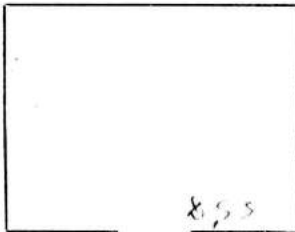


Record of Funeral

No. _____ Date Feb. 26-1924 19
 Name of the Deceased Thelie D. Noyes Osborne Sex F. Color N
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Feb. 26-1924
 Place of Death Clyde Kansas
 Funeral Services at Christ Church - Mo.
 Time of Funeral Services 11 A.M.
 Clergyman Rev. Campbell
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Feb. 23-1924
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 56 Years, 6 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 Wassell
Half Comb
 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 _____

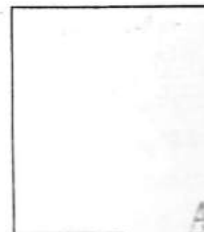
ITEMIZED CHARGES

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	-	
Shipping Charges, prepaid	-	
Removal Charges	-	
Crementation Charges	-	
<u>dry box to cemetery</u>		1.00
Total Footing of Bill		16.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

Total Debit _____ \$
1924
Feb. 27 Credits By chd. 16.00

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 71 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

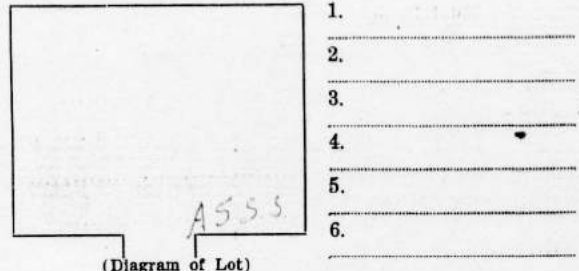
6-1924
19
Color *W*

No. _____ Date *March 2* 19*24*
Name of the Deceased *Jennie Doughty* Sex *F* Color *W*
Charge to _____ Order given by _____

CHARGES	
Price of Casket or Coffin	\$ 10.00
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 @ \$	15.00
Hearse to house	5.00
Wagon Deliveries	
Death Notices in Newspapers	10.00
Personal services	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	7.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	1.75
funeral notices	
Total Footing of Bill	144.25
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ 144.25
Credits	By Chk. 144.25

How Secured _____
Date of Funeral *March 2 - 1924*
Place of Death *K.C. Mo.*
Funeral Services at *St. Charles Prot.*
Time of Funeral Services *2 P.M.*
Clergyman *Rev. J.W. Campbell*
Certifying Physician *L.S. Melrose*
His Residence *K.C. Mo.*
Number of Burial Certificate _____
Cause of Death _____
Date of Death *March 1 - 1924*
Occupation of the Deceased *housewife*
Single, Married, Divorced _____ Religion _____
Aged *71* 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 *Wal Grey*
Plush half Couch style
Manufactured by _____
Metallie Lining _____
Outside Box _____
Number of Handles _____
Interment at *St. Olive* Cemetery
Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 10.00
Metallie Lining	
Outside Box	
Grave Vault	115.00
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 @ \$	15.00
Hearse to house	5.00
Wagon Deliveries	
Death Notices in Newspapers	10.00
Personal services	
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	7.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	1.75
funeral notices	
Total Footing of Bill	144.25
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ 144.25
Credits	By Chk. 144.25



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.

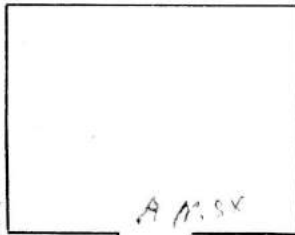
Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date March 10 1924
 Name of the Deceased Susan Adeline Joy Sex F Color W
 Charge to _____ Order given by Mrs. C. C.

How Secured _____
 Date of Funeral March 10-1924
 Place of Death Calvary Courts No. 46
 Funeral Services at Proy Christian Church
 Time of Funeral Services 2 7
 Clergyman Rev. Manbrrough
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Stroke in chest
 Date of Death March 5-1924
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 53 Years _____ Months _____ Days _____
 Birth Place Proy Kansas
 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 Proy Case
 Date _____
 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: Hughes Manbrrough
Proy case No.

