowers	

DR.

CR.

Shipped to	Sept 8	53 Check	200 00
J.H. Brownson			
17022 Kinsman St			
Cleveland Ohio			
Washington 1-8111			
		PAID	
		By Justin G. Sholes Jr	
		P.O. Box 880	
		Cleveland 22 Ohio	

# RECORD AND BILL OF ITEMS

Yearly No. 38

FOR THE FUNERAL OF

Total to date 2,378

Residence George D. Dutton  
103 St. Walpole, Mass Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 8 Darling St Wife or Widow of Margaret Schenck

Date of Birth 1 1918 June 30 (Year) (Month) (Day) Age 31 Years { Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 Date of Death 19 53 July 26 (Year) (Month) (Day) { 0 Months } Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { 26 Days } Married \_\_\_\_\_

Birth-place Northborough, Mass Occupation Retired Date of Entry \_\_\_\_\_

Name of Father Horace Dutton His Birth-place Boston Date of Disch. \_\_\_\_\_

Maiden Name of Mother Frances M. Bird Her Birth-place Walpole Rank \_\_\_\_\_

Cause of Death—Primary Coronary thrombosis Secondary Coronary Vet's Organization No. \_\_\_\_\_

Certifying Physician Members Residence Anterik-schuss

Place of Burial Walpole Mass. Cemetery \_\_\_\_\_

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

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

Date of Interment July 28 Section \_\_\_\_\_

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

**Military Service Record**  
 Put in 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 No. <u>415-1</u>	<u>325 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal	
Outside Box or Vault <u>Pine</u>	<u>30 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____			
Embalming <u>of Services</u>	<u>50 00</u>		
Washing and Dressing _____			
Shaving _____			
Services <u>Transfers</u>	<u>15 00</u>		
Use of Chairs _____		Transportation Charges	<u>14 99</u>
Church Charges _____		Officiating Clergyman	<u>420 00</u>
Cemetery Charges _____		Amount of Bill	<u>434 99</u>
Music _____		Goods Ordered by _____	
Flowers _____		Bill Charged to _____	

DR. 420.00 CR.

<u>Shipped to</u>		<u>Sept 24, 53</u>	<u>Check</u>	<u>434 99</u>
<u>Thomas H. Coye</u>				
<u>Sewer Ave &amp; Front St</u>				
<u>Walpole, Mass</u>				
<u>Phone Walpole 154 R.</u>				
			<b>PAID</b>	
			<u>By</u>	
			<u>Marjorie S. Dutton</u>	

RECORD AND BILL OF ITEMS

Yearly No. 3940

FOR THE FUNERAL OF

Total to date 2379

*Edith Caldwell*

Residence 368 Manning St. Needham Mass Age of husband or wife if alive \_\_\_\_\_ years

Place of Death \_\_\_\_\_ Wife or Widow of Laurence S. Caldwell

Date of Birth 1 \_\_\_\_\_ (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) Age { 64 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
Date of Death 19.53 Aug 5 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) { 11 Months { Single \_\_\_\_\_ { \_\_\_\_\_  
Maiden Name \_\_\_\_\_ { 5 Days { Married \_\_\_\_\_ { \_\_\_\_\_

Birth-place Synn Mass Occupation Housework Date of Entry \_\_\_\_\_

Name of Father George H. Carey His Birth-place Nantucket Date of Disch. \_\_\_\_\_

Maiden Name of Mother Mary Gardiner Folger Her Birth-place \_\_\_\_\_ Rank \_\_\_\_\_

Cause of Death—Primary Myocarditis Secondary with Vet's Organization No. \_\_\_\_\_

Certifying Physician \_\_\_\_\_ Residence Quincus fibrillation

Place of Burial Nantucket Cemetery P. H.

Funeral Service at \_\_\_\_\_ Lot No. 187

Time of Service \_\_\_\_\_ Grave No. Rear 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 9 Section \_\_\_\_\_ Designate site of monument thus:

Social Security No. 017-26-0897 Robert Caldwell

Casket No. _____	Candles _____	
Size _____ Made by _____	Gloves _____	
Interior No. _____	Bearers _____	
Handles _____	Hearse to <u>Cemetery per Boat</u>	<u>25.00</u>
Plate _____	Removal _____	
Outside Box or Vault _____	Automobiles <u>Wood</u>	<u>5.00</u>
Garment _____	Newspaper Notices _____	
Slippers _____	<u>Opening of Closing Burial</u>	<u>20.00</u>
Embalming _____	<u>Devise &amp; Mats</u>	<u>10.00</u>
Washing and Dressing _____	Transportation Charges _____	
Shaving _____	Officiating Clergyman <u>Richard</u>	
Services _____	Amount of Bill <u>60.00</u>	
Use of Chairs _____	Goods Ordered by _____	
Church Charges _____	Bill Charged to _____	
Cemetery Charges _____		
Music _____		
Flowers _____		

DR.

CR.

<u>Sept 12</u>	<u>Pd. Herbert</u>	<u>5.00</u>	<u>Sept 9</u>	<u>53 check</u>	<u>60.00</u>

RECORD AND BILL OF ITEMS

Yearly No. 41

FOR THE FUNERAL OF

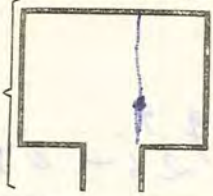
Total to date 2380

Residence *Easton St Helen Mitchell Todd* Age of husband or wife if alive \_\_\_\_\_ years

Place of Death *Easton St* Wife or Widow of *James Todd*

Date of Birth *1868 Aug 3* (Year) (Month) (Day) Age { *85* Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_  
 Date of Death *1953 Aug 6* (Year) (Month) (Day) { *0* Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { *3* Days { Married \_\_\_\_\_ {

Birth-place *Philadelphia* Occupation *at Home* Date of Entry \_\_\_\_\_  
 Name of Father *Joseph Mitchell* His Birth-place *Nantucket* Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother *Helen Seeds* Her Birth-place *Philadelphia* Rank \_\_\_\_\_  
 Cause of Death—Primary *General arteriosclerosis* Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician *Folger* Residence *Chronic Myx*  
 Place of Burial *Nantucket* Cemetery *PH*  
 Funeral Service at \_\_\_\_\_ Lot No. *666*  
 Time of Service *Cremated Aug 10* Grave No. \_\_\_\_\_  
 Date of Interment *Sept. 8* Section \_\_\_\_\_  
 Social Security No. *Mitchell Todd*



