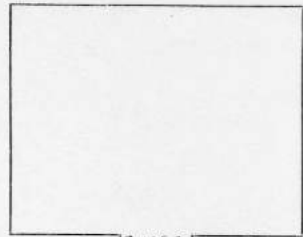


# Record of Funeral

No. \_\_\_\_\_ Date Sept 25-1918 19\_\_\_\_  
 Name of the Deceased Sabra Malissa Sage Sex \_\_\_\_\_ Color Cl  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death Proy Kansas  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Adams  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Sept 25 1918  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 75 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Black Crepe  
 Manufactured by Paid  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



0555  
(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	65 00
“ Metallic Lining	- - - - -		
“ Outside Box	- - - - -		
“ Grave Vault	- - - - -		
“ Burial Robe	- - - - -		
“ Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$ _____	- - - - -		
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

### NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

Total Footing of Bill		65 00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit	\$	65 00

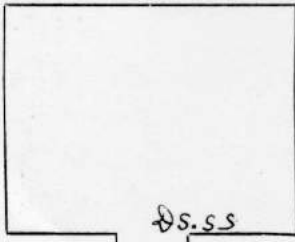
Oct 11-1918 Credits Doughan Co. 25 00  
 Sept 26 By Cash 20 00  
 Sept 23-1918 Tubar & M. Sage 6 00  
 Feb. 1-1921 Cash M. Sage 1.00

# Record of Funeral

No. \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_  
 Name of the Deceased Logan Dewey Everhart Sex M. Color W.  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death Troy, Mass  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Influenza  
 Date of Death Oct 8-1918  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 21 Years, \_\_\_\_\_ Months, 8 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to Parsons, Mass  
 Size and Style of Casket or Coffin Grey Oak Sh  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	-\$	85.00
Metallic Lining		
Outside Box		
Grave Vault		
Burial Robe		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		15.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$ _____		
Hearse - <u>W. S. J. O. T.</u>		5.00
Wagon Deliveries		
Death Notices in _____ Newspapers		

### NAMES OF NEWSPAPERS

Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		

Total Footing of Bill	105.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ 105.00

Oct 9 Credits By ck. 105.00

# Record of Funeral

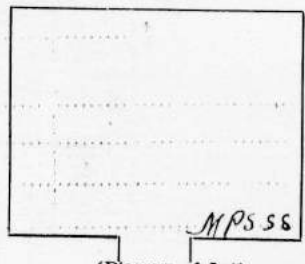
19  
Color W.

No. 27 Date Oct 11-1918 19  
Name of the Deceased Gen. Simpson Pollard Sex \_\_\_\_\_ Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

**CHARGES**

Fluid	85.00
Fluid	15.00
papers	5.00
papers	105.00
or below	105.00
h.	105.00

How Secured \_\_\_\_\_  
Date of Funeral Oct 11-1918  
Place of Death S.E. of Troy Mass  
Funeral Services at Home  
Time of Funeral Services \_\_\_\_\_  
Clergyman Rev. Sapp  
Certifying Physician \_\_\_\_\_  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Date of Death Oct 11-1918  
Occupation of the Deceased Farmer  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged 66 Years, 11 Months, 25 Days  
Birth Place \_\_\_\_\_  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant \_\_\_\_\_  
Address \_\_\_\_\_  
Body to be shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin Steel Eliptic  
Manufactured by Springfield Met. Co.  
Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at Mt Olive Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

**NAMES OF PALLBEARERS**

\_\_\_\_\_

**ITEMIZED CHARGES**

Price of Casket or Coffin	\$ 225.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	
NAMES OF NEWSPAPERS	
Flowers <u>yellow 7.50 spray</u>	12.50
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	252.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ 252.50

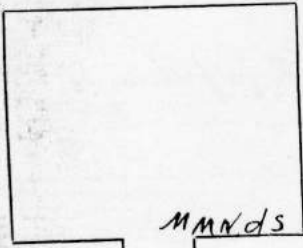
Oct 12-19 Credits Cash for flowers 7.50  
" 16 Cash 245.00  
252.50

# Record of Funeral

No. \_\_\_\_\_ Date Oct 11-1918 19\_\_\_\_  
 Name of the Deceased Silas Gelia Jummerman Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Oct 13-1918  
 Place of Death Troy Kansas  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Oct 11-1919  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 29 Years, 1 Months, 6 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Steel Grey B.C.  
 Manufactured by Globe  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Anne Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 170.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$	15.00
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

### NAMES OF NEWSPAPERS

Flowers	7.00
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill	207.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

Oct 28 Credits cash 207.00

No. \_\_\_\_\_  
 Name of the Deceased Asa  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Oct 2  
 Place of Death Brem  
 Funeral Services at gra  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Imm  
 Date of Death Oct  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 29 Years  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or \_\_\_\_\_  
 Manufactured by Pa  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at M  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

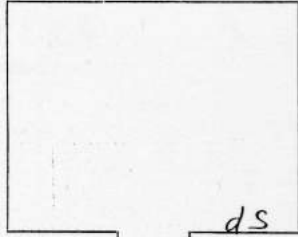
Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No.                      Date Oct. 20 - 1918 19 18  
 Name of the Deceased Asa Elmer Jones Sex M. Color W.  
 Charge to                      Order given by                     

How Secured                       
 Date of Funeral Oct 20 - 1918  
 Place of Death Bremner Maus  
 Funeral Services at grave  
 Time of Funeral Services                       
 Clergyman                       
 Certifying Physician                       
 His Residence                       
 Number of Burial Certificate                       
 Cause of Death Influenza  
 Date of Death Oct 20 - 1918  
 Occupation of the Deceased                       
 Single, Married, Divorced                      Religion                       
 Aged 29 Years, 7 Months, 28 Days  
 Birth Place                       
 Father                       
 Birth Place                       
 Maiden Name of Mother                       
 Birth Place                       
 Name of Husband                       
 Name of Wife                       
 Informant                       
 Address                       
 Body to be shipped to                       
 Size and Style of Casket or Coffin Black B.C.  
 Manufactured by Point  
 Metallic Lining                       
 Outside Box                       
 Number of Handles                       
 Interment at Mt Olive Cemetery  
 Lot or Grave No.                      Section No.                     



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks:                     

NAMES OF PALLBEARERS                     

ITEMIZED CHARGES		Amount
Price of Casket or Coffin		\$ 75.00
“ Metallic Lining		
“ Outside Box		
“ Grave Vault		
“ Burial Robe		15.00
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with <u>Fluid</u> )		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$ <u>                    </u>		
Hearse		
Wagon Deliveries		
Death Notices in <u>Personal service</u> Newspapers		5.00
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill <u>95.00</u>		
By Amount Paid in Advance <u>                    </u>		
Balance <u>                    </u>		
Entered into Ledger, page <u>                    </u> or below <u>                    </u>		

Total Debit		Amount
Jan 1	Credits <u>Carth</u>	95.00
Total Debit		\$ <u>                    </u>

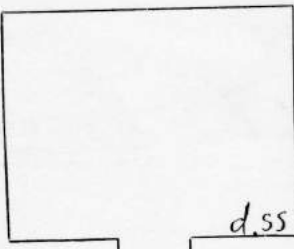
Fluid) 1.50  
1.70  
15.00  
7.00  
207.00  
207.00

# Record of Funeral

No. \_\_\_\_\_ Date Oct 21 - 1918 19\_\_\_\_  
 Name of the Deceased Opal L. Noyes Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Oct. 21 - 1918  
 Place of Death St Joseph Ms  
 Funeral Services at Noyes Home, Troy  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev Sapp  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Influenza  
 Date of Death Oct 18 - 1918  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 28 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin A.B.C  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS. \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	-\$	
“ Metallic Lining	-	
“ Outside Box	-	
“ Grave Vault	-	
“ Burial Robe	-	
“ Burial Slippers and Hose	-	
Engraving Plate	-	
Embalming Body (with _____ Fluid)	-	
Washing and Dressing	-	
Shaving	-	
Disinfecting Rooms	-	
Use of Catafalque and Drapery	-	
Use of Folding Chairs	-	
Use of Candelabrum	-	
Candles	-	
Gloves	-	
Crepe	-	
Telephone	-	
Telegraph	-	
Number of Carriages @ \$		15.00
Hearse	-	
Wagon Deliveries	-	
Death Notices in _____ Newspapers	-	

### NAMES OF NEWSPAPERS

Flowers	-	
Outlay for Lot	-	
Opening Grave	-	
Lining Grave	-	3.50
Shipping Charges, prepaid	-	
Removal Charges	-	
Cremation Charges	-	
<u>Personal services</u>		5.00

Total Footing of Bill		23.50
By Amount Paid in Advance	-	
Balance	-	
Entered into Ledger, page _____ or below		
Total Debit	-	\$

Oct 22 Credits cash 23.50

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_

(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS. \_\_\_\_\_



# Record of Funeral

No. \_\_\_\_\_ Date Nov. 6-1918 19\_\_\_\_  
 Name of the Deceased Shrilda Jane Harger Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to Estate Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Nov. 10-1918  
 Place of Death Prophets  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev Sapp  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Nov. 6-1918  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 68 Years, 11 Months, 18 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 1913 Stat  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 (Diagram of Lot) Mys, SX  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.  
 Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 145.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	15.00
Wagon Deliveries	
Death Notices in Newspapers	12.5
NAMES OF NEWSPAPERS	
Flowers	2.50
Outlay for Lot	
Opening Grave	
Lining Grave	4.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>1/2 yd Crepe</u>	1.00
Total Footing of Bill	184.25
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

Nov. 22 Credits Ch. 184.25

No. \_\_\_\_\_ Name of the Deceased \_\_\_\_\_  
 Charge to City of  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Inf  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 27 Years \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at M  
 Lot or Grave No. \_\_\_\_\_  
 (Diagram of Lot) \_\_\_\_\_  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.  
 Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



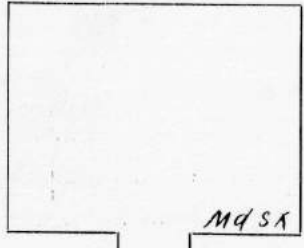
# Record of Funeral

-1918 19  
Color

No. \_\_\_\_\_ Date Nov. 12-1918 19  
Name of the Deceased Walter Lee Ayers Sex \_\_\_\_\_ Color \_\_\_\_\_  
Charge to City of Troy Order given by \_\_\_\_\_

CHARGES	\$ 145.00
Fluid	15.00
	1.25
	2.50
	4.50
	1.00
	<u>184.25</u>
or below	
	184.25

How Secured \_\_\_\_\_  
Date of Funeral Nov. 13-1918  
Place of Death Troy, Kans.  
Funeral Services at Home  
Time of Funeral Services \_\_\_\_\_  
Clergyman Rev. Adams  
Certifying Physician \_\_\_\_\_  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death Influenza Pneumonia  
Date of Death Nov. 12-1918  
Occupation of the Deceased City Marshal  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged 27 Years, 6 Months, 24 Days  
Birth Place \_\_\_\_\_  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant \_\_\_\_\_  
Address \_\_\_\_\_  
Body to be shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin Esrey Cape  
Manufactured by \_\_\_\_\_  
Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at St. Olive Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 46.40
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill 61.40  
By Amount Paid in Advance \_\_\_\_\_  
Balance \_\_\_\_\_  
Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_  
Total Debit \_\_\_\_\_

Dec 7 Credits City of Troy 61.40

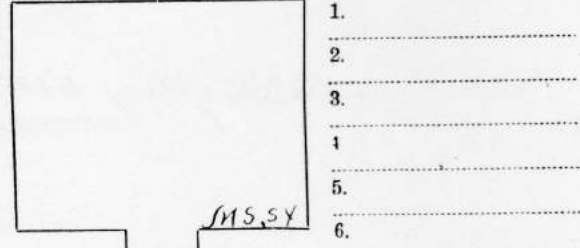
# Record of Funeral

No. \_\_\_\_\_ Date Nov. 19-1918 19\_\_\_\_  
 Name of the Deceased Emily J. Shultz Sex F. Color W.  
 Charge to \_\_\_\_\_ Order given by O. G. Stearns

How Secured \_\_\_\_\_  
 Date of Funeral Nov. 19 1918  
 Place of Death \_\_\_\_\_  
 Funeral Services at Home of O. G. Stearns  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Nov. 16-1918  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Puroto Cemetery Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. 1/2 mi. west of O. G. Stearns

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ _____
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	_____
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse <u>To Borden's America 15</u>	<u>25.00</u>
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
<u>Personal Services</u>	<u>5.00</u>
Total Footing of Bill	<u>30.00</u>
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_

(Diagram of Lot)  
 Designate all Graves  
 mark space for this  
 Designate place for  
 Use space to the  
 in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

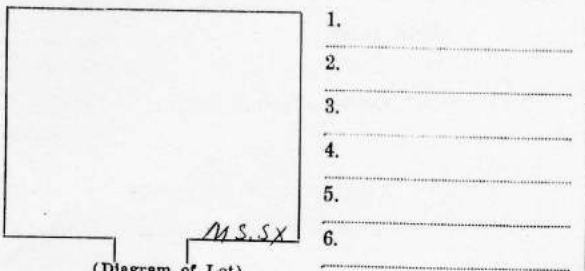
# Record of Funeral

19-1918 19  
Color W

No. \_\_\_\_\_ Date Nov. 20 - 1918 19  
Name of the Deceased Wm Leonard Sutton Sex M. Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

D CHARGES	
Fluid)	
Emeral 15	25.00
Wspapers	
PAPERS	
	5.00
	30.00
or below	
	30.00

How Secured \_\_\_\_\_  
 Date of Funeral Nov. 21 - 1918  
 Place of Death North of Troy  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Adams  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Flu Pneumonia  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 18 Years, 7 Months, 12 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin B.B.C Steel  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 50.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill 75.00  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below

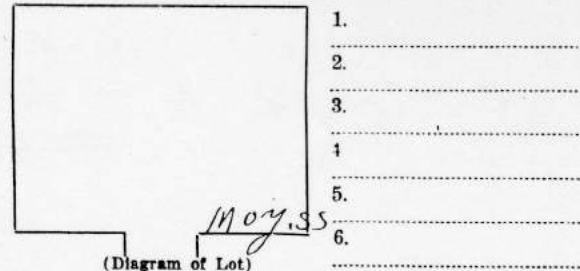
Total Debit \$ \_\_\_\_\_  
 Nov. 30 Credits cash 75.00

# Record of Funeral

No. \_\_\_\_\_ Date Dec 1-1918 19\_\_\_\_  
 Name of the Deceased Grace Bertha Huss Sex F Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec 4-1918  
 Place of Death Troy Mass  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev Sapp  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Phis Pneumonia  
 Date of Death Dec 1-1918  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 25 Years, 9 Months, 15 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to Fairbury Neb.  
 Size and Style of Casket or Coffin Lavan der beef couch  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Fairbury Neb. Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 175.00
“ Metallic Lining	.....
“ Outside Box	.....
“ Grave Vault	.....
“ Burial Robe	.....
“ Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with Fluid)	15.00
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$	.....
Hearse <u>to home</u>	5.00
Wagon Deliveries	.....
Death Notices in Newspapers	.....

### NAMES OF NEWSPAPERS

Flowers	25.00
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....