NAMES OF PALLBEARERS _____

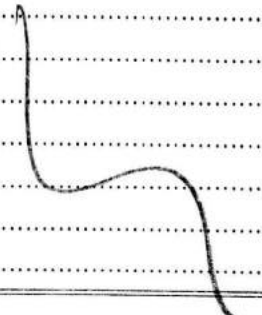
ITEMIZED CHARGES

Price of Casket or Coffin	_____	\$
" Metallic Lining	_____	
" Outside Box	_____	
" Grave Vault	_____	✓ 1.25 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 <u>3</u> @ \$ <u>5</u>	_____	✓ 15 00
Hearse to train + funeral	_____	✓ 1.5 00
Wagon Deliveries <u>not to cemetery</u>	_____	
Death Notices in Newspapers	_____	
<u>cash paid to Minister</u>	_____	✓ 5 00

NAMES OF NEWSPAPERS

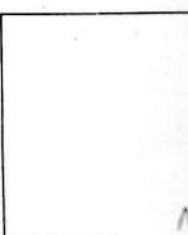
Flowers	_____	
Outlay for Lot	_____	
Opening Grave	_____	
Lining Grave	_____	✓ 1.50
Shipping Charges, prepaid	_____	
Removal Charges	_____	
Cremation Charges	_____	
<u>Personal service</u>	_____	✓ 1.00 00
<u>grave digging</u>	_____	9 00
Total Footing of Bill	_____	18 1.50
By Amount Paid in Advance <u>interest to 12/1928</u>	_____	26 94
Balance	_____	208 44
Entered into Ledger, page _____ or below	_____	
Total Debit	_____	\$

Jan 20-1928 Credit Chas. C. Delaney 208 44



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 100
 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
 Date _____
 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: _____

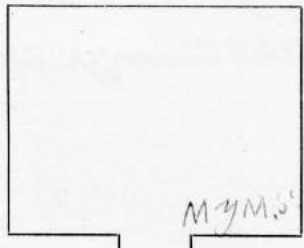
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date March 27 1924
 Name of the Deceased John Morehead Sex _____ Color _____
 Charge to Chas Morehead Order given by _____

How Secured _____
 Date of Funeral March 28-1924
 Place of Death Troy Kansas
 Funeral Services at W.E. Church
 Time of Funeral Services 2 1/2
 Clergyman Rev. Campbell
 Certifying Physician Dr. Cardonier
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death March 26-1924
 Occupation of the Deceased Retired farmer
 Single, Married, Divorced _____ Religion _____
 Aged 100 Years, 2 Months, 5 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 Winged Walnut
half Couch 70 1/2
 Manufactured by Do Morehead
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Albans Cemetery
 Lot or Grave No. _____ Section No. _____

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)	150.00
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	1.75
NAMES OF NEWSPAPERS	
Flowers <u>75.00</u>	7.75
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>Feb 1924</u>	2.30
Total Footing of Bill	208.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	



(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 _____

Total Debit		Credits	
1924		April 1	By sk 101.00
			" " 101.00
			202.00

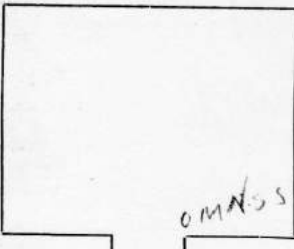
1924
 \$ 125.00
 \$ 5.15.00
 \$ 1.5.00
 \$ 5.00
 \$ 2.50
 \$ 1.00
 \$ 9.00
 \$ 181.50
 \$ 26.94
 \$ 208.44
 \$ 208.44

Record of Funeral

No. _____ Date March, 29-1924
 Name of the Deceased Wm Thomas Wood Sex _____ Color _____
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral March 30-1924
 Place of Death 4 mi. Reptoy Groz
 Funeral Services at Home
 Time of Funeral Services 2 P.
 Clergyman Rev. Styer
 Certifying Physician D. Maller
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death March 28-1924
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 83 Years, 5 Months, 28 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. Lulu Meers

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin silver metal
sealer #8000
 Manufactured by St. Louis Coffin Co.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Wood 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.

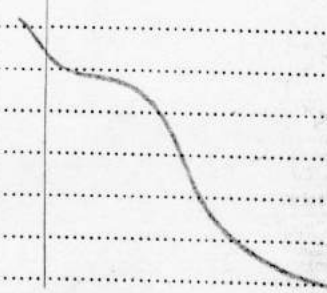
Remarks: son - John Wood.

NAMES OF PALLBEARERS Filed with Probate Court 4-15-1924

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - \$	425.00
" Metallic Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	- - - -	
" Burial Robe <u>suit</u>	- - - -	32.50
" 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	- - - -	12.50
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	
NAMES OF NEWSPAPERS		
Flowers	- - - -	10.00
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	
Total Footing of Bill	- - - -	495.00
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below	- - - -	
Total Debit	- - - - \$	

Oct 18-1924 Credits By ch 495.00



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 49
 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 _____
blue Bro
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Hand _____
 Interment at _____
 Lot or Grave 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 PA _____