Put in 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 No. <i>115</i>	<i>210 00</i>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault _____	<i>30 00</i>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		<i>Eastman's Transport</i>	
Embalming <i>of Services</i>	<i>50 00</i>	<i>Crematory of Cremation Chgs</i>	<i>70 00</i>
Washing and Dressing _____		<i>Copper Urn</i>	<i>35 00</i>
Shaving _____			<i>33 0</i>
Services <i>Transfer</i>	<i>15 00</i>	Transportation Charges <i>to Boston</i>	<i>12 92</i>
Use of Chairs _____		Officiating Clergyman <i>Johnson</i>	<i>437 92</i>
Church Charges <i>Funeral</i>	<i>25 00</i>	Amount of Bill	
Cemetery Charges _____		Goods Ordered by _____	
Music _____		Bill Charged to _____	
Flowers _____			
DR. <i>330.00</i>			CR.

		<i>more 9</i>	<i>63 Check</i>	<i>457 92</i>

By Mitchell Todd

RECORD AND BILL OF ITEMS

Yearly No. 42

FOR THE FUNERAL OF

Total to date 2381

Peter Huxford Dunham

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

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

Date of Birth 1893 May (Year) (Month) (Day)

Date of Death 1983 July 24 (Year) (Month) (Day) Age 2 { Years { Sex { Color or Race  
 { Months { Single {  
 { Days { Married {

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

Birth-place Jupiter Florida Occupation None Date of Entry \_\_\_\_\_

Name of Father Arthur Wood Dunham His Birth-place Nantucket Date of Disch. \_\_\_\_\_

Maiden Name of Mother Dorothy Wells Her Birth-place ? Rank \_\_\_\_\_

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

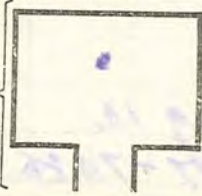
Place of Burial Nantucket Cemetery P.H.

Funeral Service at \_\_\_\_\_ Lot No. 499

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

Date of Interment Aug 7 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 No.		Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Garment		Newspaper Notices	
Slippers		<u>Interment of Ashes</u>	<u>5.00</u>
Embalming			
Washing and Dressing			
Shaving			
Services			
Use of Chairs		Transportation Charges	
Church Charges		Officiating Clergyman <u>Richard</u>	
Cemetery Charges		Amount of Bill	<u>5.00</u>
Music		Goods Ordered by	
Flowers		Bill Charged to	

DR.

CR.


# RECORD AND BILL OF ITEMS

Yearly No. 43

FOR THE FUNERAL OF

Total to date 2382

*James E. Frye*

Residence 43 Center St Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death Center St Wife or Widow of Elizabeth P. Grimes  
 Date of Birth 1891 Sept 9 Age 61 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)      { 10 Months      { Single Wm. Coshata Sr.  
 Date of Death 1953 Aug 8      { 30 Days      { Married Que. Nantucket  
 (Year) (Month) (Day)  
 Maiden Name \_\_\_\_\_  
 Birth-place Beverly Mass Occupation Meta Reader Date of Entry Apr. 5-1917  
 Name of Father Edmund P. Frye His Birth-place Wellington Date of Disch. May 12-1917  
 Maiden Name of Mother Elizabeth C. Mayo Her Birth-place Chatham Rank Surgeon  
 Cause of Death—Primary Myocardial Secondary Infarction Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Cassady Med Co Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 916  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Aug 10 Section \_\_\_\_\_  
 Social Security No. 023-07-7086

01

Put in 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 No. <u>110</u>	<u>145.00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault <u>Clark</u>	<u>195.00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Helvius</u>	<u>50.00</u>	Officiating Clergyman <u>Richard J. Odd Fellows</u>	<u>435.00</u>
Washing and Dressing _____		Amount of Bill	<u>150.00</u>
Shaving _____		Goods Ordered by _____	<u>285.00</u>
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges _____	<u>25.00</u>		
Cemetery Charges _____	<u>20.00</u>		
Music _____			
Flowers _____			
DR. <u>435.00</u>		CR.	

		Sept 5			<u>1953 Check V.O.</u>	<u>150.00</u>
		9/10	He		<u>1953 Check</u>	<u>285.00</u>
<div style="border: 1px solid black; padding: 5px; display: inline-block;">                 PAID                  By Mrs Frye             </div>						

RECORD AND BILL OF ITEMS

Yearly No. 44

FOR THE FUNERAL OF

Total to date 2383

Everett B. Brown

Residence 37 North Liberty St 15925  
 Place of Death N. C. H. / day  
 Date of Birth 1865 Sept 3  
 Date of Death 1953 Aug 10  
 Maiden Name  
 Birth-place Saxonville Mass  
 Name of Father Charles Brown  
 Maiden Name of Mother  
 Cause of Death—Primary Cardiac Failure  
 Certifying Physician Menard  
 Place of Burial Mart  
 Funeral Service at  
 Time of Service  
 Date of Interment Aug 12  
 Social Security No. Florence J. Stackpole

Age of husband or wife if alive  
 Wife or Widow of Eleanor E. Fish  
 Age 87 Years  
 Sex  
 Color or Race  
 11 Months  
 Single  
 7 Days  
 Married  
 Occupation manager electrical plants  
 Date of Entry  
 His Birth-place Saxonville  
 Her Birth-place  
 Date of Disch.  
 Rank  
 Vet's Organization No.  
 Residence  
 Cemetery P.H.  
 Lot No. 688  
 Grave No.  
 Section  
 Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: †  
 Designate site of monument thus: □

Casket No. 80	100 00	Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault Pine	25 00	Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming & Services	50 00	Officiating Clergyman Johnson	
Washing and Dressing		Amount of Bill	
Shaving		Goods Ordered by	
Services Transfer	5 00	Bill Charged to	
Use of Chairs			
Church Charges	25 00		
Cemetery Charges	20 00		
Music			
Flowers			
DR. 225.00		CR.	