Total Footing of Bill	220.00
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....
Total Debit	\$

Dec 12 Credits check 220.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured Co  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the \_\_\_\_\_  
 Single, Married, \_\_\_\_\_  
 Aged 36  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped \_\_\_\_\_  
 Size and Style of \_\_\_\_\_  
P.P.C.  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Hand \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

1918 19  
Color

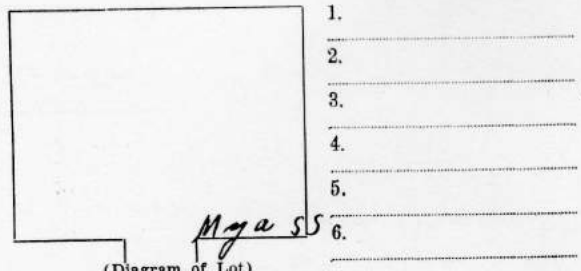
No. \_\_\_\_\_ Date Dec 4 1918  
Name of the Deceased Mr Edward Abbott Sex M Color \_\_\_\_\_

Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES	
#	175.00
Fluid	15.00
@ #	5.00
SPAPERS	
APERS	25.00
or below	
ch	220.00

How Secured Called from Hospital  
 Date of Funeral Dec 4 - 1918  
 Place of Death Hospital St Joseph  
 Funeral Services at Home of Mother  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev Sapp  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Dec 2 - 1918  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 36 Years, 2 Months, 8 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Octagon  
A.B.C.  
 Manufactured by Pond  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Cortis Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	# 95.00
" Metallic Lining	
" Outside Box	
" Grave Vault	125.00
" Burial Robe	
" Burial Slippers and Hose <u>none</u>	50
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <u>from St Joseph</u>	15.00
Wagon Deliveries <u>to home &amp; funeral</u>	20.00
Death Notices in _____ Newspapers	1.00
<u>suit pressed</u>	
NAMES OF NEWSPAPERS	
Flowers <u>death</u>	7.50
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>sheet</u>	1.50
<u>welch</u>	20
Total Footing of Bill	280.70
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	#



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

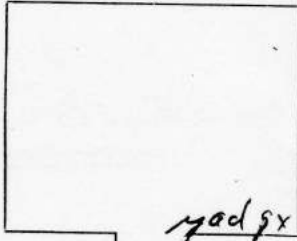
Ch 10 Credits Cash By adm. 280.70

# Record of Funeral

No. \_\_\_\_\_ Date Dec 5 1918  
 Name of the Deceased Amelia Maud Stearns Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec 5 - 1918  
 Place of Death At Home of O. F. Stearns  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Dec 3 - 1918  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 69 Years, 4 Months, 11 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin  
Surey Oak half Couch  
 Manufactured by Des Moines  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Private Cemetery  
 Lot or Grave No. 2 Section No. O. F. Stearns



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - \$	275.00
" Metallic Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	- - - -	125.00
" Burial Robe	- - - -	
" Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)	- - - -	15.00
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$ _____	- - - -	
Hearse <u>Horse drawn</u>	- - - -	10.00
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	

### NAMES OF NEWSPAPERS

Flowers	- - - -	
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	

Total Footing of Bill	- - - -	425.00
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below	- - - -	
Total Debit	- - - - \$	

Jan 22 Credits Cash 425.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 46 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

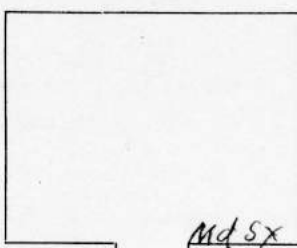
# Record of Funeral

1918  
Color *W*

No. *21* Date *Dec 5-1918* 19  
Name of the Deceased *Caroline M Brewster* Sex *F* Color  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES	
\$	275.00
	125.00
Fluid)	15.00
	10.00
	425.00
	425.00

How Secured *Shipped from Dofekau*  
 Date of Funeral *Dec 5-1918*  
 Place of Death *Dofekau Kans*  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged *46* Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at *Mt Olive* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

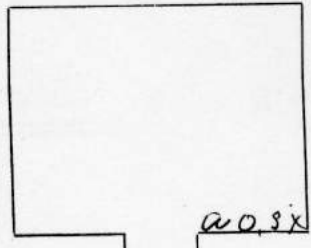
ITEMIZED CHARGES	
Price of Casket or Coffin	\$
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries <i>Bot to Cemetery</i>	17.50
Death Notices in _____ Newspapers	
<i>Personal services</i>	10.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	26.25
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

*Jan 9* Credits *Ch* 26.25

# Record of Funeral

No. \_\_\_\_\_ Date Dec 17 1918  
 Name of the Deceased David K. Gingrich Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec 17 - 1918  
 Place of Death \_\_\_\_\_  
 Funeral Services at Home of Jot. Dittmose  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Luff  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 76 Years, \_\_\_\_\_ Months, 28 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin B. Broadcloth  
Pound  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	.....	\$	95.00
" Metallic Lining	.....		
" Outside Box	.....		
" Grave Vault	.....		
" Burial Robe <u>suit</u>	.....		15.00
" Burial Slippers and Hose	.....		
Engraving Plate	.....		
Embalming Body (with _____ Fluid)	.....		15.00
Washing and Dressing	.....		
Shaving	.....		
Disinfecting Rooms	.....		
Use of Catafalque and Drapery	.....		
Use of Folding Chairs	.....		
Use of Candelabrum	.....		
Candles	.....		
Gloves	.....		
Crepe	.....		
Telephone	.....		
Telegraph	.....		
Number of Carriages @ \$ _____	.....		15.00
Hearse	.....		
Wagon Deliveries	.....		
Death Notices in _____ Newspapers	.....		
NAMES OF NEWSPAPERS			
Flowers	.....		10.00
Outlay for Lot	.....		
Opening Grave	.....		
Lining Grave	.....		4.50
Shipping Charges, prepaid	.....		
Removal Charges	.....		
Cremation Charges	.....		
Total Footing of Bill			154.50
By Amount Paid in Advance			
Balance			
Entered into Ledger, page _____ or below			
Total Debit		\$	

Dec. 19 Credits cash 154.50

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Dec 17  
 Place of Death Home of Jot. Dittmose  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 76 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_



# Record of Funeral

17 1918  
Color *W*

No. \_\_\_\_\_ Date December 28 1918  
Name of the Deceased Alice May Moppis Sex W Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 95.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	15.00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	10.00
Death Notices in Newspapers	
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	65.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$
Credits	
<i>Jan 2 1919 Cash</i>	65.00

How Secured \_\_\_\_\_  
 Date of Funeral Dec 28-1918  
 Place of Death Tray Junction  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 57 Years, 8 Months, 20 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Blk Crepe  
 Manufactured by Prind  
 Metallie Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Fanning Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

053X

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Jan 1 1919  
 Name of the Deceased Mary Elizabeth Nelson Sex F Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

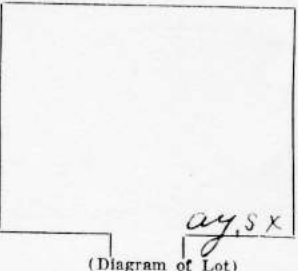
How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death Home of J.P. Gummerson  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev Sapp  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Dec 31-1918  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 86 Years, 3 Months, 3 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to Missouri  
 Size and Style of Casket or Coffin Steel Lvr. Case Batesville  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 75.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$	_____
Hearse	10.00
Wagon Deliveries	_____
Death Notices in Newspapers	_____

NAMES OF NEWSPAPERS	
Flowers	6.60
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill 126.60  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Total Debit \$ \_\_\_\_\_  
Jan 4 Credits Cash 126.60

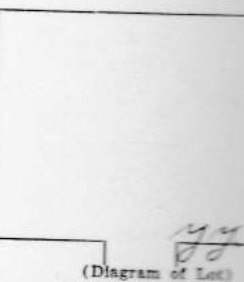


Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Plus  
 Date of Death Jan  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 35 Years  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt O  
 Lot or Grave No. \_\_\_\_\_



Designate all Graves in Lot mark space for this Funeral with a cross (+).  
 Designate place for Monument  
 Use space to the right of Diagram in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Jan 2 - 1919 19\_\_  
 Name of the Deceased John Lewis Medsker Sex M Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

ED CHARGES	
	\$ 9.50
Hose	
Fluid	15.00
Drapery	
at \$	10.00
Newspapers	
PAPERS	6.60
126.60	
or below	
\$	
126.60	

How Secured \_\_\_\_\_  
 Date of Funeral Jan 2 - 1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Supp.  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pls Pneumonia  
 Date of Death Jan 1 - 1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 35 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Blk Crepe  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Clare Cemetery \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

yysx

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 50.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	50.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	
Total Debit	\$
Jan 21 Credits <u>Ch</u>	20.40
Jan 21 " "	2.00
" 24 " "	27.60
	50.00

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Jan 10 1919  
 Name of the Deceased John Hantzenrader Sex M Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

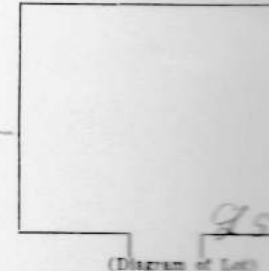
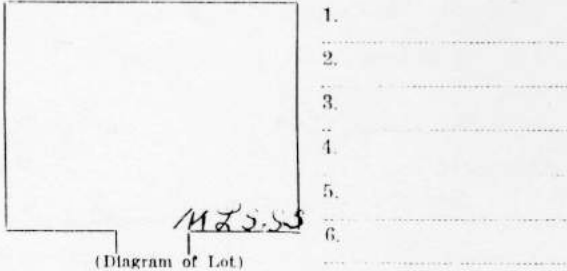
How Secured \_\_\_\_\_  
 Date of Funeral Jan 10 - 1919  
 Place of Death Home east of Prag  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Adams  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan 14 - 1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 52 Years, 9 Months, 27 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 155.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe <u>shirt</u>	1.50
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	10.00
Wagon Deliveries	_____
Death Notices in <del>_____</del> Newspapers	1.25

How Secured \_\_\_\_\_  
 Date of Funeral Jan  
 Place of Death Home  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 28 Years  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

NAMES OF NEWSPAPERS	
Flowers	8.00
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	4.50
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	195.25
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

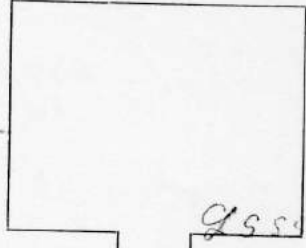
# Record of Funeral

16 1919  
Color

No. \_\_\_\_\_ Date Jan 17-1919 19  
Name of the Deceased Hester Ellen Zimmermann Sex M. Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES	
\$	155.00
Hose	1.50
Fluid	15.00
newspapers	1.25
PAPERS	8.00
	4.50
	195.25
or below	
	195.25

How Secured \_\_\_\_\_  
 Date of Funeral Jan 17-1919  
 Place of Death 1 mile N.E. of Sparks  
 Funeral Services at Sparks  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 28 Years, 5 Months, 10 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Crepe  
 Manufactured by Point  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Internment at Sparks Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 65.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$	_____
Hearse	10.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill	90.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____
Jan 27 1919 Credits	50.00

# Record of Funeral

No. \_\_\_\_\_ Date Jan 22 - 1919  
 Name of the Deceased John Joseph Funicane Sex M. Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

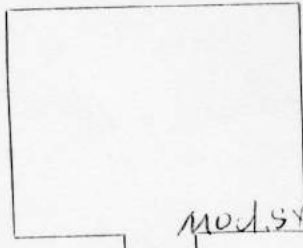
No. \_\_\_\_\_  
 Name of the Deceased John Joseph Funicane  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 22 - 1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at Catholic Church  
 Time of Funeral Services 7:15  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan 19 - 1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 36 Years, 11 Months, 25 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Oak State  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 160.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	18.00
“ Burial Slippers and Hose	3.50
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$	10.00
Hearse	3.00
Wagon Deliveries <u>cash</u>	_____
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS	
Flowers <u>Wentworth</u>	16.00
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	4.50
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill	230.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____
<u>Jan 24 Credits</u> <u>check</u>	214.00
<u>cash</u>	16.00
	230.00

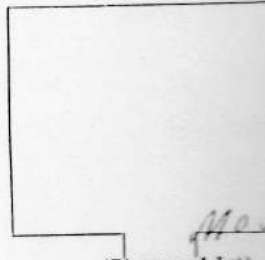


Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 22  
 Place of Death \_\_\_\_\_  
 Funeral Services at St. Olive  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman P. W. ...  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan 19  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 36 Years, 11 Months, 25 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive  
 Lot or Grave No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.) and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

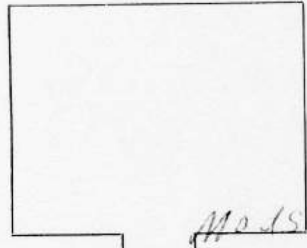
# Record of Funeral

1919  
Color

No. \_\_\_\_\_ Date Jan 29-1919 19  
Name of the Deceased Alice Robertson Sex F Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

ARGES	\$	160.00
		18.00
		3.50
Fluid		15.00
		10.00
		3.00
papers		
		16.00
		4.50
		230.00
or below		
		214.00
		1.00
		.00
		230

How Secured \_\_\_\_\_  
 Date of Funeral Jan 29-1919  
 Place of Death Poplar Hill  
 Funeral Services at W.C. Church Bldg  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. J. J. Jones  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan 27-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 57 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at McClure Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	100.00
Wagon Deliveries <u>Bob</u>	1.00
Death Notices in _____ Newspapers	
<u>Personal services</u>	5.00
NAMES OF NEWSPAPERS	
Flowers	8.00
Outlay for Lot	
Opening Grave	
Lining Grave	4.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	28.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$
<u>Feb 5</u> Credits <u>cash</u>	28.50

# Record of Funeral

No. \_\_\_\_\_ Date Jan 27-1914 19\_\_\_\_  
 Name of the Deceased Etis Preston Thornton Sex M. Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 27-14  
 Place of Death \_\_\_\_\_  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev Supp  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan 27-1914  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Carter Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 (Diagram of Lot) dx  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.  
 Remarks: \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 17.50
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	3.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill 20.50  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Total Debit \$ \_\_\_\_\_  
Jan 20 Credits cash 20.50

NAMES OF PALLBEARERS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased Edo  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Jan  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Phu  
 Date of Death Jan  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 29 Years  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by Pos  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at M  
 Lot or Grave No. \_\_\_\_\_  
 (Diagram of Lot) dx  
 Designate all Graves in Lot with mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.  
 Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# Record of Funeral

9-1919 19  
Color

No. \_\_\_\_\_ Date Jan 30 1919  
Name of the Deceased Ida Olga Stephart Sex \_\_\_\_\_ Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

### ED CHARGES

and Hose \_\_\_\_\_ \$ 1.75

Fluid) \_\_\_\_\_

rapery \_\_\_\_\_

@ \$ \_\_\_\_\_

Newspapers \_\_\_\_\_

SPAPERS 3.00

aid \_\_\_\_\_

ance \_\_\_\_\_

ge or below \_\_\_\_\_

cash 20.50

How Secured \_\_\_\_\_

Date of Funeral Jan 30 - 1919

Place of Death \_\_\_\_\_

Funeral Services at Home

Time of Funeral Services \_\_\_\_\_

Clergyman Rev Sapp

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

His Residence \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_

Cause of Death Phu Pneumonia

Date of Death Jan 29 - 1919

Occupation of the Deceased \_\_\_\_\_

Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_

Aged 29 Years, 9 Months, 6 Days

Birth Place \_\_\_\_\_

Father \_\_\_\_\_

Birth Place \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birth Place \_\_\_\_\_

Name of Husband \_\_\_\_\_

Name of Wife \_\_\_\_\_

Informant \_\_\_\_\_

Address \_\_\_\_\_

Body to be shipped to \_\_\_\_\_

Size and Style of Casket or Coffin Grey Crepe

Manufactured by Reid

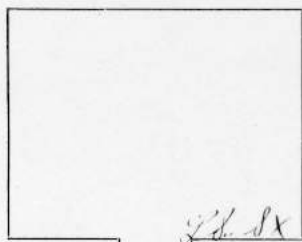
Metallic Lining \_\_\_\_\_

Outside Box \_\_\_\_\_

Number of Handles \_\_\_\_\_

Interment at Mt Olive Cemetery

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS: \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$ 65.00

" Metallic Lining - - - - \_\_\_\_\_

" Outside Box - - - - \_\_\_\_\_

" Grave Vault - - - - \_\_\_\_\_

" Burial Robe - - - - \_\_\_\_\_

" Burial Slippers and Hose - - - - \_\_\_\_\_

Engraving Plate - - - - \_\_\_\_\_

Embalming Body (with \_\_\_\_\_ Fluid) \_\_\_\_\_

Washing and Dressing - - - - 5.00

Shaving - - - - \_\_\_\_\_

Disinfecting Rooms - - - - \_\_\_\_\_

Use of Catafalque and Drapery - - - - \_\_\_\_\_

Use of Folding Chairs - - - - \_\_\_\_\_

Use of Candelabrum - - - - \_\_\_\_\_

Candles - - - - \_\_\_\_\_

Gloves - - - - \_\_\_\_\_

Crepe - - - - \_\_\_\_\_

Telephone - - - - \_\_\_\_\_

Telegraph - - - - \_\_\_\_\_

Number of Carriages @ \$ \_\_\_\_\_

Hearse - - - - 10.00

Wagon Deliveries - - - - \_\_\_\_\_

Death Notices in \_\_\_\_\_ Newspapers - - - - \_\_\_\_\_

### NAMES OF NEWSPAPERS

Flowers \_\_\_\_\_ 2.00

Outlay for Lot - - - - \_\_\_\_\_

Opening Grave - - - - \_\_\_\_\_

Lining Grave - - - - \_\_\_\_\_

Shipping Charges, prepaid - - - - \_\_\_\_\_

Removal Charges - - - - \_\_\_\_\_

Cremation Charges - - - - \_\_\_\_\_

Total Footing of Bill - - - - 82.00

By Amount Paid in Advance - - - - \_\_\_\_\_

Balance - - - - \_\_\_\_\_

Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

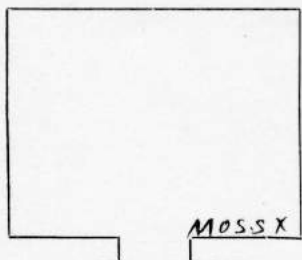
Total Debit - - - - \$ \_\_\_\_\_

Credits 82.00

# Record of Funeral

No. \_\_\_\_\_ Date Jan 30-1919 19\_\_\_\_  
 Name of the Deceased Mert G Keller Sex M Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 30-1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan 29-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 29 Years, 9 Months, 6 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Ensb. Plush  
Paid  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Fanning Co. Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 165.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	200.00
“ Burial Slippers and Hose	32.50
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	12.50
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS	
Flowers	47.50
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill	220.60
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

Cash 5 Credits cash 220.60

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 14 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

1919 19  
Color

No. \_\_\_\_\_ Date Feb. 20-1919 19  
Name of the Deceased Oscar Wm Wollnick Sex M Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES

\$ 165.00

200.00

32.5

Fluid) 15.00

@ \$ 12.50

papers

ERS

4.75

220.60

or below

\$ 220.60

How Secured \_\_\_\_\_

Date of Funeral Feb. 20-1919

Place of Death \_\_\_\_\_

Funeral Services at St. Luther's Church

Time of Funeral Services \_\_\_\_\_

Clergyman \_\_\_\_\_

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

His Residence \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_

Cause of Death Flu Pneumonia

Date of Death Feb. 16-1919

Occupation of the Deceased \_\_\_\_\_

Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_

Aged 14 Years, \_\_\_\_\_ Months, 21 Days

Birth Place \_\_\_\_\_

Father \_\_\_\_\_

Birth Place \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birth Place \_\_\_\_\_

Name of Husband \_\_\_\_\_

Name of Wife \_\_\_\_\_

Informant \_\_\_\_\_

Address \_\_\_\_\_

Body to be shipped to \_\_\_\_\_

Size and Style of Casket or Coffin Emb. Oak Schino

Manufactured by Des.

