	Zwick Funeral Home Records 1918-1922
	Infont of Loland Eron!
Name of Deceased	Infant of Leland Frank
Removing Remains	
Embalming	
Shaving & Laying Out	
Casket No.	Special; Size 2' 0"; \$10.00
Outside Case	
Handles	None
Lining & Pillow Set	2 yds. Of lining
Metal Vault	
Box Mattress	
Burial Robe	
Slippers	
Personal Attendant & Assistants	
Door Dressing	
Flowers	
Funeral Notice	
Hearse	
Coach	
Telegram	
Clergyman	
Vault Charges	
Opening Grave	
Date of Funeral	April 28, 1921
Date of Death	April 27, 1921
Place of Death	Decatur, Indiana
Place of Funeral	At the home; none
Clergyman	
Date of Burial	April 28, 1921
Where Interred	Decatur Cemetery
Date of Birth	April 01, 1921
Age	0 days
Color	White
Occupation	
Status	Single
Birthplace	Decatur, Indiana
Last Place of Residence	Decatur, Indiana
How Long Resident of This State	
Husband's/Wife's Name	
Father's Name	Leland Frank
Country of Birth	Decatur, Indiana
Mother's Name	Lena Butler
Country of Birth	Ohio
Physician	D. D. Clark
Cause of Death	
Ordered By	William Frank
Charge To	Leland Frank
When Rendered	
	April 28, 1921
Received on Account	June 3, 1921; by ck \$10.00

12Intfant of Leland Frenches Funeral of..... M. Hour Date of Funeral\_\_\_\_ Place of Deuth. Decatury Ind ...... Embalming .. Place of Funeral. at the Home Non ..... Shaving and Laying Out..... Casket No. Special Size 2.0. 0.T.t. 10 00 Clergyman. Date of Burial afril 28 1.521 ..... Where Interred Decalus Cemaly Metal Inner Casket......Copper.....Zinc..... Handles No. North Grave or Lot No.....Section..... ...... Outside Case, Pine, Chestnut, Oak, Mahogany..... ..... Location of Grave ..... Lining and Pillow Set No ... 2. The barring ...... 105 ..... Metal Lined Box..... Mountings...... Handles..... Plate..... Wate granth Metal Vault, Style..... afrit 18.21 Box Mattress..... ..... Burial Robe ..... Color ..... Whit Occupation lippers......Gloves..... .....Doz. Chairs..... Birthplace ... Dreaker Sn.d. ........... ersonal Attandance and Assistants ..... Last place of residence ...... rapery.....Candelabra.....Candles..... edestals.....Rug..... Husband's Name Father's Name Leland Franks CASH EXPENDITURES. Country of Birth ..... Decetion Ind or Dressing. Mother's Name dena Butter Country of Birth ..... Ohis Physician N. W. Celark Cause of Death ..... ......Porters and ..... ....Gloves .... Ordered by William Frank ..... neral Notices. Charge to aland fromk When rendered afril 28 1521 RECEIVED ON ACCOUNT. gmu. 3. By chief 10 W rtette, Soloist .... vering Box to. ing Grave .....Lining t Charges. portation Expense