		Sept 16	53 check	150 00
		Oct 5	54	75
General Electric Mutual Benefit Assn.		PAID By Florence Stackpole		
Mrs R. W. Matha				
40 Federal St West Lynn 3 Mass				

1949-1953

RECORD AND BILL OF ITEMS

Yearly No. 45 FOR THE FUNERAL OF Total to date 2384

Residence: 97 Center St. Fairhaven Mass; Date of Birth: 1897 July 14; Date of Death: 1953 Aug 13; Occupation: Chauffeur; Cause of Death: Myocardial Infarct; Social Security No. 026-09-3307

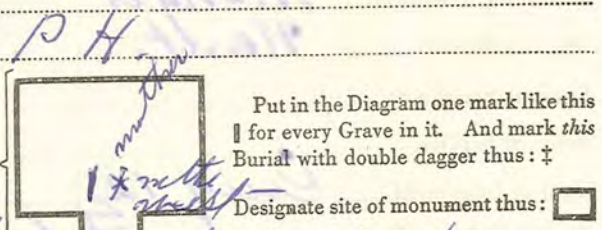


Table with columns for items (Casket, Candles, Gloves, etc.) and amounts. Total amount of bill is 70.00, paid by Pottus.

Payment record table with columns for name, date, amount, and status. Entry: Kenneth A Pottus, Aug 30 53 check, 70.00, PAID.



RECORD AND BILL OF ITEMS

Yearly No. 46

FOR THE FUNERAL OF

Total to date 2385

Residence *Moran Rd Cullen Brown Sweeney*  
*122 1/2 Grass Pointe Farms Michigan*  
 Place of Death *N.C. H. 50 mi*  
 Date of Birth *1933 July 30*  
 Date of Death *1953 Aug 27*  
 Maiden Name \_\_\_\_\_  
 Birth-place *Detroit Michigan*  
 Name of Father *John S. Sweeney Jr*  
 Maiden Name of Mother *Hester Brown*  
 Cause of Death—Primary *Fractured Skull*  
 Certifying Physician *Cassaday Med Ex*  
 Place of Burial *Detroit*  
 Funeral Service at \_\_\_\_\_  
 Time of Service \_\_\_\_\_  
 Date of Interment \_\_\_\_\_  
 Social Security No. *364-34-2112*

Age of husband or wife if alive \_\_\_\_\_ years  
 Wife or Widow of \_\_\_\_\_  
 Age { *20* Years { Sex \_\_\_\_\_  
 { *0* Months { Single   
 { *25* Days { Married \_\_\_\_\_  
 Color or Race \_\_\_\_\_

Occupation *Student*  
 His Birth-place *Detroit*  
 Her Birth-place *Detroit*  
 Secondary *Auto Accident*  
 Residence \_\_\_\_\_  
 Cemetery *Woodlawn*  
 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 S. Sweeney Jr*

Casket No.	Candles	
Size..... Made by.....	Gloves	
Interior No.	Bearers	
Handles	Hearse to	
Plate	Removal	
Outside Box or Vault	Automobiles	
Garment	Newspaper Notices	
Slippers	<i>Removals, Preparation</i>	
Embalming	<i>Shipping Case &amp; Securing</i>	
Washing and Dressing	<i>Necessary Papers</i>	150 00
Shaving	<i>Phone Calls</i>	8 01
Services	Transportation Charges <i>to Boston</i>	13 92
Use of Chairs	<i>Transfer to Airport &amp; Express</i>	71 39
Church Charges	Officiating Clergyman	
Cemetery Charges	Amount of Bill <i>Gratuitous</i>	2 00
Music	Goods Ordered by	245 32
Flowers	Bill Charged to	

DR.

CR.

<i>The William R Hamilton Co</i>	<i>Aug 25</i>	<i>Rec. on account</i>	<i>100 00</i>
<i>3975 Cass Ave</i>	<i>Sept 14</i>	<i>" Bal.</i>	<i>145 32</i>
<i>Detroit 1, Michigan</i>			
<i>tel Temple 1-2712</i>			
		<b>PAID</b>	
		<i>Wm R Hamilton Co</i>	

RECORD AND BILL OF ITEMS

Yearly No. 47

FOR THE FUNERAL OF

Total to date 2386

*Richard Arnold Hammond*

Residence.....

Place of Death N. C. H. 2 hrs Age of husband or wife if alive.....

Date of Birth 1953 Aug 25 (Year) (Month) (Day) Wife or Widow of.....

Date of Death 1953 Aug 29 (Year) (Month) (Day) Age 2 hrs { 0 Years { Sex..... { Color or Race  
 { 2 hrs Months { Single..... {  
 { Days { Married..... {

Maiden Name..... Birth-place Nantucket Occupation None


Name of Father Ralph A. Hammond His Birth-place Worcester Military Service Record Date of Entry.....

Maiden Name of Mother Velma N. Crocker Her Birth-place Nant Military Service Record Date of Disch.....

Cause of Death—Primary Premature Infant Secondary 2 hrs Military Service Record Rank.....

Certifying Physician Menges Residence..... Vet's Organization No.....

Place of Burial Nantucket Cemetery P.H. Lot No.....

Funeral Service at..... Grave No.....  Put in the Diagram one mark like [ ] for every Grave in it. And mark Burial with double dagger thus : †

Time of Service..... Section..... Designate site of monument thus : [ ]

Date of Interment Aug 31, 1953 Social Security No. Ralph A. Hammond

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

DR.

CR.