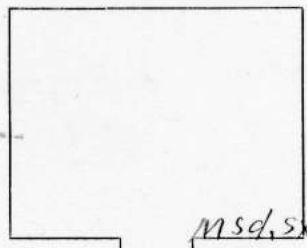
Metallic Lining \_\_\_\_\_

Outside Box \_\_\_\_\_

Number of Handles \_\_\_\_\_

Interment at German Lutheran Cemetery

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 135.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse - <u>H. S.</u>	10.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	5.00
Outlay for Lot	8.00
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	173.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

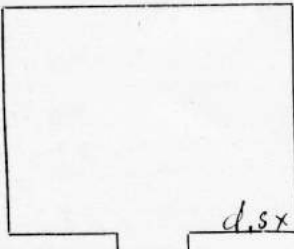
Apr 3 Credits <u>ek</u>	40.00
" 19 " "	133.00
	173.00

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Feb. 23 1919 19\_\_  
 Name of the Deceased Bertha Catherine Dren Sex F. Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral 2-23-1919  
 Place of Death Proy Jet.  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Quamblay  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death 2-22-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 1 Years, 7 Months, 11 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Plush  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Anne Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 25.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	5.00
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS

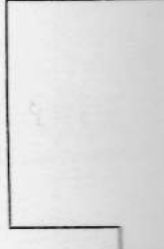
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	40.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
<b>Total Debit</b>	<b>\$</b>

Feb. 26 Credits Cash 40.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

23-1919 19  
Color

No. \_\_\_\_\_  
Name of the Deceased Johnny Lee Riddle Date Feb. 23-1919 19  
Charge to \_\_\_\_\_ Sex M. Color \_\_\_\_\_

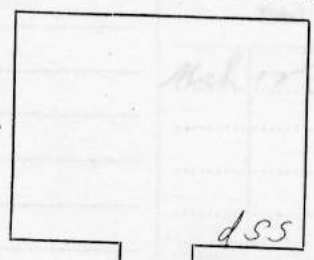
Order given by \_\_\_\_\_

### ADDED CHARGES

Fluid	25.00
Fluid	5.00
Fluid	4.00
Fluid	40.00

How Secured \_\_\_\_\_  
 Date of Funeral 2-24-1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Plush  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Murray Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	15.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

### NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

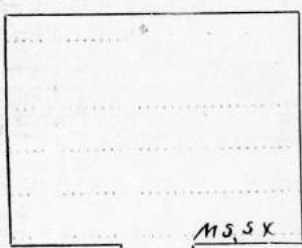
Total Footing of Bill	15.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	

Feb. 23 Credits cash 15.00

# Record of Funeral

No. 81 Date 2-28-1919 1919  
 Name of the Deceased Ida E Whittaker Sex F Color White  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Feb. 28-1919  
 Place of Death St Joseph's M.  
 Funeral Services at Home of Whittaker  
 Time of Funeral Services in P.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Feb. 23-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 48 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

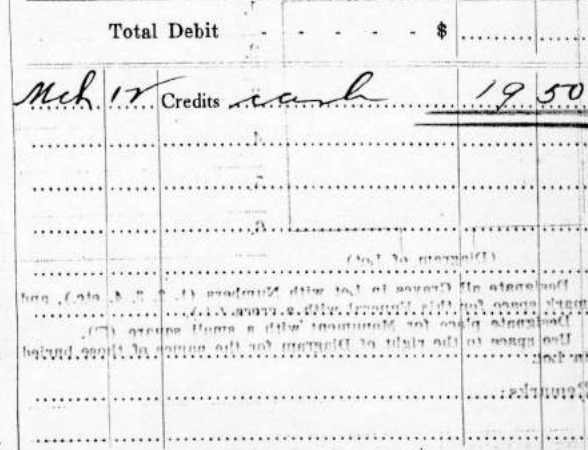


(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin	- - - -	\$
" Metallic Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	- - - -	
" Burial Robe	- - - -	
" Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)	- - - -	
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$		
Hearse	- - - -	10.00
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers		
<u>Personal services</u>		5.00
NAMES OF NEWSPAPERS		
Flowers	- - - -	
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	4.50
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	
Total Footing of Bill	- - - -	19.50
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below		
Total Debit	- - - -	\$
<u>McK. 17</u> Credits <u>cash</u>		19.50



NAMES OF PALLBEARERS \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 80 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.) and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

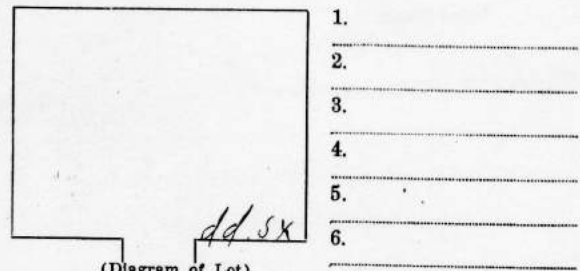
1919 19  
 Color  
 Charge to  
 RGES  
 How Secured  
 Date of Funeral  
 Place of Death  
 Funeral Services at  
 Time of Funeral Services  
 Clergyman  
 Certifying Physician  
 His Residence  
 Number of Burial Certificate  
 Cause of Death  
 Date of Death  
 Occupation of the Deceased  
 Single, Married, Divorced  
 Aged  
 Birth Place  
 Father  
 Birth Place  
 Maiden Name of Mother  
 Birth Place  
 Name of Husband  
 Name of Wife  
 Informant  
 Address  
 Body to be shipped to  
 Size and Style of Casket or Coffin  
 Manufactured by  
 Metallic Lining  
 Outside Box  
 Number of Handles  
 Interment at  
 Lot or Grave No.  
 \$ 10.00  
 \$ 5.00  
 \$ 4.50  
 \$ 19.50  
 \$ 19.50

No. \_\_\_\_\_ Date March 7 1919  
 Name of the Deceased Rachel C. Ford Sex F Color \_\_\_\_\_  
 Charge to Estate Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral 3-7-1919  
 Place of Death Proy Kansas  
 Funeral Services at Christ Church  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev Saff  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Mch. 4-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 80 Years, \_\_\_\_\_ Months, 6 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Crepe  
 Manufactured by Row 4  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt. Carmel Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	<u>entire bill</u> 105.00
Metallie Lining	_____
Outside Box	_____
Grave Vault	_____
Burial Robe	_____
Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	_____
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	105.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	_____



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

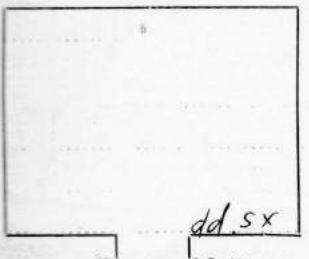
Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. 51 Date March 6-1920  
 Name of the Deceased Andrew Mayer Sex M Color White  
 Charge to Estate Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March 6-1920  
 Place of Death Home S of Prog.  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death March 5-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 70 Years, 8 Months, 14 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin B.B.  
 Manufactured by Pond  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at McAulie Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin		\$ 75.00
" Metallic Lining		
" Outside Box		
" Grave Vault		
" Burial Robe		
" Burial Slippers and Hose		2.50
Engraving Plate <u>underneath shoe collar and shirt</u>		8.00
Embalming Body (with _____ Fluid)		5.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		10.00
Hearse		
Wagon Deliveries		
Death Notices in _____ Newspapers		

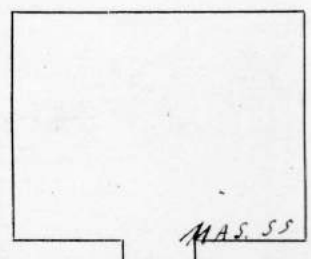
NAMES OF NEWSPAPERS		
Flowers		6.95
Outlay for Lot		
Opening Grave		
Lining Grave		4.50
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		

Total Footing of Bill	105.65
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

McAulie Credits cash 105.65

No. \_\_\_\_\_  
 Name of the Deceased Leif  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March  
 Place of Death Home of Ma  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. G.  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Mar.  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 75 Years, 7 \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at McAulie Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_



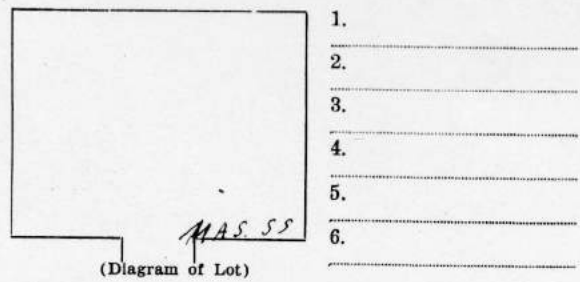
# Record of Funeral

No. \_\_\_\_\_ Date March 13 - 1919 19  
 Name of the Deceased Euphemia Beugh Sex F Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March 13 - 1919  
 Place of Death Home of Mary C. Townsend  
 Funeral Services at " " " "  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Adams  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death March 11 - 1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 75 Years, 7 Months, 27 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin A.B.C. State  
Paint  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 250.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	12.00
Burial Slippers and Hose	1.50
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	15.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	6.95
Outlay for Lot	
Opening Grave	
Lining Grave	4.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>2 in lumber</u>	2.30
<b>Total Footing of Bill</b>	<b>306.65</b>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
<b>Total Debit</b>	<b>\$ _____</b>



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

Date March 13-1919 19  
 Name of the Deceased Lida Ann Kloepfer Sex F Color \_\_\_\_\_  
 Order given by \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased Mary E. [unclear]  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral 3-13-19  
 Place of Death \_\_\_\_\_  
 Funeral Services at Home of Frank Ketch  
 Name of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death March 12-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 6 Years, 9 Months, 20 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 30.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	_____
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

How Secured \_\_\_\_\_  
 Date of Funeral 3-26  
 Place of Death Home of [unclear]  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death March 27  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 77 Years  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb.  
 Manufactured by Pond  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at My Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

NAMES OF NEWSPAPERS	
Flowers	3.30
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	33.30
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	_____

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at My Olive  
 Lot or Grave No. \_\_\_\_\_

MSJX

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

March 15 Credits cash 33.00

My Olive

(Diagram of Lot)

Designate all Graves in Lot with mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram in Lot.

Remarks: \_\_\_\_\_

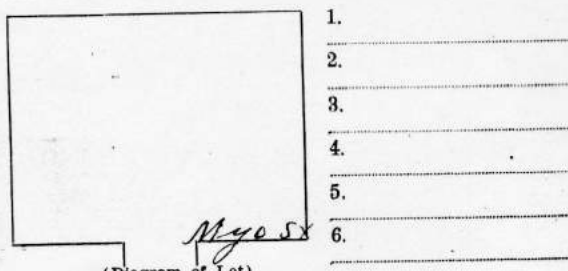
NAMES OF PALLBEARERS \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date March 26 1919  
 Name of the Deceased Mary Elizabeth Swisher Sex F Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral 3-26-19  
 Place of Death Home of Hy. Calman  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Mch. 24-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 77 Years, \_\_\_\_\_ Months, 9 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Plush  
 Manufactured by Dec.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 165.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	10.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

### NAMES OF NEWSPAPERS

Flowers	5.35
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	4.50
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill	199.85
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

Mch 27 Credits cash 199.85

30.00

3.30

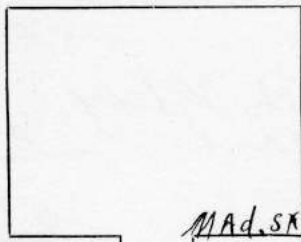
33.30

33.00

# Record of Funeral

No. \_\_\_\_\_ Date April 3-1919 19\_\_  
 Name of the Deceased John Otten Sex M Color \_\_\_\_\_  
 Charge to Estate Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Apr 3-1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Stover  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death April 1-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 89 Years, 11 Months, 17 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Steel Gr. Case  
 Manufactured by Batesville  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 175.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	175.00
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	10.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

### NAMES OF NEWSPAPERS

Flowers	5.50
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill	280.50
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit. \$ \_\_\_\_\_  
 May 20 Credits Ch. 280.50

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

3-1919 19  
Color

No. \_\_\_\_\_ Date April 4-1919 19  
Name of the Deceased Freda Scott Sex F Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES

\$ 125.00

125.00

Fluid) 15.00

@ \$ 10.00

PERS 5.50

280.50

or below

280.50

How Secured \_\_\_\_\_  
 Date of Funeral April 4-1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Duombly  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death April 3-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, 2 Months, 1 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Plush  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Alene Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES

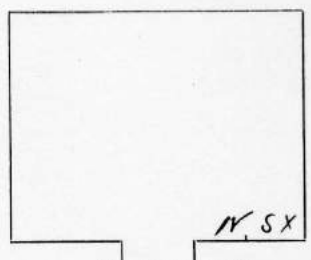
Price of Casket or Coffin - - - - \$ 230.00  
 " Metallic Lining - - - - \_\_\_\_\_  
 " Outside Box - - - - \_\_\_\_\_  
 " Grave Vault - - - - \_\_\_\_\_  
 " Burial Robe - - - - \_\_\_\_\_  
 " Burial Slippers and Hose - - - - \_\_\_\_\_  
 Engraving Plate - - - - \_\_\_\_\_  
 Embalming Body (with \_\_\_\_\_ Fluid)  
 Washing and Dressing - - - - \_\_\_\_\_  
 Shaving - - - - \_\_\_\_\_  
 Disinfecting Rooms - - - - \_\_\_\_\_  
 Use of Catafalque and Drapery - - - - \_\_\_\_\_  
 Use of Folding Chairs - - - - \_\_\_\_\_  
 Use of Candelabrum - - - - \_\_\_\_\_  
 Candles - - - - \_\_\_\_\_  
 Gloves - - - - \_\_\_\_\_  
 Crepe - - - - \_\_\_\_\_  
 Telephone - - - - \_\_\_\_\_  
 Telegraph - - - - \_\_\_\_\_  
 Number of Carriages @ \$ \_\_\_\_\_  
 Hearse - - - - \_\_\_\_\_  
 Wagon Deliveries - - - - \_\_\_\_\_  
 Death Notices in \_\_\_\_\_ Newspapers

NAMES OF NEWSPAPERS

Flowers - - - - 38  
 Outlay for Lot - - - - \_\_\_\_\_  
 Opening Grave - - - - \_\_\_\_\_  
 Lining Grave - - - - \_\_\_\_\_  
 Shipping Charges, prepaid - - - - \_\_\_\_\_  
 Removal Charges - - - - \_\_\_\_\_  
 Cremation Charges - - - - \_\_\_\_\_

Total Footing of Bill - - - - 268  
 By Amount Paid in Advance - - - - \_\_\_\_\_  
 Balance - - - - \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below

Total Debit - - - - \$ \_\_\_\_\_



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

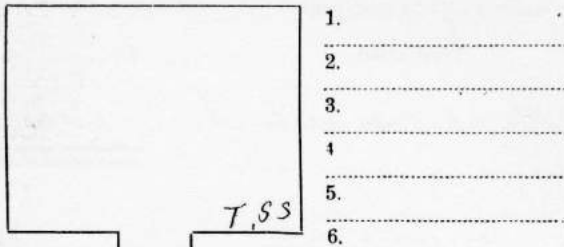
NAMES OF PALLBEARERS \_\_\_\_\_

Apr 4 Credits Ch. J. Scott 38  
 " 25 cash 230  
268

# Record of Funeral

No. \_\_\_\_\_ Date April 23 1919  
 Name of the Deceased Perishing Wesley Baker Sex M Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral April 23-1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death April 22-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, 1 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Fanning Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - \$	<u>70</u>	<u>00</u>
“ Metallic Lining	- - - -		
“ Outside Box	- - - -		
“ Grave Vault	- - - -		
“ Burial Robe	- - - -		
“ Burial Slippers and Hose	- - - -		
Engraving Plate	- - - -		
Embalming Body (with _____ Fluid)	- - - -		
Washing and Dressing	- - - -		
Shaving	- - - -		
Disinfecting Rooms	- - - -		
Use of Catafalque and Drapery	- - - -		
Use of Folding Chairs	- - - -		
Use of Candelabrum	- - - -		
Candles	- - - -		
Gloves	- - - -		
Crepe	- - - -		
Telephone	- - - -		
Telegraph	- - - -		
Number of Carriages @ \$ _____	- - - -		
Hearse	- - - -		
Wagon Deliveries	- - - -		
Death Notices in _____ Newspapers	- - - -		

### NAMES OF NEWSPAPERS

Flowers	- - - -		
Outlay for Lot	- - - -		
Opening Grave	- - - -		
Lining Grave	- - - -		
Shipping Charges, prepaid	- - - -		
Removal Charges	- - - -		
Cremation Charges	- - - -		