M 7-28200

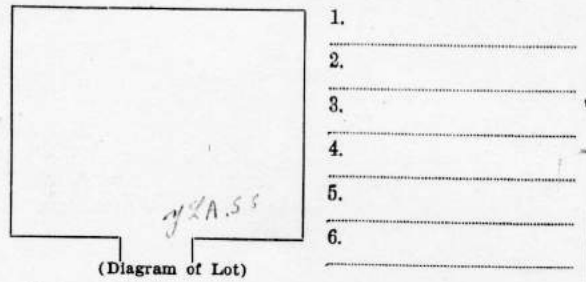
Record of Funeral

29-1924

No. _____ Date March 30 1924
 Name of the Deceased Ellen Frances Cordover Sex _____ Color _____
 Charge to _____ Order given by _____

CHARGES
 \$ 425.00
 325.00
 Fluid) 15.00
 12.50
 10.00
 495.00
 495.00

How Secured _____
 Date of Funeral April 2-1924
 Place of Death Troy Ranges
 Funeral Services at M.E. Church Troy
 Time of Funeral Services 7 1/2
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death March 29-1924
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 49 Years, 7 Months, 15 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Joseph Cordover
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Midnight Blue Brigade Patent 1/2 Couch
 Manufactured by Madison Valley
 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	\$ 225.00
“ 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	
<u>underground</u>	5.00
NAMES OF NEWSPAPERS	
Flowers	10.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	2.50
<u>grave lining</u>	
Total Footing of Bill	388.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

1924 Total Debit \$
 May 7 Credits ch. 388.00
 388.00

Record of Funeral

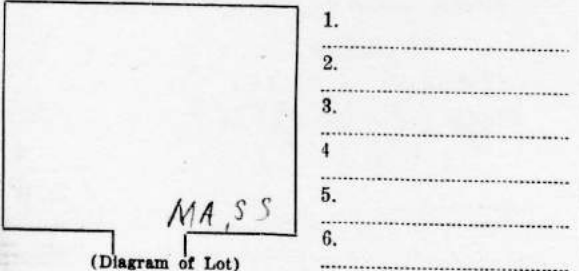
No. _____ Date March 31 1924
 Name of the Deceased Gladys Farley Sex F Color W
 Charge to Geo. Farley - Father Order given by Red Horn

How Secured Proy Co, R.D. 5
 Date of Funeral March 31-1924
 Place of Death 1 1/2 mi. South of Bremen
 Funeral Services at Home
 Time of Funeral Services 1 P.M.
 Clergyman Rev. Singletary
 Certifying Physician Dr. Chitt
 His Residence Bendless Rd
 Number of Burial Certificate _____
 Cause of Death Cerebral Meningitis
 Date of Death _____
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged 1 Years, 1 Months, 9 Days
 Birth Place _____
 Father Geo. Farley
 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 Pine
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Belmont-Walton 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)	“
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 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	30.00
By Amount Paid in Advance	“
Balance	“
Entered into Ledger, page _____ or below	“

Total Debit	\$
1925	
Apr. 10	Cred. Ch. by
	Dunham Co. 20.00



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 PALBEARERS: _____

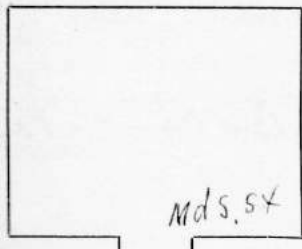
M 7-28200

QUILL

Record of Funeral

No. _____ Date April 8 - 1924 19
 Name of the Deceased Christian O. Trunkerson Sex Me Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral April 9 - 1924
 Place of Death West of Troy - Home
 Funeral Services at Wray Church
 Time of Funeral Services 9:20 A.M.
 Clergyman Rev. Steyer
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death April 7 - 1924
 Occupation of the Deceased Ret. Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 91 Years, 4 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 Blue stain
Plush in Couch 817
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Wray 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	- - - - \$	1.85.00
“ Metallic Lining	- - - -	
“ Outside Box	- - - -	
“ Grave Vault	- - - -	
“ Burial Robe <u>suit</u>	- - - -	30.00
“ 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	- - - -	15.00
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	1.95

NAMES OF NEWSPAPERS

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

Total Footing of Bill	- - - -	246.95
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below	- - - -	

Total Debit	- - - - \$	1924
Credits	- - - -	246.95

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 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 _____ 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

1924 19
Color *W*

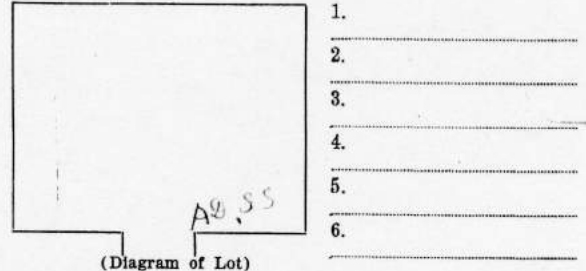
No. _____ Date *April 8* 19*24*
Name of the Deceased *Florence W Blakeley* Sex *F* Color *W*
Charge to *Dr Blakeley* Order given by _____