		<u>Aug 29</u>	<u>Cash</u>	<u>10 00</u>

PAID

By *Ralph Hammond*

RECORD AND BILL OF ITEMS

Yearly No. 48

FOR THE FUNERAL OF

Total to date 2387

Marcus Watkins

Residence 208 Leroy Ave N.Y. City Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N.C.H. 12 days Wife or Widow of Gertrude Levy

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

Date of Death 1953 Aug 30 (Year) (Month) (Day) Age { 72 Years { Single \_\_\_\_\_

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

Birth-place Barbado, Bridget West Indies Occupation Real Estate Agent Date of Entry \_\_\_\_\_

Name of Father \_\_\_\_\_ His Birth-place \_\_\_\_\_ Military Service Record \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_ Her Birth-place \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Cause of Death Primary Atherosclerosis Secondary Latent Syphilis Rank \_\_\_\_\_

Certifying Physician Central Hem. Residence Cullen's Vet's Organization No. \_\_\_\_\_

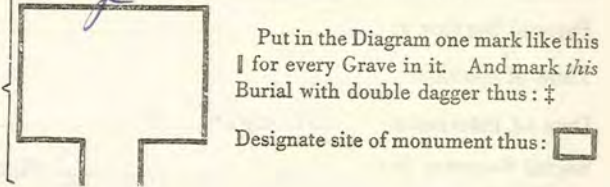
Place of Burial Long Island N.Y. Cemetery Calvary

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

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

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

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



Casket No.		Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault		Automobiles	
Garment		Newspaper Notices	
Slippers		Removal Preparation	
Embalming		Casket Outside Case &	
Washing and Dressing		Securing Necessary Papers	155 00
Shaving			
Services		Transportation Charges	31 04
Use of Chairs		Officiating Clergyman	4 Certified Copies 2 00
Church Charges		Amount of Bill	158 04
Cemetery Charges		Goods Ordered by	
Music		Bill Charged to	
Flowers			

DR.	CR.
Shipped to Theodore A Forte 189 Leroy Ave New York	Jan 27 1954 Money Order 158 04
	PAID
	By Theodore A Forte

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 49

FOR THE FUNERAL OF

Total to date 2388

*Edward Higgins*

Residence Seward Hill Rd. Mount Kisco N. Y. Age of husband or wife if alive..... years

Place of Death 45 North Liberty Wife or Widow of .....

Date of Birth 1 (Year) 1953 (Month) Aug (Day) 31 (Day)

Date of Death 1953 (Year) Aug (Month) 31 (Day)

Maiden Name .....

Birth-place West Orange N. J. Occupation Chauffeur

Name of Father Joseph Higgins His Birth-place Ireland

Maiden Name of Mother ? Her Birth-place ?

Cause of Death—Primary Acute Cardiac failure Secondary 2 hrs total left

Certifying Physician Menges Residence Pneumonotomy 2 yrs Cerarionia of

Place of Burial New York City Cemetery Woodlawn left lung 7 yrs

Funeral Service at ..... Lot No.

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

Date of Interment Sept 4 Section .....

Social Security No. Nathie Reynal Seward Hill Rd Mount Kisco N Y

Casket No.	<u>170</u>				
Size		<u>Made by</u>	<u>275 00</u>	Candles	
Interior No.				Gloves	
Handles				Bearers	
Plate				Hearse to	
Outside Box or Vault			<u>30 00</u>	Removal	
Garment				Automobiles	
Slippers				Newspaper Notices	
Embalming	<u>Services</u>		<u>50 00</u>		
Washing and Dressing					
Shaving					<u>3 65 00</u>
Services	<u>Transfers</u>		<u>10 00</u>	<u>Toll Call</u>	<u>1 61</u>
Use of Chairs				Transportation Charges	<u>31 04</u>
Church Charges				Officiating Clergyman	<u>3 Certified Copies</u> <u>1 50</u>
Cemetery Charges				Amount of Bill	<u>399 10</u>
Music				Goods Ordered by	<u>Nathie Reynal</u>
Flowers				Bill Charged to	

DR.

365.00

CR.

<u>Ms Wendell Coy</u>			<u>Feb 27 54</u>	<u>Check</u>	<u>399 10</u>
<u>Baker &amp; Coy</u>					
<u>Mount Kisco N Y.</u>					
				<u>PAID</u>	

RECORD AND BILL OF ITEMS

Yearly No. 50

FOR THE FUNERAL OF

Total to date 2389

Josephine L Walker

Residence Everly St Sea Scout Age of husband or wife if alive \_\_\_\_\_ years

Place of Death M.C.H. 9 days Wife or Widow of William H. A Walker

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

Date of Death 19 53 Sept 17 (Year) \_\_\_\_\_ (Month) \_\_\_\_\_ (Day) \_\_\_\_\_

Maiden Name \_\_\_\_\_ Age { 78 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Birth-place Milton Mass Occupation House wife Date of Entry \_\_\_\_\_

Name of Father Henry W. Sittelfield His Birth-place Milton Date of Disch. \_\_\_\_\_

Maiden Name of Mother Frances Dow Her Birth-place Milton Rank \_\_\_\_\_

Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

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

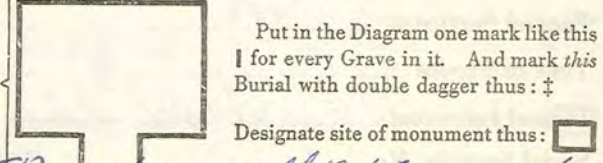
Place of Burial Milton Cemetery Milton

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

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

Date of Interment Sept 19 Section \_\_\_\_\_

Social Security No. \_\_\_\_\_ Harding St. Greene Powder Mill Rd Concord



Casket No. <u>110</u>	<u>150 00</u>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	<u>30 00</u>	Automobiles	
Garment		Newspaper Notices	
Slippers			
Embalming <u>of services</u>	<u>50 00</u>		
Washing and Dressing			
Shaving			
Services <u>Transfer</u>	<u>10 00</u>		
Use of Chairs		Transportation Charges	<u>13 92</u>
Church Charges		Officiating Clergyman	<u>2 40 00</u>
Cemetery Charges		Amount of Bill	
Music		Goods Ordered by	<u>253 92</u>
Flowers		Bill Charged to	

DR. 240.00 CR.

<u>Mrs Margaret W. Greene</u>	<u>Dec 1</u>	<u>1953 check</u>	<u>253 92</u>
<u>Powder Mill Road</u>			
<u>Concord Mass</u>			
<u>Shipped to</u>		<u>PAID</u>	
<u>MacRae Funeral Service</u>		<u>By Mrs Margaret W. Greene</u>	
<u>Concord Mass</u>			

1949-1953

290

# RECORD AND BILL OF ITEMS

Yearly No. *51*

FOR THE FUNERAL OF

Total to date *2390*

*Mae F. Vieira*

Residence *14 West Dover St. 34 yrs*

Place of Death *N. C. H. 12 hrs.* Age of husband or wife if alive..... year

Date of Birth *1894 Nov 1* (Year) (Month) (Day) Wife or Widow of *Joseph Vieira*

Date of Death *1953 Sept 20* (Year) (Month) (Day) Age { *58* Years } Sex ..... } Color or Race

Maiden Name ..... { *10* Months } Single ..... }

Birth-place *New Bedford* Occupation *Housewife* { *19* Days } Married ..... }

Name of Father *Manuel Fara* His Birth-place *St Michael's* Date of Entry.....