Total Footing of Bill	- - - -	<u>90</u>	<u>00</u>
By Amount Paid in Advance	- - - -		
Balance	- - - -		
Entered into Ledger, page _____ or below	- - - -		
Total Debit	- - - - \$		

Credits \_\_\_\_\_

M  
**QUILL**  
 7-28200

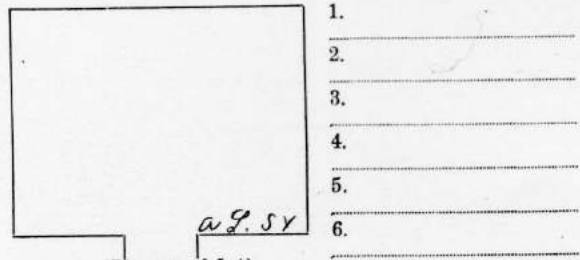
# Record of Funeral

3- 1919  
Color

No. \_\_\_\_\_ Date April 30 1919  
Name of the Deceased Francis McNamee Sex F Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

Fluid) \$ 70.00  
or below \$

How Secured \_\_\_\_\_  
Date of Funeral April 30-1919  
Place of Death \_\_\_\_\_  
Funeral Services at Home  
Time of Funeral Services \_\_\_\_\_  
Clergyman Rev Sapp  
Certifying Physician \_\_\_\_\_  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Date of Death \_\_\_\_\_  
Occupation of the Deceased \_\_\_\_\_  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged 67 Years, 1 Months, 10 Days  
Birth Place \_\_\_\_\_  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant \_\_\_\_\_  
Address \_\_\_\_\_  
Body to be shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin Steel Lsr. Dec  
Manufactured by Patsville  
Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at St. Anne Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 105.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <u>1st</u>	100.00
Wagon Deliveries	
Death Notices in _____ Newspapers	
NAMES OF NEWSPAPERS	
Flowers	5.50
Outlay for Lot	
Opening Grave	
Lining Grave	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	125.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

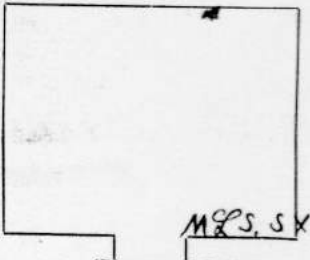
May 1 Credits cash 125.00

# Record of Funeral

No. \_\_\_\_\_ Date May 1-1919 19\_\_\_\_  
 Name of the Deceased Michael Foley Sex M Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral May 1-1919  
 Place of Death Home of John Rowan  
 Funeral Services at Purcell's  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death May April 29-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 89 Years, 1 Months, 17 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Steel Gr. Doe  
 Manufactured by Powd.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Anne Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 175 00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	20 00
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15 00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse <u>Purcell to St. Anne</u>	20 00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill	230 00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

May 15 Credits Cash 230 00

M  
CORQUILL  
7-28200



# Record of Funeral

-1919 19  
Color

No. \_\_\_\_\_ Date May 19-1919 19  
Name of the Deceased Berry Harrison Sittmore Sex M Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES

Fluid	\$ 175.00
	20.00
	15.00
	20.00
	230.00
	230.00

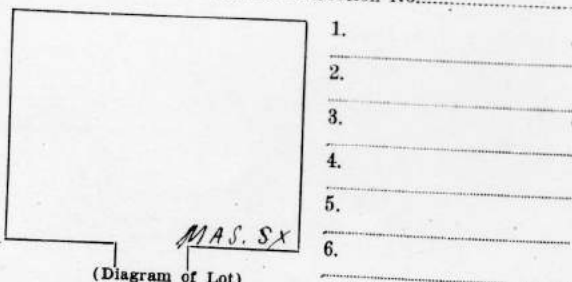
How Secured \_\_\_\_\_  
 Date of Funeral May 19-1919  
 Place of Death Home of Wm Smith, Brox  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev Saff  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death May 17-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 21 Years, 6 Months, 17 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 1 1/2 x 6 x 12  
 Manufactured by Des.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Clair Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 165.00
Metallie Lining	
Outside Box	
Grave Vault	100.00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	1.25

NAMES OF NEWSPAPERS

Flowers	7.30
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	3.50
Removal Charges	
Cremation Charges	
Total Footing of Bill	302.05
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

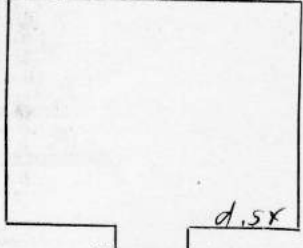
NAMES OF PALLBEARERS: \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date May 30-1919 19\_\_\_\_  
 Name of the Deceased Stattie Isogan Sex F Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral May 30-1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at Baptist Church  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Stanbrough  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death May 25-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 23 Years, 1 Months, 20 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles 12  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$	
“ Metallic Lining		
“ Outside Box		
“ Grave Vault		
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		10.00
Wagon Deliveries <u>Bot Cem.</u>		1.00
Death Notices in _____ Newspapers		
<u>Personal services</u>		5.00
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		16.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$

May 31 Credits cent 16.00

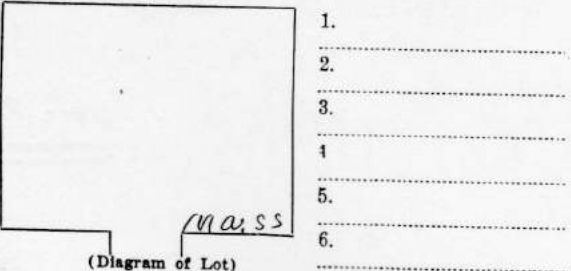
M  
7-28200  
QUILL



# Record of Funeral

No. \_\_\_\_\_ Date July 26-1919 19  
 Name of the Deceased Lawrence Wilber Large Sex M. Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral July 26-1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Remondcamp  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death July 24-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, 9 Months, 6 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Carter Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 25.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	5.00
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	3.5
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	

### NAMES OF NEWSPAPERS

Flowers	4.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	34.35
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

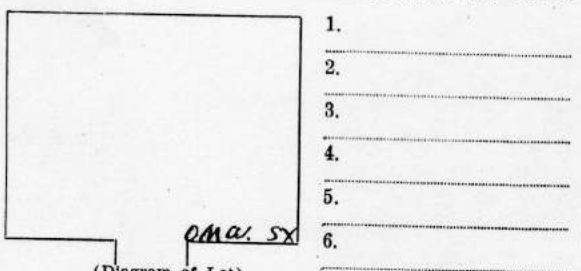
July 29 Credits cash 34.35

M  
7-28200  
QUILL

# Record of Funeral

No. \_\_\_\_\_ Date July 31-1919 19\_\_\_\_  
 Name of the Deceased Henry James Carlson Sex M. Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral July 31-1919  
 Place of Death Home Troy Mo.  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Masons in charge  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death July 29-1919  
 Occupation of the Deceased Editor Troy Chief  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 61 Years, 8 Months, 12 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Spartin Steel State  
sealer  
 Manufactured by Batesville  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Hope Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 450.00
"    Metallic Lining	
"    Outside Box	
"    Grave Vault	
"    Burial Robe	
"    Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	10.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	6.00
Outlay for Lot	
Opening Grave	
Lining Grave	15.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>2 week lumber</u>	2.45
<b>Total Footing of Bill</b>	<b>487.95</b>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
<b>Total Debit</b>	<b>\$ _____</b>

Aug 30 Credits cash 487.95

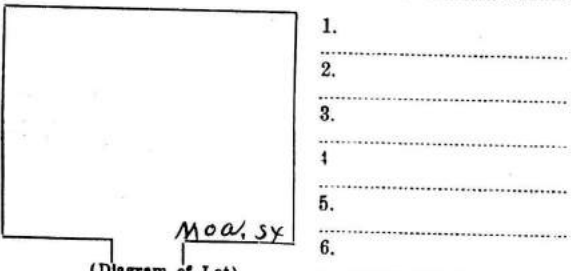
25.00  
5.00  
35  
4.00  
34.35  
34.35

# Record of Funeral

No. \_\_\_\_\_ Date Aug 4 1919  
 Name of the Deceased Sarah Belle Hale Sex F Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Aug 4 - 1919  
 Place of Death Home Troy Mo.  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Stanborough  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Aug 2 - 1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 54 Years, 10 Months, 6 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Silver Enam. Plaid  
half Caswell  
 Manufactured by Pond  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 175 00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	2 00
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15 00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	10 00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

### NAMES OF NEWSPAPERS

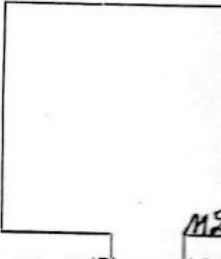
Flowers	10 00
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	4 50
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
<u>2 in burial</u>	2 30
Total Footing of Bill	236 80
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

Aug 6 Credits cash 236 80

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev.  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 1 Y \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL M 7-28200

# Record of Funeral

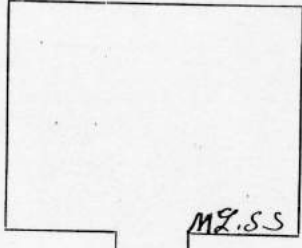
19 19

No. \_\_\_\_\_ Date Sept 2-1919 19

Name of the Deceased Margalite Kold Sex F Color \_\_\_\_\_

Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Sept 2-1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at Baptist Church  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Stambrough  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 1 Years, 3 Months, 15 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White P.K.  
 Manufactured by Pond  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at McClure Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 75.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	5.00
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	

### NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	2.25
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	75
<u>2 inch lumber</u>	
Total Footing of Bill	33.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	

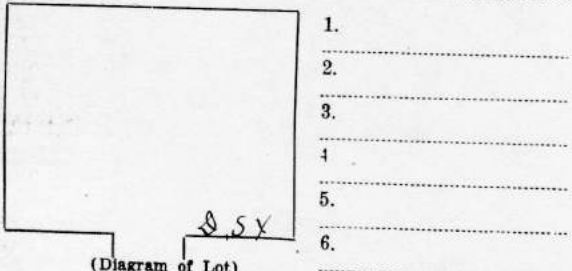
Sept 25 Credit cash 33.00

\$ 175.00  
 20.00  
 Fluid) 15.00  
 10.00  
 4.50  
 2.30  
 236.80  
 236.80

# Record of Funeral

No. \_\_\_\_\_ Date Sept 13-1919 19\_\_\_\_  
 Name of the Deceased Albert Thomas De Long Sex M. Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Sept 13-1919  
 Place of Death Cathlamet, Rs.  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Sept 12-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 48 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Joseph's Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Remarks: \_\_\_\_\_

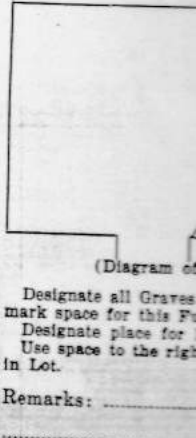
NAMES OF PALLBEARERS \_\_\_\_\_

## ITEMIZED CHARGES

Price of Casket or Coffin	\$	
“ Metallic Lining		
“ Outside Box		
“ Grave Vault		
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse <u>Project, + Funeral</u>		15.00
Wagon Deliveries		
Death Notices in _____ Newspapers		
<u>Personal service</u>		5.00
<b>NAMES OF NEWSPAPERS</b>		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		4.50
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		24.50
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$

Sept. 30 Credits Cash 24.50

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 68 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

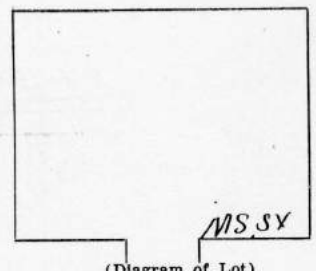
M  
**QUILL**  
 7-28200



# Record of Funeral

No. \_\_\_\_\_ Date Sept 18-1919 19\_\_\_\_  
 Name of the Deceased Hannah Nelson Sex F Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Sept 18-1919  
 Place of Death Catharion, Ia  
 Funeral Services at Moray Chappel  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Sept 16-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 68 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Moray Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		
Hearse	- - - - -		10.00
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		
<u>Personal services</u>	- - - - -		5.00
NAMES OF NEWSPAPERS			
Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		
Total Footing of Bill			15.00
By Amount Paid in Advance			
Balance			
Entered into Ledger, page _____ or below			
Total Debit			\$

Sept 21 Credits Ch. By Standard 15.00

15.00

5.00

4.50

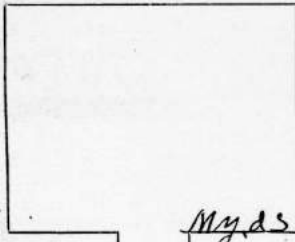
24.50

24.50

# Record of Funeral

No. \_\_\_\_\_ Date Sept 21 1919 19  
 Name of the Deceased Carrene Schauffler Sex M Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Sept 21 - 1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at Christian Church  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Rodgers  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Hope Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin		\$
" Metallic Lining		
" Outside Box		
" Grave Vault		
" Burial Robe		
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse <u>Train funeral</u>		12.50
Wagon Deliveries		
Death Notices in _____ Newspapers		
<u>Personal services</u>		5.00
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		4.50
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		27.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$

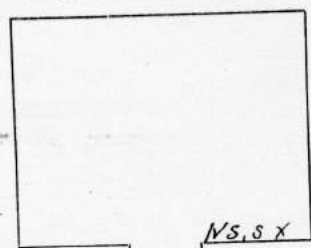
Sept 24 Credits Cart 87.00

M  
**QUILL**  
 7-28200

# Record of Funeral

No. \_\_\_\_\_ Date Sept 30 - 1919 19\_\_\_\_  
 Name of the Deceased Mary Larson Christanson Sex F Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Sept 30 - 1919  
 Place of Death Proy Jet.  
 Funeral Services at Moray  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Rodgers  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Sept 29 - 1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 86 Years, 8 Months, 9 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin B.B.C  
 Manufactured by Pound  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Moray Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 110.00
“ Metallic Lining	.....
“ Outside Box	.....
“ Grave Vault	.....
“ Burial Robe	15.00
“ Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with _____ Fluid)	.....
Washing and Dressing	5.00
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$	.....
Hearse	12.50
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....

### NAMES OF NEWSPAPERS

Flowers	.....
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....

Total Footing of Bill	142.50
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....
Total Debit	\$ .....

Oct 4 Credits cash 142.50

12.50

5.00

4.50

22.00

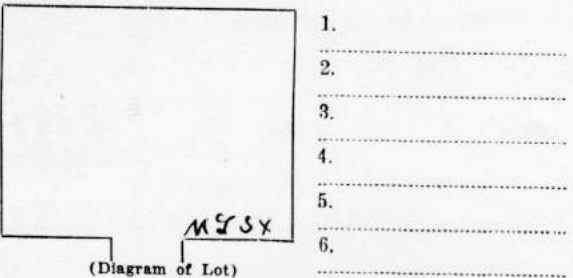
22.00

# Record of Funeral

No. \_\_\_\_\_ Date Oct 10 - 1919 19  
 Name of the Deceased Rita Mildred Wagner Sex F Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Oct 10 - 1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at Catholic Church  
 Time of Funeral Services 11:00  
 Clergyman Father Dennis  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Oct 9 - 1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, 3 Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb.  
 Manufactured by Pond  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Catholic Natheua Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 20.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	5.00
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse <u>Private Car. Natheua</u>	5.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

### NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill 30.00  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below

Total Debit \$ \_\_\_\_\_

Oct 11 Credits cash 30.00

M 7-28200  
 QUILL

# Record of Funeral

1919 19  
Color

No. \_\_\_\_\_ Date Oct 15 - 1919  
Name of the Deceased Lloyd Breck Saxton Sex \_\_\_\_\_ Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

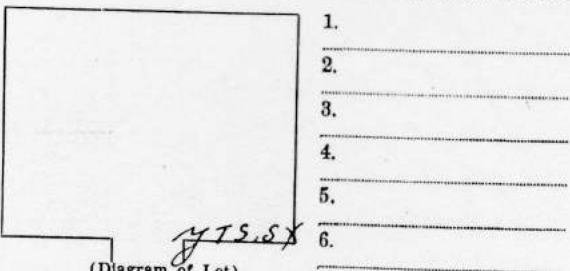
### CHARGES

Fluid	5.00
Flowers	5.00
Carriages	5.00
Removal	30.00
Other	30.00

How Secured \_\_\_\_\_  
 Date of Funeral Oct 15 - 1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at Home east of Troy  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Sessanflue  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Oct 12 - 1919  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 64 Years, 2 Months, 6 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Steel Gray B.C. Belmont  
 Manufactured by Belmont  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Joseph's Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 395.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	25.00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	1.25
<u>2 in bulletin</u>	2.40
NAMES OF NEWSPAPERS	
Flowers	10.00
Outlay for Lot	
Opening Grave	
Lining Grave	5.20
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	463.85
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

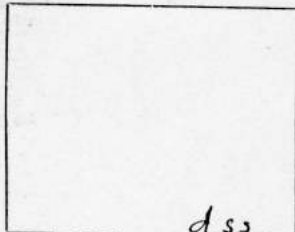
Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Nov. 9-1919  
 Name of the Deceased David C. Eader Sex M Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Nov. 9-1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at Christian Church  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Rodger  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 60 Years, 2 Months, 16 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <u>train + funeral</u>	<u>15.00</u>
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	<u>8.00</u>
Outlay for Lot	<u>10.30</u>
Opening Grave	
Lining Grave	<u>5.20</u>
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>2 in lumber</u>	<u>2.50</u>
<b>Total Footing of Bill</b>	<u>41.20</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit	
Total Debit	\$
Credits	<u>41.20</u>

QUILL M 7-28200

# Record of Funeral

9-1919  
Color \_\_\_\_\_

No. \_\_\_\_\_ Date Nov. 12-1919 19\_\_\_\_  
 Name of the Deceased Alice G. Hawley  
 Charge to Mrs Beulah Hayes Sex A Color \_\_\_\_\_  
 Order given by \_\_\_\_\_

CHARGES	\$
Fluid)	
	15 00
	8 00
	10 50
	5 20
	2 50
	41 20
or below	
	41 20

How Secured \_\_\_\_\_

Date of Funeral Nov. 12-1919

Place of Death Omaha Neb

Funeral Services at Christian Church

Time of Funeral Services \_\_\_\_\_

Clergyman \_\_\_\_\_

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

His Residence \_\_\_\_\_

Number of Burial Certificate \_\_\_\_\_

Cause of Death \_\_\_\_\_

Date of Death Nov. 9-1919

Occupation of the Deceased \_\_\_\_\_

Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_

Aged 62 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Birth Place \_\_\_\_\_

Father \_\_\_\_\_

Birth Place \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birth Place \_\_\_\_\_

Name of Husband \_\_\_\_\_

Name of Wife \_\_\_\_\_

Informant \_\_\_\_\_

Address \_\_\_\_\_

Body to be shipped to \_\_\_\_\_

Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by \_\_\_\_\_

Metallie Lining \_\_\_\_\_

Outside Box \_\_\_\_\_

Number of Handles \_\_\_\_\_

Interment at Mt Olive Cemetery

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

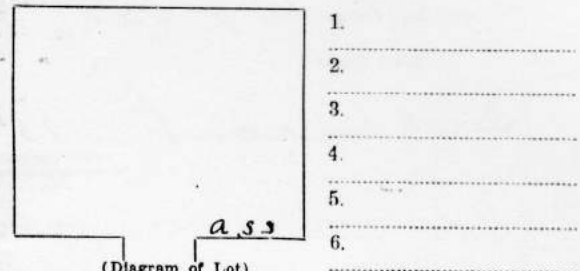
ITEMIZED CHARGES		\$
Price of Casket or Coffin		
“ Metallie Lining		
“ Outside Box		
“ Grave Vault		
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages <u>3 @ \$ 3.50</u>		10 50
Hearse		15 00
Wagon Deliveries <u>Bot to Cem</u>		1 50
Death Notices in _____ Newspapers		
<u>Personal services</u>		10 00
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		6 00
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
<u>exp on flowers</u>		5 00
<u>hark fun</u>		7 00
Total Footing of Bill		44 20
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below _____		
Total Debit		
<u>Nov. 17</u> Credits <u>cash</u>		44 20

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Dec 14-1919 19  
 Name of the Deceased Infant of Saml Simpson Sex M Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec 14-1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Dec 14-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged stillborn years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Chest  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - \$	<u>20 00</u>
“ Metallic Lining	- - - -	
“ Outside Box	- - - -	
“ Grave Vault	- - - -	
“ Burial Robe	- - - -	
“ Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)	- - - -	
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$ _____	- - - -	
Hearse	- - - -	
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	

### NAMES OF NEWSPAPERS

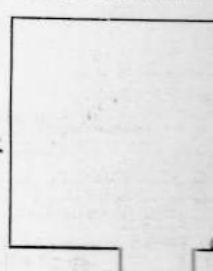
Flowers	- - - -	
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	

Total Footing of Bill	- - - -	<u>20 00</u>
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below	- - - -	
Total Debit	- - - - \$	

Dec 14 Credits Cash 20 00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the D \_\_\_\_\_  
 Single, Married, Div \_\_\_\_\_  
 Aged \_\_\_\_\_ years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of M \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Cas \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLE \_\_\_\_\_

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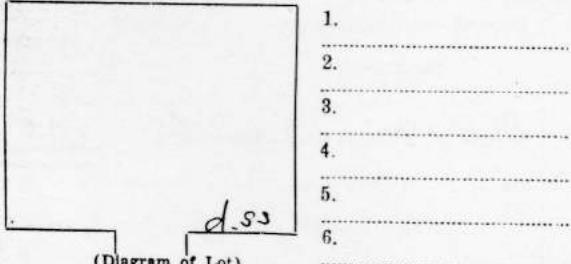




# Record of Funeral

No. \_\_\_\_\_ Date Dec 16 1919  
 Name of the Deceased Laura Eva Hall Sex F Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec 16 - 1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Dec 12 1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 56 Years, 10 Months, 19 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	..... \$
" Metallic Lining	.....
" Outside Box	.....
" Grave Vault	.....
" Burial Robe	.....
" Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with _____ Fluid)	.....
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$	.....
Hearse	..... <u>10 00</u>
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....
<u>Personal services</u>	..... <u>5 00</u>
NAMES OF NEWSPAPERS	
Flowers	.....
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
Total Footing of Bill	..... <u>15 00</u>
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....
Total Debit	..... \$

Dec 16 Credits ..... 15 00

No. \_\_\_\_\_ Name of the Deceased \_\_\_\_\_ Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the \_\_\_\_\_  
 Single, Married, \_\_\_\_\_  
 Aged 50 \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped \_\_\_\_\_  
 Size and Style of \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handle \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_  
 (Diagram of \_\_\_\_\_)  
 Designate all Graves \_\_\_\_\_  
 mark space for this \_\_\_\_\_  
 Designate place for \_\_\_\_\_  
 Use space to the right \_\_\_\_\_  
 in Lot.  
 Remarks: \_\_\_\_\_  
 NAMES OF PAL \_\_\_\_\_

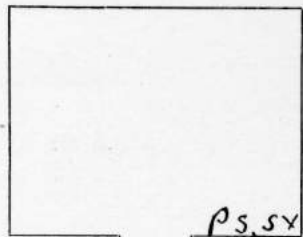
M 7-28200  
 QUILL

# Record of Funeral

1919

No. \_\_\_\_\_ Date Dec 17-1919  
 Name of the Deceased Delia A. Hewins Sex F. Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec 17-1919  
 Place of Death St Joseph Mo.  
 Funeral Services at St Benedict  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Father Dennis  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Dec 15-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 50 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St Benedict Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

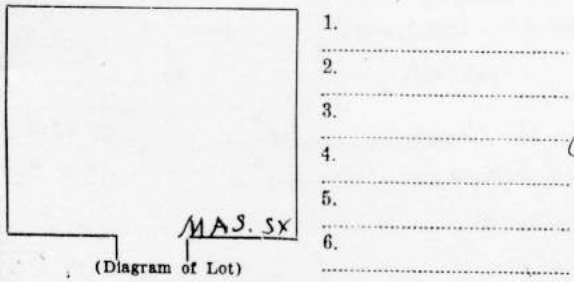
Price of Casket or Coffin	- - - - \$	
" Metallic Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	<u>125 hrs Bot 1.0</u>	<u>116.00</u>
" Burial Robe	- - - -	
" Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)	- - - -	
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$		
Hearse	- - - -	<u>15.00</u>
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers		
<u>Personal services</u>		<u>50.00</u>
NAMES OF NEWSPAPERS		
Flowers	- - - -	
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	
Total Footing of Bill	- - - -	<u>135.00</u>
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below		
Total Debit	- - - - \$	

Dec 29 Credits cash 135.00

# Record of Funeral

No. \_\_\_\_\_ Date Dec 19-1919 19\_\_\_\_  
 Name of the Deceased Mary Elizabeth Otter Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec 19-1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Rodgers  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Dec 17-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 80 Years, 1 Months, 20 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Oak  
Ref.  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Myrtle Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$	125.00
“ Metallic Lining		
“ Outside Box		
“ Grave Vault		175.00
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		15.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		10.00
Wagon Deliveries		
Death Notices in _____ Newspapers		

### NAMES OF NEWSPAPERS

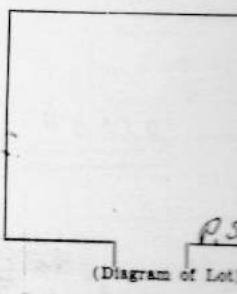
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		5.50
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		

Total Footing of Bill 280.50  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Total Debit \$ \_\_\_\_\_  
Jan 22 1920 Cash 280.50

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to Ed

How Secured \_\_\_\_\_  
 Date of Funeral 20  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death 20  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged Stillborn  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at M  
 Lot or Grave No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

M  
 QUILL 7-28200

# Record of Funeral

1919 19

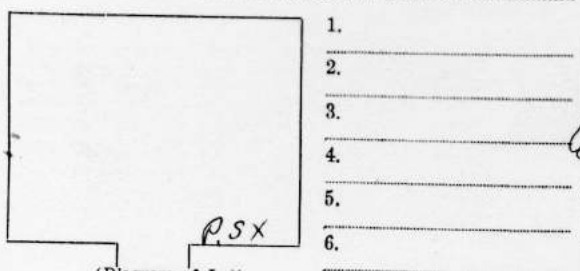
No. \_\_\_\_\_ Date Dec 28-1919 19

Name of the Deceased Infant of Ed Goodwin Sex \_\_\_\_\_ Color \_\_\_\_\_

Charge to Ed Goodwin Order given by \_\_\_\_\_

GES	
Fluid)	125 00
	175 00
	15 00
	10 00
	5 50
	280 50
or below	
	280 50

How Secured \_\_\_\_\_  
 Date of Funeral Dec 28-1919  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Dec 28-1919  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged Stillborn Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - \$	20 00
" Metallic Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	- - - -	
" Burial Robe	- - - -	
" Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)	- - - -	
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$	- - - -	
Hearse	- - - -	
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	

### NAMES OF NEWSPAPERS

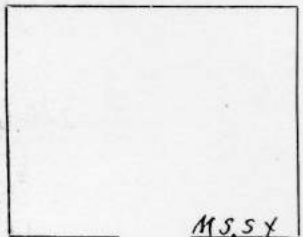
Flowers	- - - -	
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	
Total Footing of Bill	- - - -	20 00
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below	- - - -	
Total Debit	- - - - \$	

Jan 16-1920	Cash	5 00
Mar 24-1920	Cash	5 00
April 19	"	2 00
Sept 6	"	5 00
Oct 4	"	3 00
		20 00

# Record of Funeral

No. \_\_\_\_\_ Date Jan 9 1920  
 Name of the Deceased Henry Foley Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 9 - 1920  
 Place of Death Rochester Miss.  
 Funeral Services at St. Charles Catholic Church  
 Time of Funeral Services 11:00  
 Clergyman Father Dennis  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan 7 - 1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 55 Years, 7 Months, 4 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	_____	\$
“ Metallic Lining	_____	
Outside Box	_____	
Grave Vault	_____	
“ Burial Robe	_____	
“ Burial Slippers and Hose	_____	
Engraving Plate	_____	
Embalming Body (with _____ Fluid)	_____	
Washing and Dressing	_____	
Shaving	_____	
Disinfecting Rooms	_____	
Use of Catafalque and Drapery	_____	
Use of Folding Chairs	_____	
Use of Candelabrum	_____	
Candles	_____	
Gloves	_____	
Crepe	_____	
Telephone	_____	
Telegraph	_____	
Number of Carriages @ \$ _____	_____	
Hearse <u>to home + Funeral</u>	<u>15.00</u>	
Wagon Deliveries <u>back to City</u>	<u>1.25</u>	
Death Notices in _____ Newspapers	_____	
<u>Personal services</u>	<u>10.00</u>	

### NAMES OF NEWSPAPERS

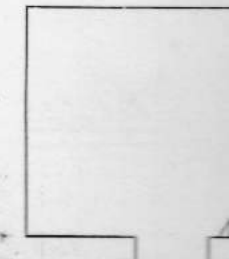
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	<u>5.50</u>
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill	<u>31.75</u>
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit	_____
<u>Jan 19 - 1920 Cash</u>	<u>31.75</u>

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

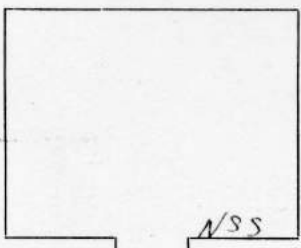
# Record of Funeral

Jan 9 1920  
Color *W*

No. \_\_\_\_\_ Date Jan 14 1920  
Name of the Deceased Infant of Gilbert Rhue Sex \_\_\_\_\_ Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES	\$
Fluid	
Funeral	15.00
Ceremony	1.25
Papers	10.00
Other	
<b>Total</b>	<b>31.75</b>
or below	
h	31.75

How Secured \_\_\_\_\_  
 Date of Funeral Jan 14 - 1920  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, 13 hrs Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb  
 Manufactured by Poirer  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Anne Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$	20.00
“ Metallic Lining		
“ Outside Box		
“ Grave Vault		
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		
Wagon Deliveries		
Death Notices in _____ Newspapers		

### NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	20.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit	\$	
Jan 24 1920 Credits		20.00

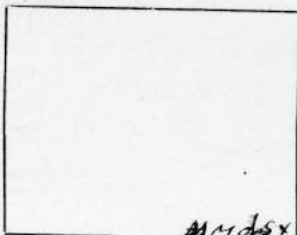
NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Jan 27-1920 19\_\_\_\_  
 Name of the Deceased Thomas D Davies Sex M. Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 27-1920  
 Place of Death \_\_\_\_\_  
 Funeral Services at Christian Church  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Rodgers  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan. 25-1920  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 29 Years, 1 Months, 28 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Steel Gr. Doe.  
 Manufactured by See  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Barnum Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$	165.00
“ Metallic Lining		
“ Outside Box		
“ Grave Vault		
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		15.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		15.00
Wagon Deliveries		
Death Notices in _____ Newspapers		

### NAMES OF NEWSPAPERS

Flowers		8.00
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		

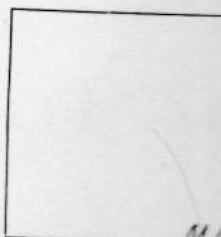
Total Footing of Bill \_\_\_\_\_  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Total Debit \$ \_\_\_\_\_  
McGraw-Hill cash 203.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 51 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin steel  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at M Cemetery  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 728200



# Record of Funeral

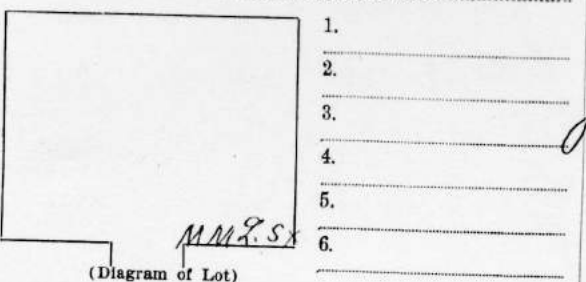
7-1920 19  
Color

No. \_\_\_\_\_ Date Jan 29 1920  
Name of the Deceased John Walter Linville Sex M Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

### CHARGES

Fluid	\$ 165.00
Fluid	15.00
papers	15.00
ERS	8.00
or below	203.00
cash	203.00

How Secured \_\_\_\_\_  
 Date of Funeral Jan 29 - 1920  
 Place of Death Home of Ross Linville  
 Funeral Services at Christian Church  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Rodgers  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan. 27 - 1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 51 Years, 5 Months, 11 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Spartan Bronze  
steel  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at MT Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 155.00
Metallc Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Shippers and Hose	27.0
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	
NAMES OF NEWSPAPERS	
Flowers	3.50
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges <u>body to Morgan</u>	2.50
Cremation Charges	
Total Footing of Bill	188.70
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

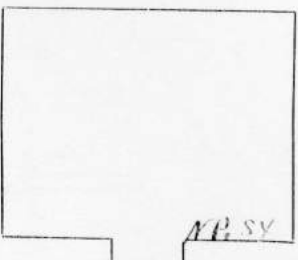
Jan 30 - 1920 cash 188.70

# Record of Funeral

No. \_\_\_\_\_ Date Jan 31-1920 19  
 Name of the Deceased James Ruby Sex M Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral At Hogueum Wash.  
 Place of Death Home of Mrs. Faragher  
 Funeral Services at Hogueum Wash.  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pneumonia  
 Date of Death Jan 31-1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Age about 36 years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to Hogueum Wash.  
 Size and Style of Casket or Coffin Grey Doe  
 Manufactured by See  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Hogueum Wash. Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 110 00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	15 00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	10 00
Wagon Deliveries	
Death Notices in _____ Newspapers	

### NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	135 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Feb. 2-1920 Miss Parker 25 00  
2-11-20 Cash C.O.D. 100 00  
135 00

QUILL M 7-28200

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

31-1920 19  
Color

No. \_\_\_\_\_ Date Feb. 6 1920 19\_\_\_\_\_  
Name of the Deceased Oliver Leroy Nelson Sex M Color \_\_\_\_\_  
Charge to estate Order given by \_\_\_\_\_

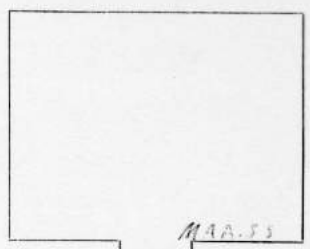
CHARGES	
Fluid	110.00
Fluid	15.00
papers	10.00
ERS	
or below	135.00
is Parker	25.00
C.O.S.	100.00
	135.00