Maiden Name of Mother *Eugenia Fara* Her Birth-place *Cape Verde Isl.* Date of Disch.....


Cause of Death—Primary *Cerebral Hem.* Secondary *Hypertension* Rank.....

Certifying Physician *Cassaday* Residence..... Vet's Organization No.....

Place of Burial *Nantucket* Cemetery *St Marys*

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

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

Date of Interment *Sept 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. *Joseph Vieira* Designate site of monument thus: □

Casket No. <i>1897</i>	<i>355 00</i>	Candles	
Size..... Made by.....		Gloves	
Interior No. ....		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault	<i>25 00</i>	Automobiles <i>Pearce 2</i>	<i>10 00</i>
Garment		Newspaper Notices	
Slippers		Transportation Charges <i>Fitzgerald</i>	
Embalming <i>4 Services</i>	<i>50 00</i>	Officiating Clergyman	
Washing and Dressing		Amount of Bill	<i>490 00</i>
Shaving		Goods Ordered by <i>Joseph Vieira</i>	
Services <i>Transfer</i>	<i>5 00</i>	Bill Charged to <i>4</i>	
Use of Chairs			
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges	<i>20 00</i>		
Music			
Flowers			
<b>DR.</b>	<b><i>480.00</i></b>		

<i>Sept 25</i>	<i>Paid Pearce</i>	<i>10 00</i>	<i>Sept 24</i>	<i>Cash</i>	<i>490 00</i>

**PAID**  
*By Joseph Vieira*

RECORD AND BILL OF ITEMS

Yearly No. 52

FOR THE FUNERAL OF

Total to date 2391

*Arnida Chamberlin*

Residence 22 May St. Worcester Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 1 day Wife or Widow of Henry H. Chamberlin

Date of Birth 1891 July (Year) (Month) (Day) Age { 62 Years { Sex \_\_\_\_\_ { Color or Race \_\_\_\_\_

Date of Death 1953 Sept 29 (Year) (Month) (Day) { 2 Months { Single \_\_\_\_\_ { \_\_\_\_\_

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

Birth-place Sugarlo Switzerland Occupation Housewife Date of Entry \_\_\_\_\_

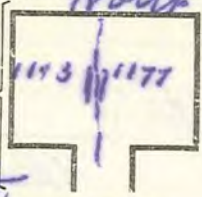
Name of Father Giuseppe Michette His Birth-place Italy Date of Disch. \_\_\_\_\_

Maiden Name of Mother Margaret ? Her Birth-place \_\_\_\_\_ Rank \_\_\_\_\_

Cause of Death—Primary Cerebral Hem. Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_

Certifying Physician M. M. M. Residence \_\_\_\_\_

Place of Burial Nantucket Cemetery P. H. North East

Funeral Service at \_\_\_\_\_ Lot No. 1193  Put in the Diagram one mark like this | for every Grave in it. And mark this Burial with double dagger thus: †

Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_ Designate site of monument thus:

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

Social Security No. \_\_\_\_\_ Oscar Michette

Casket No. <u>110</u>	<u>150 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	<u>455 00</u>
Outside Box or Vault	<u>195 00</u>	Automobiles <u>Pease 2</u>	<u>10 00</u>
Garment _____		Newspaper Notices	
Slippers _____		Telegram <u>D. M.</u>	<u>1 20</u>
Embalming <u>Services</u>	<u>50 00</u>	<u>D. M. Boston Herald</u>	<u>3 50</u>
Washing and Dressing _____		Sets No. <u>1179 &amp; 1193</u>	<u>120 00</u>
Shaving _____		Transportation Charges	
Services <u>Transfer</u>	<u>10 00</u>	Officiating Clergyman <u>Pickard</u>	<u>20 00</u>
Use of Chairs _____		Amount of Bill	<u>609 70</u>
Church Charges <u>Funeral</u>	<u>25 00</u>	Goods Ordered by <u>Pease</u>	
Cemetery Charges	<u>25 00</u>	Bill Charged to _____	
Music _____			
Flowers _____			

DR. 455.00

CR.

	<u>Hannon P. Chamberlin</u>	<u>Dec 28</u>	<u>1953 Check</u>	<u>609 70</u>
	<u>Southport Marine</u>			
<u>Dec 28</u>	<u>Paid Pease</u>	<u>10 00</u>	<u>Paid</u>	

RECORD AND BILL OF ITEMS

Yearly No. 33

FOR THE FUNERAL OF

Total to date 2392

*Grace Manter*

Residence *14 Pleasant St.*

Place of Death *14 Pleasant St.* Age of husband or wife if alive..... years

Date of Birth *1871 July 6* (Year) (Month) (Day) Wife or Widow of *Evellett Manter*

Date of Death *1953 Sept 30* (Year) (Month) (Day) Age *82* Years *2* Months *24* Days Sex ..... Color or Race

Maiden Name ..... Single ..... Married .....

Birth-place *Nantucket* Occupation *Housewife* Date of Entry .....

Name of Father *Henry F. Fisher* His Birth-place *Nant.* Date of Disch. ....

Maiden Name of Mother *Mary Siqui Catheast* Her Birth-place *"* Rank .....


Cause of Death—Primary *Cerebral Hem.* Secondary *Hypertension* Vet's Organization No. ....

Certifying Physician *Menges* Residence .....

Place of Burial *Nantucket* Cemetery *PH*

Funeral Service at ..... Lot No. *713*

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

Date of Interment *Oct. 3* Section ..... 