How Secured \_\_\_\_\_  
 Date of Funeral Feb. 6 1920  
 Place of Death \_\_\_\_\_  
 Funeral Services at Moray  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pneumonia  
 Date of Death Feb. 2 - 1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 10 Grey Plush  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Moray Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 160.00
" Metallic Lining	
" Outside Box	
" Grave Vault	125.00
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS	
Flowers	18.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	328.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$
<u>Mch 8 - 28 Cash</u>	<u>328.00</u>



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

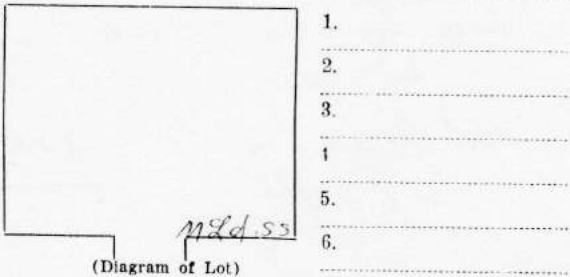
NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Feb. 11-1920 19\_\_\_\_  
 Name of the Deceased Lizzie Grant Sex F Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral 2-11-1920  
 Place of Death \_\_\_\_\_  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev Stanborough  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Plu Pneumonia  
 Date of Death Feb. 8-1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 30 Years, 6 Months, 23 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Plush  
half couch 1<sup>st</sup> class  
 Manufactured by Stucton  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at NY Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 200.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	1.25

### NAMES OF NEWSPAPERS

Flowers	7.50
Outlay for Lot	
Opening Grave	
Lining Grave	5.20
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill 238.95  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Total Debit \$ \_\_\_\_\_  
April 5-20 Credits cash 238.95

QUILL M 7-28200

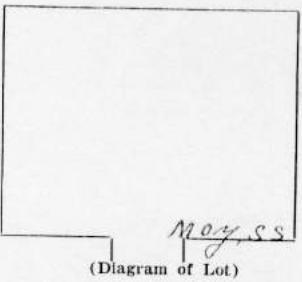
# Record of Funeral

11-1920 19  
Color

No. \_\_\_\_\_ Date Feb. 13 1920  
Name of the Deceased Margaret Ann Clark Sex \_\_\_\_\_ Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES	
Fluid	200.00
Fluid	15.00
Fluid	10.00
Fluid	1.25
Fluid	7.50
Fluid	5.20
Fluid	238.95
Fluid	238.95

How Secured \_\_\_\_\_  
 Date of Funeral 2-13-1920  
 Place of Death Home of Son near Bond  
 Funeral Services at Bond 16  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Feb. 10-1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 57 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Plush  
half Couch  
 Manufactured by Pand  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Moray Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	#	175.00
Metallie Lining		
Outside Box		
Grave Vault		
Burial Robe		20.00
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)	Fluid	15.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		15.00
Wagon Deliveries		
Death Notices in Newspapers		

### NAMES OF NEWSPAPERS

Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		

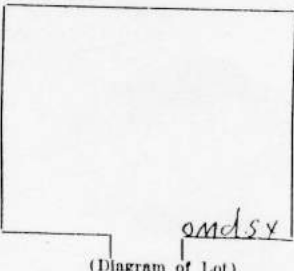
Total Footing of Bill		275.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit	#	
Mch 10-20 Credits cash		275.00

# Record of Funeral

No. \_\_\_\_\_ Date March 27 1920  
 Name of the Deceased Sarah A Goss Sex F Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March 29-1920  
 Place of Death Home of Frank Loroff Drows  
 Funeral Services at Christian Church  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev Rodgers  
 Certifying Physician Dr Cordover  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death March 27-1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced Widowed Religion \_\_\_\_\_  
 Aged 74 Years, 2 Months, 5 Days  
 Birth Place Missouri  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Belmont Steel  
Grey B.C. #305  
 Manufactured by Belmont Casket Co.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at W. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.) and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

## ITEMIZED CHARGES

Price of Casket or Coffin	\$ 425.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	2.00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	
<u>2 wish number for led.</u>	36.5
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	5.20
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	478.85
By Amount Paid in Advance	
Balance	478.85
Entered into Ledger, page _____ or below	
Total Debit	\$

May 27 20 Credits By check 350.00  
Oct 15 20 " " 100.00  
Dec 20 20 " " 28.85  
478.85

QUILL 7-28200

# Record of Funeral

1920  
Color

No. \_\_\_\_\_ Date Feb. 15-1920  
Name of the Deceased Carl Pharman Sex M Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

REGES

\$ 425.00

2.00

Fluid) 15.00

10.00

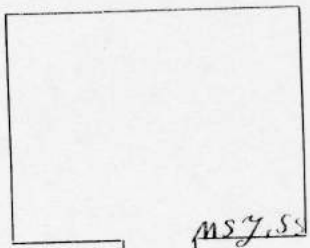
36.5

5.20

478.85

check 350.00  
" 100.00  
" 28.85  
478.85

How Secured \_\_\_\_\_  
Date of Funeral Feb. 15-1920  
Place of Death German Lutheran Church  
Funeral Services at \_\_\_\_\_  
Time of Funeral Services \_\_\_\_\_  
Clergyman Rev. Pungcamp  
Certifying Physician \_\_\_\_\_  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death Alv. Pneumonia  
Date of Death Feb. 13-1920  
Occupation of the Deceased \_\_\_\_\_  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged 19 Years, 6 Months, 1 Days  
Birth Place \_\_\_\_\_  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant \_\_\_\_\_  
Address \_\_\_\_\_  
Body to be shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin Grey Plush  
Manufactured by Central Casket Co.  
Metallie Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at German Lutheran Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin \$ 125.00  
" Metallie Lining \_\_\_\_\_  
" Outside Box \_\_\_\_\_  
" Grave Vault \_\_\_\_\_  
" Burial Robe \_\_\_\_\_  
" Burial Slippers and Hose \_\_\_\_\_  
Engraving Plate \_\_\_\_\_  
Embalming Body (with \_\_\_\_\_ Fluid) 15.00  
Washing and Dressing \_\_\_\_\_  
Shaving \_\_\_\_\_  
Disinfecting Rooms \_\_\_\_\_  
Use of Catafalque and Drapery \_\_\_\_\_  
Use of Folding Chairs \_\_\_\_\_  
Use of Candelabrum \_\_\_\_\_  
Candles \_\_\_\_\_  
Gloves \_\_\_\_\_  
Crepe \_\_\_\_\_  
Telephone \_\_\_\_\_  
Telegraph \_\_\_\_\_  
Number of Carriages @ \$ \_\_\_\_\_  
Hearse \_\_\_\_\_ 15.00  
Wagon Deliveries \_\_\_\_\_  
Death Notices in 4 Newspapers 12.5

### NAMES OF NEWSPAPERS

Flowers \_\_\_\_\_ 7.60  
Outlay for Lot \_\_\_\_\_  
Opening Grave \_\_\_\_\_  
Lining Grave \_\_\_\_\_  
Shipping Charges, prepaid \_\_\_\_\_  
Removal Charges \_\_\_\_\_  
Cremation Charges \_\_\_\_\_

Total Footing of Bill 163.85

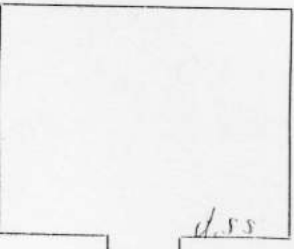
By Amount Paid in Advance \_\_\_\_\_  
Balance \_\_\_\_\_  
Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Total Debit \$ \_\_\_\_\_  
July 2nd By ck 163.85

# Record of Funeral

No. \_\_\_\_\_ Date March 3 - 1920 19\_\_\_\_  
 Name of the Deceased Alvin Fritz Sex M Color \_\_\_\_\_  
 Charge to Estate Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral 3-3-1920  
 Place of Death M<sup>c</sup>Pherson Mans  
 Funeral Services at M.E. Church  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev Steves  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Flu Pneumonia  
 Date of Death Feb. 29 - 1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 34 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

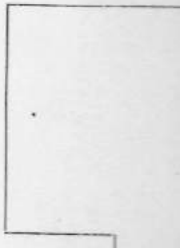
Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		
Hearse <u>to home + Funeral</u>	- - - - -		<u>15.00</u>
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		
<u>Personal services</u>	- - - - -		<u>5.00</u>
NAMES OF NEWSPAPERS			
Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		
Total Footing of Bill	- - - - -		<u>20.00</u>
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		
Entered into Ledger, page _____ or below	- - - - -		
Total Debit	- - - - -	\$	
<u>May 10 Credits Cash</u>	- - - - -		<u>20.00</u>

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 31 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200



# Record of Funeral

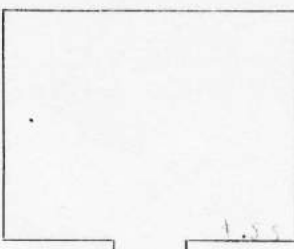
1920  
Color

No. \_\_\_\_\_ Date March 3-1920  
Name of the Deceased Mabel Fritz Sex F Color \_\_\_\_\_  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES	
	\$
Fluid)	
General	15.00
Papers	5.00
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	20.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	
Credits	20.00

How Secured \_\_\_\_\_  
 Date of Funeral 3-3-1920  
 Place of Death M<sup>c</sup>Pherson Han  
 Funeral Services at M.E. Church  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Steves  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Mch 1-1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 31 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Aline Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
	\$
Price of Casket or Coffin	
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <u>to Grand &amp; Funeral</u>	15.00
Wagon Deliveries	
Death Notices in Newspapers	
Personal Service	5.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

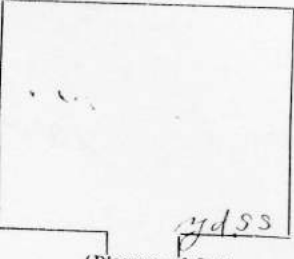
NAMES OF PALLBEARERS: \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date March 9 1920 19\_\_\_\_  
 Name of the Deceased Lewis Franklin Blanton Sex M Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral 3-9-1920  
 Place of Death \_\_\_\_\_  
 Funeral Services at Fanning St.  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Quornbley  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Append.  
 Date of Death March 8 - 1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 12 Years, 8 Months, 3 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Crepe  
 Manufactured by Pond  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Fanning St. Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 6.00 00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	15.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	75.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

March 13 Credits cash 75.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

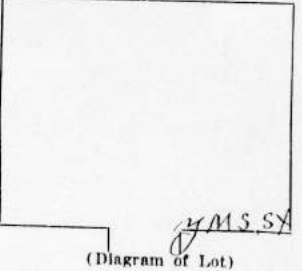


# Record of Funeral

No. \_\_\_\_\_ Date March 19-1920 19\_\_  
 Name of the Deceased Henry H. Nickman Sex M. Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March 19-1920  
 Place of Death \_\_\_\_\_  
 Funeral Services at Home  
 Time of Funeral Services 10 A  
 Clergyman Rev. B. G. Gragg  
 Certifying Physician Dr. Dunsmore  
 His Residence Proy  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death March 17-1920  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 75 Years, \_\_\_\_\_ Months, 7 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Oak State  
 Manufactured by Des.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt. Mary Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. St. Joseph



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$ 250 00
" Metallic Lining	- - - - -	
" Outside Box	- - - - -	
" Grave Vault	- - - - -	
" Burial Robe	- - - - -	
" Burial Slippers and Hose	- - - - -	
Engraving Plate	- - - - -	
Embalming Body (with _____ Fluid)		15 00
Washing and Dressing	- - - - -	
Shaving	- - - - -	
Disinfecting Rooms	- - - - -	
Use of Catafalque and Drapery	- - - - -	
Use of Folding Chairs	- - - - -	
Use of Candelabrum	- - - - -	
Candles	- - - - -	
Gloves	- - - - -	
Crepe	- - - - -	
Telephone <u>4 calls to St. Joseph</u>		1 00
Telegraph	- - - - -	
Number of Carriages @ \$ _____		
Hearse <u>St. Joseph</u>		15 00
Wagon Deliveries <u>Bot. to Mt. Mary</u>		1 00
Death Notices in <u>2</u> Newspapers <u>100</u>		2 00

### NAMES OF NEWSPAPERS

Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	
Lining Grave	- - - - -	
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	

Total Footing of Bill	- - - - -	284 00
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below		
Total Debit	- - - - -	\$

March 31-20 credit Ch. B. Mrs. Nickman 150 00  
April 17-20 By check 134 00  
284 00

QUILL 7-23200

# Record of Funeral

19-1920  
Color

No. \_\_\_\_\_ Date April 14-1920  
Name of the Deceased Eva Emaline Dammerik Sex F Color W  
Charge to Art Dammerik Order given by \_\_\_\_\_

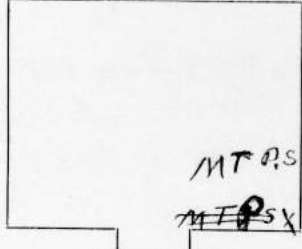
### CHARGES

Fluid	250.00
Graph	1.00
MT Maria	1.00
papers	2.00
Flowers	1.50
Removal	1.34
<b>Total</b>	<b>284.00</b>

How Secured \_\_\_\_\_  
 Date of Funeral April 17-1920  
 Place of Death Home of Mrs Knight Proj.  
 Funeral Services at Christian Church  
 Time of Funeral Services 3 P  
 Clergyman Rev. Rodgers Rev. Sapp  
 Certifying Physician Dr. Cardoner  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death April 14-1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 32 Years, 8 Months, 10 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Art Dammerik  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Plush  
Half Couch  
 Manufactured by Stant  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at MT Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	175.00
Metallic Lining	
Outside Box	
Grave Vault	135.00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	
<u>Funeral Notices</u>	125
NAMES OF NEWSPAPERS	
Flowers	7.20
Outlay for Lot	
Opening Grave	
Lining Grave	5.20
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<b>Total Footing of Bill</b>	<b>348.65</b>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	
<b>Total Debit</b>	<b>\$ 348.65</b>



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date May 5 1920  
 Name of the Deceased Silas Bowerman Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

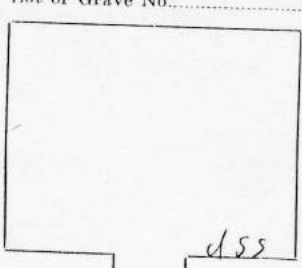
How Secured \_\_\_\_\_  
 Date of Funeral May 5 1920  
 Place of Death St Paul's Mo  
 Funeral Services at Family Home  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Hodger  
 Certifying Physician \_\_\_\_\_

His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death May 2 - 1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced, Married Religion \_\_\_\_\_  
 Aged 68 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_

Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St Anne Cemetery \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

## ITEMIZED CHARGES

Price of Casket or Coffin	_____	\$
“ Metallic Lining	_____	_____
“ Outside Box	_____	_____
“ Grave Vault	_____	_____
“ Burial Robe	_____	_____
“ Burial Slippers and Hose	_____	_____
Engraving Plate	_____	_____
Embalming Body (with _____ Fluid)	_____	_____
Washing and Dressing	_____	_____
Shaving	_____	_____
Disinfecting Rooms	_____	_____
Use of Catafalque and Drapery	_____	_____
Use of Folding Chairs	_____	_____
Use of Candelabrum	_____	_____
Candles	_____	_____
Gloves	_____	_____
Crepe	_____	_____
Telephone	_____	_____
Telegraph	_____	_____
Number of Carriages @ \$ _____	_____	_____
Hearse <u>to train + funeral</u>	<u>1.50</u>	<u>50</u>
Wagon Deliveries <u>Box to Cemetery</u>	<u>1.25</u>	<u>25</u>
Death Notices in _____ Newspapers	_____	_____

## NAMES OF NEWSPAPERS

Flowers	_____	_____
Outlay for Lot	_____	_____
Opening Grave	_____	_____
Lining Grave	_____	_____
Shipping Charges, prepaid	_____	_____
Removal Charges	_____	_____
Cremation Charges	_____	_____
<u>Funeral services</u>	<u>5.00</u>	<u>00</u>

Total Footing of Bill	_____	_____
By Amount Paid in Advance	_____	_____
Balance	_____	_____
Entered into Ledger, page _____ or below	_____	_____
Total Debit	_____	_____

May 22 1920 Credits Ch B. R. R. Seat 2.75

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

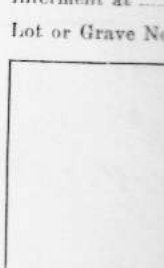
How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_

His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced, \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 78 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Black

Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

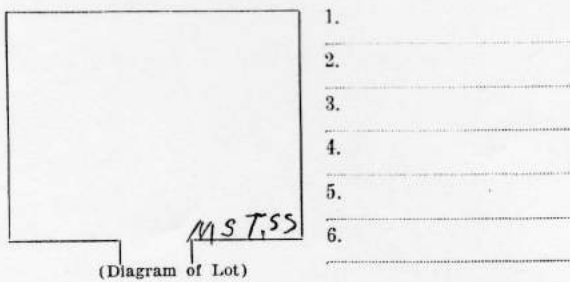
NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date \_\_\_\_\_ 19\_\_\_\_  
 Name of the Deceased Wm Francis Porter Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES		
Fluid)		
miscellaneous	1.50	
Cemetery	1.25	
papers		
ERS		
ris	5.00	
	<u>21.75</u>	
or below		
RR Seat	2.25	

How Secured \_\_\_\_\_  
 Date of Funeral May 18 - 1920  
 Place of Death At Home of Dock King  
 Funeral Services at " "  
 Time of Funeral Services 2 P  
 Clergyman Rev. Marshall  
 Certifying Physician Dr. Condonier  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pulmonary Tuberculosis  
 Date of Death May 16 - 1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 28 Years, 6 Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 4005  
Beck State  
 Manufactured by Des Moines  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 165.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	12.50
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

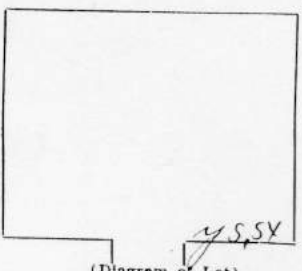
Total Footing of Bill	177.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

May 17	Credits	By Ch.	137.50
May 17	"	"	40
			<u>177.50</u>

# Record of Funeral

No. \_\_\_\_\_ Date May 30 1920  
 Name of the Deceased Ellen May Faust Sex W Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral May 2 - 1920  
 Place of Death Highland Ave  
 Funeral Services at Home  
 Time of Funeral Services 2 P  
 Clergyman Rev. F. C. Brooks & P. S. Warner  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death May 30 - 1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 62 Years, 9 Months, 1 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin State Plech  
Crematory  
 Manufactured by Crematory  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Highland Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin		\$
" Metallic Lining		
" Outside Box		
" Grave Vault		75 00
" Burial Robe		
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		
Wagon Deliveries		
Death Notices in Newspapers		
<u>Personal Service</u>		25 00

NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		100 00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$
<u>June 2 Credits Ch.</u>		100 00

QUILL M 7-28200



# Record of Funeral

No. \_\_\_\_\_ Date June 14 1920  
 Name of the Deceased B. P. Curtis Sex M Color R  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES

How Secured	
Date of Funeral	
Place of Death	
Funeral Services at	
Time of Funeral Services	
Clergyman	
Certifying Physician	
His Residence	
Number of Burial Certificate	
Cause of Death	
Date of Death	
Occupation of the Deceased	
Single, Married, Divorced	
Religion	
Aged	
Years	
Months	
Days	
Birth Place	
Father	
Birth Place	
Maiden Name of Mother	
Birth Place	
Name of Husband	
Name of Wife	
Informant	
Address	
Body to be shipped to	
Size and Style of Casket or Coffin	
Manufactured by	
Metallic Lining	
Outside Box	
Number of Handles	
Interment at	
Cemetery	
Lot or Grave No.	
Section No.	
1.	
2.	
3.	
4.	
5.	
6.	

Fluid) \_\_\_\_\_  
 @ \$ \_\_\_\_\_  
 Newspapers \_\_\_\_\_  
 PERS \_\_\_\_\_

75.00  
 25.00  
 100.00  
 100.00

How Secured \_\_\_\_\_  
 Date of Funeral June 16  
 Place of Death Pennington Hospital N.Y.  
 Funeral Services at Christian Church  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Scarborough  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death June 14-1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 81 Years, 2 Months, 17 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Round end  
6" Seal Below  
 Manufactured by De. Home Casket Co.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 185.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	3.50
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	
<u>House to Hospital</u>	10.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>2 inch lumber</u>	2.43
Total Footing of Bill	225.93
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$
<u>Sept 16 Credit Cash</u>	225.93

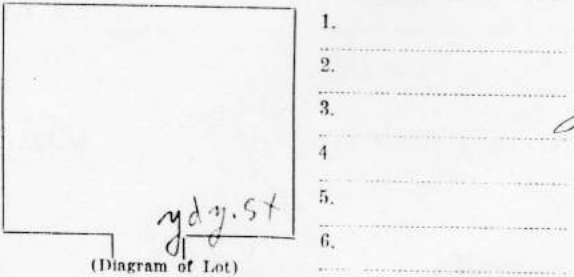
NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date June 14 1920  
 Name of the Deceased Willard M. Gurwell Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral June 16-1920  
 Place of Death Home  
 Funeral Services at Panning R.  
 Time of Funeral Services 9:30 A.M.  
 Clergyman Rev. Twombly  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Hanging  
 Date of Death June 14-1920  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 61 Years, 11 Months, 26 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Oak Stab 27  
Des. Home Cabinet Co.  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Panning Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 275.00
Metallie Lining	
Outside Box	
Grave Vault	125.00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	12.50
Wagon Deliveries	
Death Notices in Newspapers	

### NAMES OF NEWSPAPERS

Flowers	<u>Pillow</u>	10.00
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		

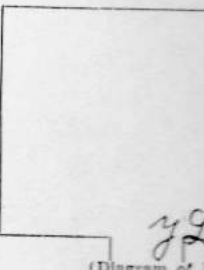
Total Footing of Bill	437.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

June 19 Credits Cash 437.50

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Re  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
Belmont  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at M  
 Lot or Grave No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28290

# Record of Funeral

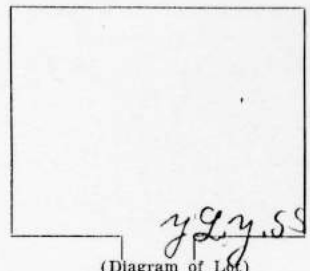
14 19 20  
Color *W*

No. \_\_\_\_\_ Date *June 17* 19 *20*  
Name of the Deceased *Lucy Katherine Triplett* Sex *F* Color *W*  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES

\$ *275.00*  
*125.00*  
Fluid) *15.00*  
*12.50*  
ERS *10.00*  
*437.50*  
or below  
*437.50*

How Secured \_\_\_\_\_  
Date of Funeral *June 19-1920*  
Place of Death *Home*  
Funeral Services at *Home*  
Time of Funeral Services *2 P.M.*  
Clergyman *Rev. Marshall*  
Certifying Physician \_\_\_\_\_  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Date of Death *June 17-1920*  
Occupation of the Deceased \_\_\_\_\_  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
Birth Place \_\_\_\_\_  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband *Charles Triplett*  
Name of Wife \_\_\_\_\_  
Informant \_\_\_\_\_  
Address \_\_\_\_\_  
Body to be shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin *Electric Emb. Melrose*  
Manufactured by *Des Moines*  
Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at *St Olive* Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



- 1.
- 2.
- 3.
- 4.
- 5.
- 6.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES

Price of Casket or Coffin	- - - -	\$ <i>225.00</i>
" Metallic Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	- - - -	<i>1.35.00</i>
" Burial Robe	- - - -	<i>3.0.00</i>
" Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)		<i>15.00</i>
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$ _____		
Hearse	- - - -	<i>10.00</i>
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers		

NAMES OF NEWSPAPERS

Flowers	- - - -	
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	<i>5.90</i>
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	
Total Footing of Bill	- - - -	
By Amount Paid in Advance	- - - -	
Balance	- - - -	<i>42.09.00</i>
Entered into Ledger, page _____ or below		
Total Debit	- - - -	\$ _____

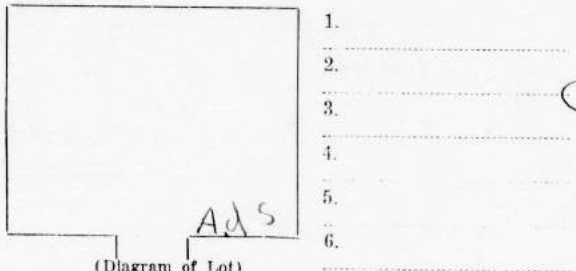
*Aug 5 1920 credits Ch* *430.90*

# Record of Funeral

No. \_\_\_\_\_ Date June 19 1920  
 Name of the Deceased Wm J. Mc Kernan Sex M. Color N  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral June 19 - 1920  
 Place of Death Kansas City Mo.  
 Funeral Services at St Charles Church  
 Time of Funeral Services 10:00 P.M.  
 Clergyman Pacher  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death June 16 - 1920  
 Occupation of the Deceased Architect  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 40 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Fanning Catholic Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$			
Hearse	- - - - -		12.50
Wagon Deliveries	- - - - -		
Death Notices in Newspapers	- - - - -		
<u>Personal services</u>	- - - - -		5.00

### NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		
<u>Cremation</u>	- - - - -		3.00

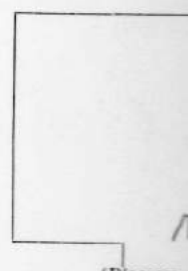
Total Footing of Bill	- - - - -		
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		21.25
Entered into Ledger, page _____ or below			
Total Debit	- - - - -	\$	

No. 13 Credits By Cash 21.25

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 19 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin half Case  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

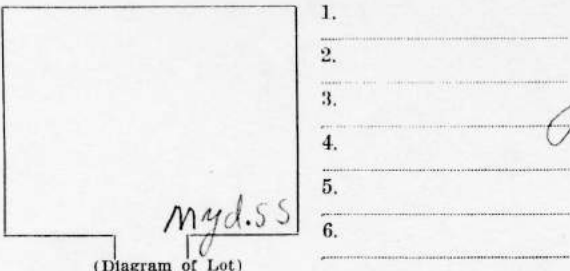
QUILL 7-28200

# Record of Funeral

No. \_\_\_\_\_ Date June 18 1920  
 Name of the Deceased Ruth Gladys Whitaker Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral June 20-1920  
 Place of Death Family home South of Troy  
 Funeral Services at M.E. Church  
 Time of Funeral Services 2 1/2  
 Clergyman Rev. Marshall  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Murdered  
 Date of Death June 18-1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 19 Years, 6 Months, 23 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Emb. Plush  
half Couch  
 Manufactured by Stanton  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at W. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 175.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with <u>trib. of li. body</u> Fluid)	25.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	
NAMES OF NEWSPAPERS	
Flowers <u>Pullover</u>	10.00
Outlay for Lot	
Opening Grave	
Lining Grave	5.90
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	
By Amount Paid in Advance	
Balance	228.35
Entered into Ledger, page _____ or below	
Total Debit	\$ _____



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

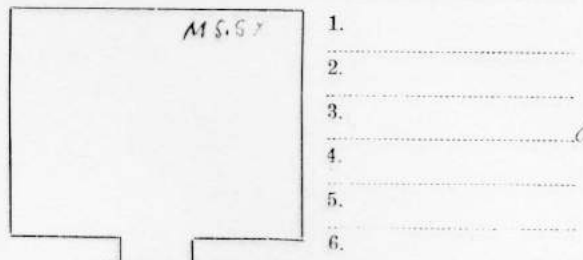
1920  
 Color W  
 Fluid)  
 \$ 12.50  
 5.00  
 3.75  
 21.25  
 21.25

June 25 Credits C. C. H. 228.35

# Record of Funeral

No. \_\_\_\_\_ Date July 8-1920 19\_\_\_\_  
 Name of the Deceased Warren Perry Sex M. Color W.  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral July 9-1920  
 Place of Death St. Joseph, Mo.  
 Funeral Services at Campbell Home, Troy  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Rodgers  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death acute pulmonary edema  
 Date of Death July 7-1920  
 Occupation of the Deceased Physician  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 56 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive, Troy Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



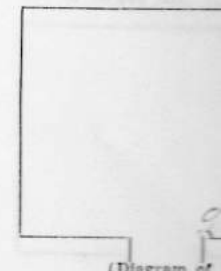
(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin	- - - - -	\$
“ Metallic Lining	- - - - -	
“ Outside Box	- - - - -	
“ Grave Vault	- - - - -	
“ Burial Robe	- - - - -	
“ Burial Slippers and Hose	- - - - -	
Engraving Plate	- - - - -	
Embalming Body (with _____ Fluid)	- - - - -	
Washing and Dressing	- - - - -	
Shaving	- - - - -	
Disinfecting Rooms	- - - - -	
Use of Catafalque and Drapery	- - - - -	
Use of Folding Chairs	- - - - -	
Use of Candelabrum	- - - - -	
Candles	- - - - -	
Gloves	- - - - -	
Crepe	- - - - -	
Telephone	- - - - -	
Telegraph	- - - - -	
Number of Carriages @ \$	- - - - -	
Hearse <u>To Man. &amp; Funeral</u>	- - - - -	15.00
Wagon Deliveries <u>Parret &amp; Cemetery</u>	- - - - -	1.00
Death Notices in _____ Newspapers	- - - - -	
<u>Personal services</u>	- - - - -	10.00
NAMES OF NEWSPAPERS		
Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	
Lining Grave <u>To sisters</u>	- - - - -	1.00
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	
Total Footing of Bill	- - - - -	
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	27.00
Entered into Ledger, page _____ or below	- - - - -	
Total Debit	- - - - -	\$
<u>July 11, 1920</u> Credits <u>Cash</u>	- - - - -	27.00

No. \_\_\_\_\_ Name of the Deceased \_\_\_\_\_ Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 14 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father Shel  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive, Troy Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

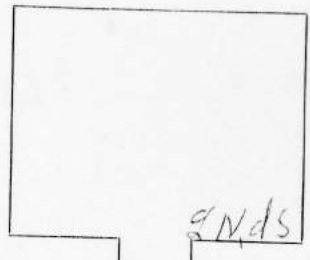
# Record of Funeral

1920  
Color *W.*

No. \_\_\_\_\_ Date *Aug 12* 19*20*  
Name of the Deceased *Floyd Adelbert Davies* Sex *M.* Color *W.*  
Charge to *Shelby Davies* Order given by \_\_\_\_\_

CHARGES	
	\$
Embalming	15.00
Use of Casket	1.00
Newspapers	10.00
Flowers	1.00
Funeral Home	27.00
<b>Total</b>	<b>31.00</b>

How Secured \_\_\_\_\_  
 Date of Funeral *Aug 14 1920*  
 Place of Death *N.W. of Troy*  
 Funeral Services at *Fanning*  
 Time of Funeral Services *11 A*  
 Clergyman *Rev. H. Canby*  
 Certifying Physician *Dr. Mader*  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death *Aug 12 - 1920*  
 Occupation of the Deceased *Child at Home*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged *14* Years, *4* Months, *28* Days  
 Birth Place \_\_\_\_\_  
 Father *Shelby Davies*  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *Grey Crepe*  
 Manufactured by *Des Moines*  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at *Fanning* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 67.50
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	12.50
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Crementation Charges	

Total Footing of Bill	
By Amount Paid in Advance	
Balance	95.00
Entered into Ledger, page _____ or below	
Total Debit	\$ 95.00

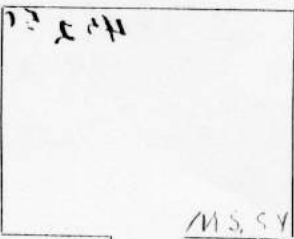
*Aug. 16. Credits C.C.R.H. 95.00*

# Record of Funeral

No. \_\_\_\_\_ Date Aug 14-1920 19\_\_\_\_  
 Name of the Deceased James M Thomas Sex M. Color W  
 Charge to Estate Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Aug 14-1920  
 Place of Death Empire in Care  
 Funeral Services at Sparks, Kansas  
 Time of Funeral Services 2 1/2  
 Clergyman Rev Taylor, Highland  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Aug 12-1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 73 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Metallic  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Sparks (S. Col.) Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - - \$	.....
" Metallic Lining	- - - - -	.....
" Outside Box	- - - - -	.....
" Grave Vault	- - - - -	.....
" Burial Robe	- - - - -	.....
" Burial Slippers and Hose	- - - - -	.....
Engraving Plate	- - - - -	.....
Embalming Body (with _____ Fluid)	- - - - -	.....
Washing and Dressing	- - - - -	.....
Shaving	- - - - -	.....
Disinfecting Rooms	- - - - -	.....
Use of Catafalque and Drapery	- - - - -	.....
Use of Folding Chairs	- - - - -	.....
Use of Candelabrum	- - - - -	.....
Candles	- - - - -	.....
Gloves	- - - - -	.....
Crepe	- - - - -	.....
Telephone	- - - - -	.....
Telegraph	- - - - -	.....
Number of Carriages @ \$	- - - - -	.....
Hearse	- - - - -	15.00
Wagon Deliveries	- - - - -	.....
Death Notices in Newspapers	- - - - -	10.00
<u>Personal Services</u>	- - - - -	.....

### NAMES OF NEWSPAPERS

Flowers	- - - - -	.....
Outlay for Lot	- - - - -	.....
Opening Grave	- - - - -	.....
Lining Grave	- - - - -	.....
Shipping Charges, prepaid	- - - - -	.....
Removal Charges	- - - - -	.....
Cremation Charges	- - - - -	.....

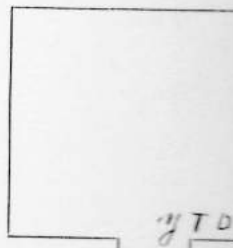
Total Footing of Bill	- - - - -	.....
By Amount Paid in Advance	- - - - -	.....
Balance	- - - - -	25.00
Entered into Ledger, page _____ or below	- - - - -	.....