Social Security No. *Marquette Barrett* 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 No. <i>115</i>	<i>195 00</i>	Candles	
Size..... Made by.....		Gloves	
Interior No.....		Bearers	
Handles .....		Hearse to .....	
Plate .....		Removal.....	
Outside <del>Box</del> or Vault .....	<i>195 00</i>	Automobiles.....	
Garment .....		Newspaper Notices.....	
Slippers .....		Transportation Charges.....	
Embalming <i>of Services</i>	<i>50 00</i>	Officiating Clergyman <i>Richard</i>	
Washing and Dressing .....		Amount of Bill .....	<i>495 00</i>
Shaving .....		Goods Ordered by <i>Marquette Barrett</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>25 00</i>		
Music.....			
Flowers .....			

DR. *495.00*

CR.

			<i>Feb 4 54 Check</i>	<i>495 00</i>

**PAID**  
By *Marquette Barrett*  
Adm.



# RECORD AND BILL OF ITEMS

Yearly No. 54

FOR THE FUNERAL OF

Total to date 2293

Johnny H. Robinson

Residence 57 Centre St. Age of husband or wife if alive \_\_\_\_\_ years

Place of Death N. C. H. 7 days ~~Wife or Widow of~~ Maudie W. Harper

Date of Birth 1870 May 21 Age 80 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
(Year) (Month) (Day)  
Date of Death 1953 Sept 30 4 Months Single \_\_\_\_\_  
(Year) (Month) (Day) 9 Days Married \_\_\_\_\_

Maiden Name \_\_\_\_\_ Occupation Civil Engineer Date of Entry \_\_\_\_\_

Birth-place Brooklyn, N. Y. His Birth-place Nant Date of Disch. \_\_\_\_\_

Name of Father Henry J. Robinson Her Birth-place ? Rank \_\_\_\_\_

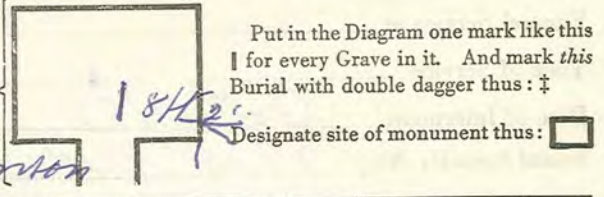
Maiden Name of Mother Ellen E. Willard Cause of Death—Primary Adenocarcinoma Secondary of Prostate Vet's Organization No. \_\_\_\_\_

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

Place of Burial Nant. Cemetery P. H. Lot No. 227 Grave No. 3

Funeral Service at \_\_\_\_\_ Section Harper W. Robinson

Time of Service \_\_\_\_\_ Date of Interment October 3 Social Security No. \_\_\_\_\_



Casket No. <u>4357-12</u>	<u>355 00</u>	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to	
Plate _____		Removal	
Outside Box or Vault	<u>25 00</u>	Automobiles	
Garment _____		Newspaper Notices	
Slippers _____		Transportation Charges	
Embalming <u>Services</u>	<u>50 00</u>	Officiating Clergyman <u>Richard</u>	
Washing and Dressing _____		Amount of Bill	<u>490 00</u>
Shaving _____		Goods Ordered by <u>Harper W. Robinson</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 _____			

DR. 490.00 CR.

		<u>Nov. 18 53</u>	<u>check</u>	<u>490 00</u>

**PAID**  
By Harper W. Robinson

294

RECORD AND BILL OF ITEMS

Yearly No. 55

FOR THE FUNERAL OF

Total to date 2394

Personal information section including Residence (Main St. Dummerston Mass 54), Date of Death (1953 Oct 8), Age (82 Years), Occupation (Farmer Retired), Cause of Death (Paralysis, Anterior chiasm, Heart Cerebral), and Place of Burial (Nantucket).

Diagram area with a square marked '1' and instructions: 'Put in 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 of funeral expenses including Casket No., Candles, Gloves, Hearse (25.00), Removal (25.00), Automobiles (5.00), and Total amount of 60.00.

DR. (Debit) and CR. (Credit) ledger section for payment, listing Malcoms Bunker, P.O. Box 270, Harwich Center, Mass.

RECORD AND BILL OF ITEMS

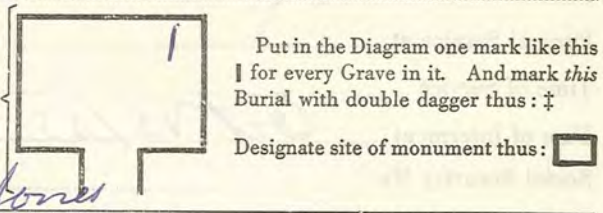
Yearly No. 56

FOR THE FUNERAL OF

Total to date 2395

Frank M. Jones Jr

Residence 62 Orange St 234M Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death " " " " Wife or Widow of Edith Coffin  
 Date of Birth 1888 Nov 18 (Year) (Month) (Day) Age { 64 Years { Sex \_\_\_\_\_ { Color or Race  
 Date of Death 1953 Oct 13 (Year) (Month) (Day) { 10 Months { Single \_\_\_\_\_ {  
 Maiden Name \_\_\_\_\_ { 25 Days { Married \_\_\_\_\_ {  
 Birth-place Nantucket Occupation Mason Retired of Plush Date of Entry Oct 4 1917 at Canton  
 Name of Father Frank M Jones His Birth-place Nant Date of Disch Sept 4 1919 at Camp  
 Maiden Name of Mother Sizzie A Hussey Her Birth-place Nant Rank Private Det 126th Infantry  
 Cause of Death—Primary \_\_\_\_\_ Secondary \_\_\_\_\_ Vet's Organization No. 40924  
 Certifying Physician Folger Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery P.H.  
 Funeral Service at \_\_\_\_\_ Lot No. 683  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Oct 16/53 Section \_\_\_\_\_  
 Social Security No. 017-24-8916 Edith C Jones



Casket No. 2097	395 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault Pine	25 00	Automobiles Wood 2	10 00
Garment _____		Newspaper Notices _____	
Slippers _____		Transportation Charges _____	
Embalming of Services	50 00	Officiating Clergyman Richard	10 00
Washing and Dressing Tremper	10 00	Amount of Bill	545 00
Shaving _____		Goods Ordered by _____	
Services _____		Bill Charged to _____	
Use of Chairs _____			
Church Charges Funeral	25 00		
Cemetery Charges	20 00		
Music _____			
Flowers _____			
	525.00		

DR. 525.00 CR.