Total Debit	- - - - - \$	.....
<u>Aug. 14 Credits Cash</u>	- - - - -	25.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 70 Years \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Metallic (#)  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200



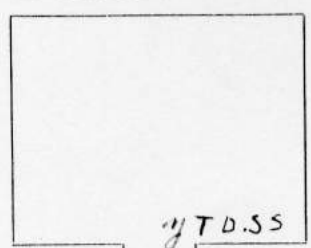
# Record of Funeral

1920  
Color *W*

No. \_\_\_\_\_ Date *August 18* 19*20*  
Name of the Deceased *Caroline Maul* Sex *F* Color *W*  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

### CHARGES

How Secured	
Date of Funeral	<i>Aug. 20-1920</i>
Place of Death	<i>Family home S.E. of Troy</i>
Funeral Services at	<i>Lutheran Church</i>
Time of Funeral Services	
Clergyman	<i>Rev. Bembeaux</i>
Certifying Physician	
His Residence	
Number of Burial Certificate	
Cause of Death	
Date of Death	<i>August 17-1920</i>
Occupation of the Deceased	
Single, Married, Divorced	Religion
Aged <i>70</i> Years, <i>9</i> Months, <i>6</i> Days	
Birth Place	
Father	
Birth Place	
Maiden Name of Mother	
Birth Place	
Name of Husband	
Name of Wife	
Informant	
Address	
Body to be shipped to	
Size and Style of Casket or Coffin	<i>Springfield</i>
Manufactured by	<i>Springfield Metal Co.</i>
Metallc Lining	
Outside Box	
Number of Handles	
Interment at	<i>German Lutheran Cemetery</i>
Lot or Grave No.	Section No.
	1.
	2.
	3.
	4.
	5.
	6.



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$	<i>425.00</i>
“ Metallc Lining		
“ Outside Box		
“ Grave Vault		
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		<i>15.00</i>
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		<i>12.50</i>
Wagon Deliveries		
Death Notices in _____ Newspapers		

### NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

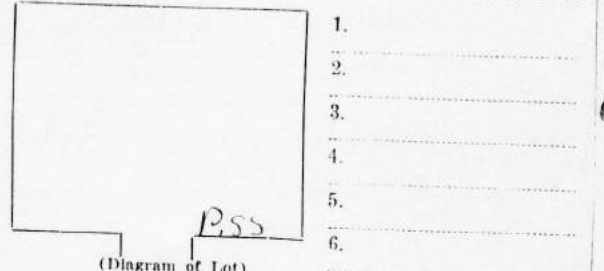
Total Footing of Bill	
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ <i>452.50</i>
<i>Aug 24</i> Credits <i>C.C. L.</i>	<i>115.00</i>

# Record of Funeral

No. \_\_\_\_\_ Date Aug 24 1920  
 Name of the Deceased Anna C. Earnest Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Aug 25 - 1920  
 Place of Death Chicago, Ill.  
 Funeral Services at Home of Mrs. Bevel  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Marshall  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Aug 22 - 1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 47 Years, 11 Months, 24 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Steel Gray  
Broadcloth  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

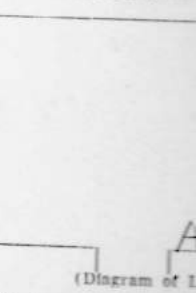
NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$
“ Metallic Lining	-
“ Outside Box	-
“ Grave Vault	-
“ Burial Robe	-
“ Burial Slippers and Hose	-
Engraving Plate	-
Embalming Body (with _____ Fluid)	-
Washing and Dressing	-
Shaving	-
Disinfecting Rooms	-
Use of Catafalque and Drapery	-
Use of Folding Chairs	-
Use of Candelabrum	-
Candles	-
Gloves	-
Crepe	-
Telephone	-
Telegraph	-
Number of Carriages @ \$	-
Hearse <u>Tobram + Funeral</u>	15.00
Wagon Deliveries <u>Both to Cem.</u>	1.00
Death Notices in _____ Newspapers	-
<u>Personal services</u>	2.00

NAMES OF NEWSPAPERS	
Flowers	-
Outlay for Lot	-
Opening Grave	-
Lining Grave	-
Shipping Charges, prepaid	5.50
Removal Charges	-
Cremation Charges	-
<u>2 inch led lumber</u>	2.85
<b>Total Footing of Bill</b>	<b>29.35</b>
By Amount Paid in Advance	-
Balance	-
Entered into Ledger, page _____ or below	-

Total Debit \$ \_\_\_\_\_  
Aug 28 Credits Cash 29.35

No. \_\_\_\_\_  
 Name of the Deceased Inf  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father John  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Lead  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at MT Cemetery  
 Lot or Grave No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

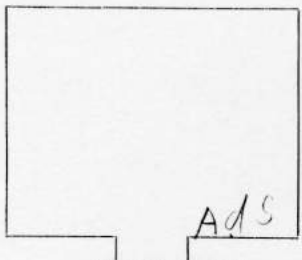
QUILL 7-28200

# Record of Funeral

No. \_\_\_\_\_ Date Sept 6 1920  
 Name of the Deceased Sarah Janette Werner Sex F Color W  
 Order given by Infant of Mr & Mrs John Oliver

CHARGES	
	\$
Fluid)	
Funeral	15.00
Carr.	1.00
Papers	2.00
ERS	
	5.50
hee	2.85
	<u>29.35</u>
or below	
	29.35

How Secured \_\_\_\_\_  
 Date of Funeral Sept 6 - 1920  
 Place of Death Proy. Kans  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Stellborn  
 Date of Death Sept 6 - 1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father John F. Werner  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 2-0 white  
Panel  
 Manufactured by Ponderstein  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
	\$
Price of Casket or Coffin	20.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS	
	\$
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	20.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit \_\_\_\_\_ \$  
 Credits Sept 8 Cash 20.00

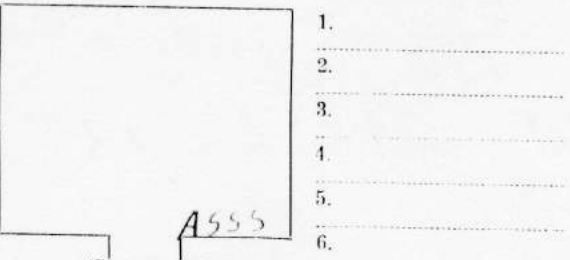
# Record of Funeral

No. \_\_\_\_\_ Date Sept. 16 1920  
 Name of the Deceased James Leonard Jones Sex M. Color W.  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death Percell Kaus  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Killed by train  
 Date of Death Sept. 14-1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 22 Years, 4 Months, 28 Days  
 Birth Place \_\_\_\_\_  
 Father J. R. Jones  
 Birth Place Montreal Mo.  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to Stoutland Mo.  
 Size and Style of Casket or Coffin Grey Crepe  
 Manufactured by Gateway  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 85.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	16.00
Burial Slippers and Hose	2.00
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse <u>to depot &amp; cemetery</u>	
Wagon Deliveries <u>car</u>	12.00
Death Notices in Newspapers	

### NAMES OF NEWSPAPERS

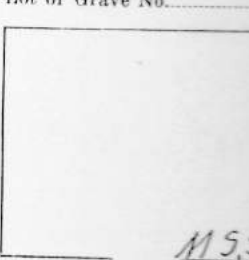
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	130.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit \$ \_\_\_\_\_  
Sept. 16 Credits By cash 130.00

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_ Years  
 Birth Place \_\_\_\_\_  
 Father E. A. C.  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by Pos  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at MT Cemetery \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

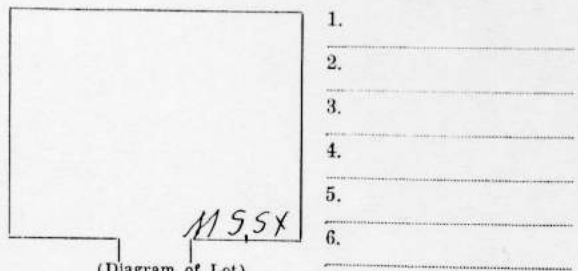
# Record of Funeral

16 1920  
 Color *W*

No. \_\_\_\_\_ Date *Sept 26* 19*20*  
 Name of the Deceased *Robert Edwin Chapple* Sex *M.* Color *W*  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES  
 \$ 85.00  
 16.00  
 2.00  
 Fluid) 15.00  
 12.00  
 130.00  
 or below  
 each 130.00

How Secured \_\_\_\_\_  
 Date of Funeral *Sept. 26 - 1920*  
 Place of Death *Home West of Troy*  
 Funeral Services at *Home*  
 Time of Funeral Services *3 1/2*  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death *Sept. 26 - 1920*  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, *8* Months, *14* Days  
 Birth Place \_\_\_\_\_  
 Father *E. A. Chapple*  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *White Lamb.*  
 Manufactured by *Poindester*  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at *St. Olive* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 25.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill \$ 25.00  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below

Total Debit \$ \_\_\_\_\_  
 Credits *Cash* 25.00

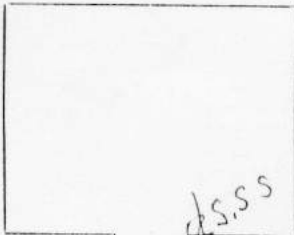
# Record of Funeral

No. \_\_\_\_\_ Date Nov. 1 1920  
 Name of the Deceased Mattie Robinson Sex F Color Green  
 Charge to Roy Robinson Order given by \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to L.M.P.

How Secured \_\_\_\_\_  
 Date of Funeral Nov. 2 - 1920  
 Place of Death Troy, Kansas  
 Funeral Services at Home  
 Time of Funeral Services 9 P.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Heart Failure  
 Date of Death Nov. 1 - 1920  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced Married  
 Aged 32 Years, 11 Months, 8 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Roy Robinson  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to Kansas City Mo.  
 Size and Style of Casket or Coffin Grey Crepe  
 Manufactured by Gateway  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at K.C. Mo. Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

## ITEMIZED CHARGES

Price of Casket or Coffin	\$ 75.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	

## NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

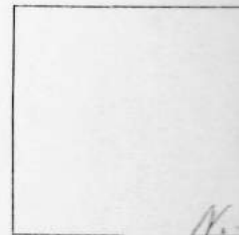
Total Footing of Bill \_\_\_\_\_  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Total Debit \$ 90.00

Nov. 2 Credits Cash 90.00

How Secured \_\_\_\_\_  
 Date of Funeral Nov. 2  
 Place of Death Troy  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Re  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Heart Failure  
 Date of Death Nov. 1  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 32 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Blk Bro  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

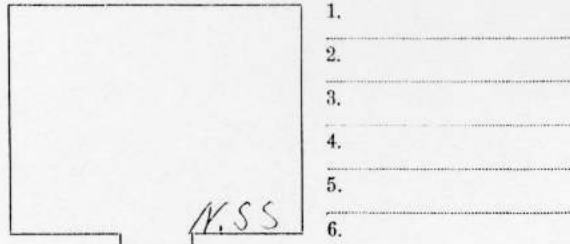
NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

# Record of Funeral

No. \_\_\_\_\_ Date Nov. 3 1920  
 Name of the Deceased Susan C. Calloway Sex F Color W  
 Charge to L. M. Penwell Und. Co. Order given by L. M. Penwell Und. Co.

How Secured \_\_\_\_\_  
 Date of Funeral Nov 3 - 1920  
 Place of Death Topeka Kans  
 Funeral Services at Topeka  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Reed  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Acute Dilatation of Heart  
 Date of Death Oct 31 - 1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 81 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Blk Broadcloth  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive (Proy.) Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS: \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)			
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages <u>1</u> @ \$ <u>4.50</u>			<u>4.50</u>
Hearse	- - - - -		<u>15.00</u>
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers			
<u>living grave</u>			<u>7.50</u>
NAMES OF NEWSPAPERS			
Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		<u>8.00</u>
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		
<u>Personal services</u>			<u>5.00</u>
Total Footing of Bill	- - - - -		<u>35.00</u>
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		
Entered into Ledger, page _____ or below			
Total Debit	- - - - -	\$	

Dec. 8 Credits Cash 35.00

# Record of Funeral

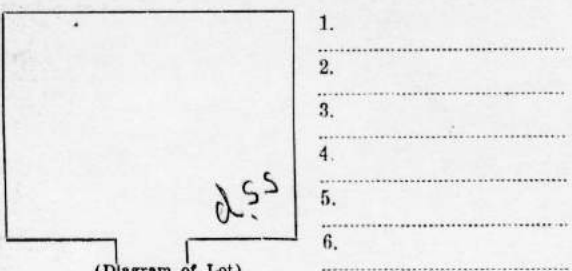
No. \_\_\_\_\_ Date Nov. 26 19 20  
 Name of the Deceased Eliza Jones Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Nov. 27-1920  
 Place of Death Leibert Colorado  
 Funeral Services at Sparks Raur  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Nov. 24-1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 76 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband J. P. Jones  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Polva Sparks Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <u>to train &amp; Sparks</u>	<u>15.00</u>
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>Personal services</u>	<u>5.00</u>
Total Footing of Bill	
By Amount Paid in Advance	
Balance	<u>20.00</u>
Entered into Ledger, page _____ or below	

Total Debit	\$
<u>Nov. 27 Credits</u> <u>cash</u>	<u>20.00</u>



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.  
 Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to Ray  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Re  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_ Years  
 Birth Place \_\_\_\_\_  
 Father Ray  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Lamb.  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at M  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.  
 Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

M 7-28200



# Record of Funeral

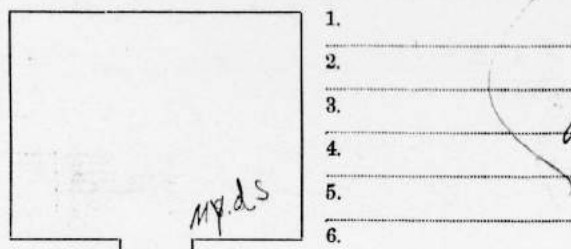
No. \_\_\_\_\_ Date Dec. 23 1920  
 Name of the Deceased Arthur Liebling Member Sex M Color R  
 Charge to Ray Henberg Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec 23 - 1920  
 Place of Death Two Mi west of Troy  
 Funeral Services at Home  
 Time of Funeral Services 2 P  
 Clergyman Rev. Rogers  
 Certifying Physician Dr. Dinsmore  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pneumonia  
 Date of Death Dec 21 - 1920  
 Occupation of the Deceased Ches.  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, 5 Months, 21 Days  
 Birth Place \_\_\_\_\_  
 Father Ray Henberg  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother Alta Eader  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 2-6 White  
Lamb.  
 Manufactured by Gateray  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 25.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	5.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers <u>3.00</u>	3.20
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill <u>33.30</u>	
By Amount Paid in Advance <u>9.00</u>	<u>22.50</u>
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ <u>35.55</u>

Jan. 1, 1921	Credits	<u>cash</u>	20.00
" 21-21	"	"	7.00
Feb. 20	"	"	8.55
			<u>35.55</u>



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

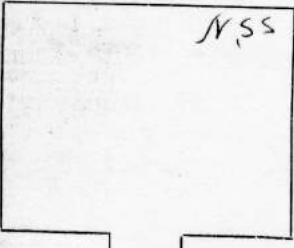
NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Dec 31 1920  
 Name of the Deceased Child of Mr & Mrs Ed Goodwin Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec 31-1920  
 Place of Death Troy, Kans  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Shillbom  
 Date of Death Dec 30-1920  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Birth Place Troy, Kans  
 Father Ed Goodwin  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb  
 Manufactured by Gabrey  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	20.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

### NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

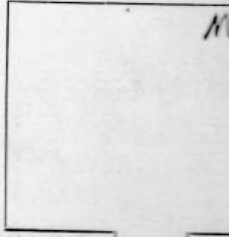
Total Footing of Bill	- - - - -	20.00
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	

Total Debit	- - - - -	\$	
1921			
Mich. 9	Credits	cash	5.00
April 5	"	"	5.00
June 6	"	"	5.00
July 9	"	"	5.00
			20.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

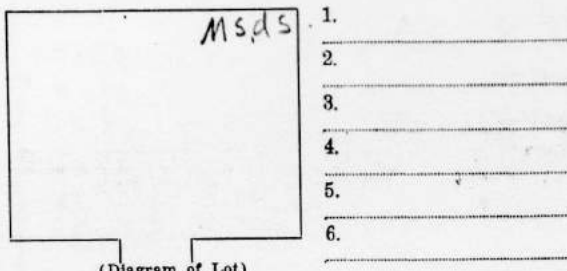
QUILL 7-28200

# Record of Funeral

No. \_\_\_\_\_ Date Jan 3-1921 19  
 Name of the Deceased Gladys C. Clary Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

GES  
 \$ 20.00  
 Fluid)  
 \$ 20.00  
 or below  
 \$  
 5.00  
 5.00  
 5.00  
 5.00  
 20.00

How Secured \_\_\_\_\_  
 Date of Funeral Jan 4-1921  
 Place of Death Troy, Kans.  
 Funeral Services at Home  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Marshall  
 Certifying Physician Dr. Cardonier  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pneumonia  
 Date of Death Jan 3-1921  
 Occupation of the Deceased Child  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, 6 Months, 8 Days  
 Birth Place \_\_\_\_\_  
 Father Tom Clary  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Lambert's  
White square large lid  
 Manufactured by Ponderosa  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 18.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	_____
Washing and Dressing	5.00
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

### NAMES OF NEWSPAPERS

Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill	23.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

Jan 3-20 Credits cash 23.00