		Nov 25	C. check V.H.	150 00
		Dec 29	"	81 00
		Nov 3	54 Cash	304 00
			Due	535 00
			"	10 00
			"	545 00
			By Mrs Jones	

RECORD AND BILL OF ITEMS

Yearly No. 57

FOR THE FUNERAL OF

Total to date 2396

Residence *Madaket* *Alexander J. Mauduit*  
 Place of Death *N.C.H. 2 days* Age of husband or wife if alive \_\_\_\_\_ years  
 Date of Birth *1 881 Feb 10* Wife or Widow of *Marianna Norcross*  
 Date of Death *19 53 Oct 13* Age { *72* Years { Sex *Divorced* { Color or Race \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ { *8* Months { Single \_\_\_\_\_  
 Birth-place *New York* { *3* Days { Married \_\_\_\_\_  
 Name of Father *Edouard J. Mauduit* Occupation \_\_\_\_\_ Date of Entry \_\_\_\_\_  
 Maiden Name of Mother *Marina Ruf* His Birth-place *France* Date of Disch. \_\_\_\_\_  
 Cause of Death—Primary *Cardiac failure* Her Birth-place *Germany* Rank \_\_\_\_\_  
 Certifying Physician *Menges* Secondary *Chronic Myo* Vet's Organization No. \_\_\_\_\_  
 Place of Burial *Nant* Residence \_\_\_\_\_  
 Cemetery *St Marys*  
 Lot No. \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Social Security No. *Theresa Burchill*



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

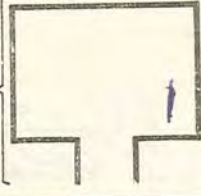
Casket No. <i>110</i>	<i>145 00</i>	Candles	
Size..... Made by.....		Gloves	
Interior No.		Bearers	
Handles		Hearse to	
Plate		Removal	
Outside Box or Vault <i>Pine</i>	<i>25 00</i>	Automobiles	
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <i>of Surin</i>	<i>50 00</i>	Officiating Clergyman <i>Fr Carey</i>	
Washing and Dressing		Amount of Bill	<i>275 00</i>
Shaving <i>Transfer</i>	<i>5 00</i>	Goods Ordered by	
Services		Bill Charged to	
Use of Chairs			
Church Charges <i>Funeral</i>	<i>25 00</i>		
Cemetery Charges	<i>20 00</i>		
Music <i>Sung &amp; Organ</i>	<i>5 00</i>		
Flowers			
<b>DR. 275 00</b>		<b>CR.</b>	

				<i>Sept 29 54 Check</i>		<i>275 00</i>

RECORD AND BILL OF ITEMS

Yearly No. 58 FOR THE FUNERAL OF Total to date 2397

Residence 93 Orange St. 5074 Age of husband or wife if alive \_\_\_\_\_ years  
 Place of Death 93 Orange St. Wife or Widow of Francis Vargas  
 Date of Birth 1 27 73 June 9 Age 80 Years Sex \_\_\_\_\_ Color or Race \_\_\_\_\_  
 Date of Death 19 53 Oct 13 4 Months Single \_\_\_\_\_  
 Maiden Name \_\_\_\_\_ 4 Days Married \_\_\_\_\_  
 Birth-place Pico Azores (Cardiga) Occupation Day laborer Date of Entry \_\_\_\_\_  
 Name of Father Antone J. De Sylva His Birth-place Pico Date of Disch. \_\_\_\_\_  
 Maiden Name of Mother Anna Constance Her Birth-place Pico Rank \_\_\_\_\_  
 Cause of Death—Primary Cardiac Failure Secondary \_\_\_\_\_ Vet's Organization No. \_\_\_\_\_  
 Certifying Physician Menges Residence \_\_\_\_\_  
 Place of Burial Nantucket Cemetery St. Marys  
 Funeral Service at \_\_\_\_\_ Lot No. \_\_\_\_\_  
 Time of Service \_\_\_\_\_ Grave No. \_\_\_\_\_  
 Date of Interment Oct 16 Section \_\_\_\_\_  
 Social Security No. 031-01-8096A



Casket No. <u>170-12</u>	265 00	Candles	
Size _____ Made by _____		Gloves	
Interior No. _____		Bearers	
Handles _____		Hearse to _____	
Plate _____		Removal _____	
Outside Box or Vault <u>Pine</u>	25 00	Automobiles <u>Pease 1</u>	5 00
Garment _____		<u>- 1</u>	3 00
Slippers _____		Newspaper Notices	
Embalming <u>Services</u>	50 00		
Washing and Dressing _____		Transportation Charges	
Shaving <u>Transfer</u>	5 00	Officiating Clergyman <u>Jr Carey</u>	
Services _____		Amount of Bill	403 00
Use of Chairs _____		Goods Ordered by	
Church Charges <u>Funeral</u>	25 00	Bill Charged to <u>Albert Sylva</u>	
Cemetery Charges _____	20 00		
Music <u>Devic &amp; Mats</u>	5 00		
Flowers _____			
	395.00		

DR. CR.

		Dec 14 53 Cash		403 00	

PAID  
By Albert Sylva

1949-1953

# RECORD AND BILL OF ITEMS

Yearly No. 59

FOR THE FUNERAL OF

Total to date 2398

Edgar Wilkes

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

Place of Death M.C.H. 36 hrs Wife or Widow of Emma F. Roach

Date of Birth 1863 Oct 7 (Year) (Month) (Day)

Date of Death 1953 Oct 16 (Year) (Month) (Day)

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

Birth-place Nantucket Occupation Labourer

Name of Father Joseph Wilkes His Birth-place Nant

Maiden Name of Mother Sucetia M. Collins Her Birth-place Nant

Cause of Death—Primary Carcinoma of lower Secondary intestinal

Certifying Physician Cassidas Med. Ex. Residence tract with massive hemorrhage

Place of Burial Nantucket Cemetery Colored

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

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

Date of Interment Oct. 18, 1953 Section \_\_\_\_\_

Social Security No. Viola W. Wilkes

Military Service Record



Put in 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 No. <u>110</u>	<u>145 00</u>	Candles	
Size	Made by	Gloves	
Interior No.		Bearers	
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>
Garment		Newspaper Notices	
Slippers		Transportation Charges	
Embalming <u>J. Service</u>	<u>50 00</u>	Officiating Clergyman	
Washing and Dressing		Amount of Bill	<u>275 00</u>
Shaving		Goods Ordered by <u>Viola</u>	
Services <u>Transfer</u>	<u>5 00</u>	Bill Charged to <u>J. K. Sladden Army</u>	
Use of Chairs			
Church Charges <u>Funeral</u>	<u>25 00</u>		
Cemetery Charges	<u>20 00</u>		
Music			
Flowers			
DR. <u>270 00</u>		CR.	

<u>Viola W. Wilkes</u>	<u>July 13</u>	<u>54 check</u>	<u>275 00</u>
<u>85 Prentiss St</u>			
<u>Cambridge Mass.</u>			
		<b>PAID</b>	
		<u>July 13. By</u>	
		<u>James W. Sladden</u>	

# RECORD AND BILL OF ITEMS

Yearly No. 60

FOR THE FUNERAL OF

Total to date 2399

Annie Worth

Residence 40 Fair St. 47 yrs Age of husband or wife if alive \_\_\_\_\_ years

Place of Death 40 Fair St. Wife or Widow of James J. Worth

Date of Birth 1 878 Feb 26 { 75 Years } Sex \_\_\_\_\_ } Color or Race \_\_\_\_\_  
 (Year) (Month) (Day)

Date of Death 19 53 Oct 16 { 7 Months } Single \_\_\_\_\_ }  
 (Year) (Month) (Day)

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

Birth-place County Cork Ireland Occupation Housewife Date of Entry \_\_\_\_\_

Name of Father John Driscoll His Birth-place County Cork Military Service Record \_\_\_\_\_

Maiden Name of Mother Mary Mc Carthy Her Birth-place " " \_\_\_\_\_ Date of Disch. \_\_\_\_\_

Cause of Death—Primary Acute Myocardial Secondary infarction Rank \_\_\_\_\_

Certifying Physician Collins Residence Artisorelensis of Hypertension Vet's Organization No. \_\_\_\_\_

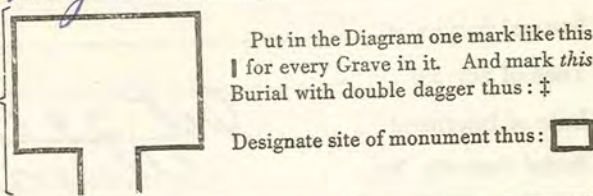
Place of Burial Nantucket Cemetery St Marys

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

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

Date of Interment Oct. 19, 1953 Section \_\_\_\_\_

Social Security No. Gladys M. Worth



Casket No. <u>1797 Solid</u>	<u>6.35 00</u>	Candles		
Size _____ Made by _____		Gloves		
Interior No. _____		Bearers		
Handles _____		Hearse to		
Plate _____		Removal		
Outside Box or Vault <u>None</u>	<u>25 00</u>	Automobiles		
Garment _____		Newspaper Notices		
Slippers _____				
Embalming <u>Services</u>	<u>50 00</u>	Transportation Charges		
Washing and Dressing _____		Officiating Clergyman <u>F</u>		
Shaving _____		Amount of Bill	<u>770 00</u>	
Services <u>Transfer</u>	<u>10 00</u>	Goods Ordered by <u>Gladys M. Worth</u>		
Use of Chairs _____		Bill Charged to _____		
Church Charges <u>Funeral</u>	<u>25 00</u>			
Cemetery Charges _____	<u>25 00</u>			
Music _____				
Flowers _____				

DR. 770.00 CR.

			<u>Jan 27 1954</u>	<u>Check</u>	<u>770 00</u>

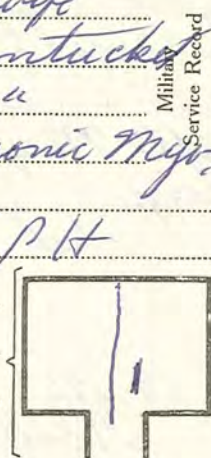
# RECORD AND BILL OF ITEMS

Yearly No. 61

FOR THE FUNERAL OF

Total to date 2400

Emma C. Pease  
 Residence Our Island Home 740 Age of husband or wife if alive 87 years  
 Place of Death " " " Wife or Widow of Benjamin E Pease  
 Date of Birth 1866 Feb 12 Age 87 Years { Sex " } Color or Race "  
 (Year) (Month) (Day) { 8 Months } Single "  
 Date of Death 1953 Oct 27 (Year) (Month) (Day) { 15 Days } Married "  
 Maiden Name "  
 Birth-place Boston Occupation Housewife Date of Entry "  
 Name of Father Reuben C. Harps His Birth-place Nantucket Date of Disch. "  
 Maiden Name of Mother Sydia M. Ray Her Birth-place " Rank "  
 Cause of Death—Primary General Arteriosclerosis Chronic Myo- Vet's Organization No. "  
 Certifying Physician Folger Residence "  
 Place of Burial Nantucket Cemetery PH  
 Funeral Service at " Lot No. 736  
 Time of Service " Grave No. " Section "  
 Date of Interment Oct 29 1953 Designate site of monument thus:   
 Social Security No. Ellison H Pease



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

Designate site of monument thus:

Casket No. ....	Candles .....	
Size ..... Made by .....	Gloves .....	
Interior No. ....	Bearers .....	
Handles .....	Hearse to .....	
Plate .....	Removal .....	
Outside Box or Vault .....	Automobiles .....	
Garment .....	.....	
Slippers .....	Newspaper Notices .....	
Embalming .....	<u>Removal, Preparation</u>	
Washing and Dressing .....	<u>Casket. Outside Case</u>	
Shaving .....	<u>&amp; Interment Funeral</u>	<u>200 00</u>
Services .....	<u>Cemetery Chgs</u>	<u>25 00</u>
Use of Chairs .....	Transportation Charges .....	
Church Charges .....	Officiating Clergyman <u>Johnson</u>	
Cemetery Charges .....	Amount of Bill .....	<u>200 00</u>
Music .....	Goods Ordered by .....	<u>225 00</u>
Flowers .....	Bill Charged to <u>Ellison H Pease</u>	

DR.		Jan 12	1954 check	225 00	CR.