CHARGES	
\$	185.00
	30.00
Fluid)	15.00
	15.00
	1.95
	246.95
or below	
\$	246.95

How Secured _____
 Date of Funeral *April 8-1924*
 Place of Death *Seneca Home*
 Funeral Services at *130 7th*
 Time of Funeral Services _____
 Clergyman *Rev Stewart*
 Certifying Physician *Dr Blakeley*
 His Residence *Seneca Home*
 Number of Burial Certificate _____
 Cause of Death *arterio sclerosis*
 Date of Death *April 7-1924*
 Occupation of the Deceased *housewife*
 Single, Married, Divorced _____ Religion _____
 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 *Grey Plush*
deeper left lid
 Manufactured by *H. Lewis*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *Mt Olive* Cemetery
 Lot or Grave No. _____ Section No. *10715*

ITEMIZED CHARGES	
Price of Casket or Coffin + <i>complete</i>	\$ 125.00
“ Metallic Lining - <i>will</i>	
“ 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	125.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	



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: _____

Total Debit	\$
1923	
April 10 Credits By <i>Ch</i>	125.00

NAMES OF PALLBEARERS _____

Record of Funeral

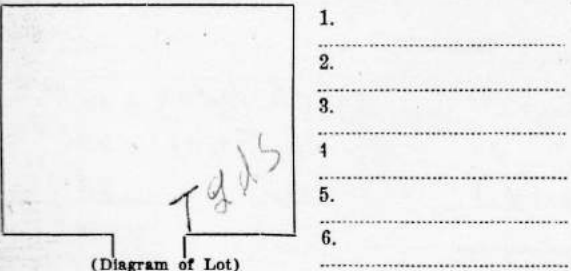
No. _____ Date April 10 - 1924 19____
 Name of the Deceased Eliza C Thornton Sex M Color W
 Charge to _____ Order given by _____

No. _____
 Name of the Deceased B
 Charge to Estate

How Secured _____
 Date of Funeral April 10 - 1924
 Place of Death North of Troy
 Funeral Services at Home
 Time of Funeral Services 10 P
 Clergyman Rev. Standenough
 Certifying Physician De Hallett
 His Residence Troy 100
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death April 8 - 1924
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 67 Years, 11 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 #130 steel
gray crepe first extra x 66
 Manufactured by W. C. East
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Courter Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES		
Price of Casket or Coffin	- - - -	\$ 120.00
" Metallic 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	- - - -	10.00
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	
<u>short 150 the 50</u>	- - - -	2.00
NAMES OF NEWSPAPERS		
Flowers <u>500 lot 4.35</u>	- - - -	5.35
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	
Total Footing of Bill	- - - -	167.35
By Amount Paid in Advance <u>Interest</u>	- - - -	37.56
Balance	- - - -	205.91
Entered into Ledger, page _____ or below	- - - -	
Total Debit - - - - \$ _____		

How Secured _____
 Date of Funeral Apr
 Place of Death So
 Funeral Services at So
 Time of Funeral Services _____
 Clergyman Rev
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Carc
 Date of Death Apr
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 78 Years
 Birth Place Land
 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 _____
and state 1/2 cons
sum must be
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at MT
 Lot or Grave No. _____

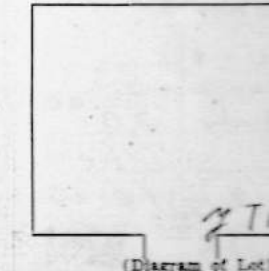


Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: 100 pages 13

NAMES OF PALLBEARERS _____

1924		
April 12	Credits	ch by girls 20.00
May 20	Honey	1.00
Oct 20	by clerk (Mary)	10.00
2-21-25	"	girls 10.00
Apr 6 25	by honey	1.00
6-24-25	"	56
9-3-27	By chickens	1.25
9-24-27	By chicken	2.60
2-9-29	By check	159.50
		205.91



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 April 12-1924 19
 Name of the Deceased Bergetta Hanson Sex F Color W
 Charge to Estate Order given by _____

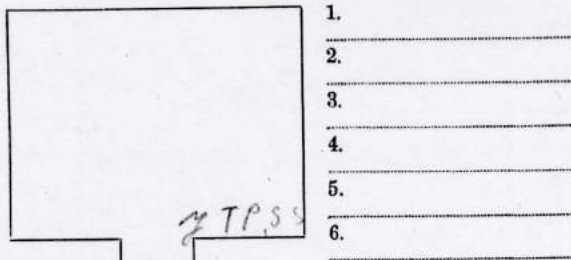
ITEMIZED CHARGES

How Secured _____
 Date of Funeral April 13-1924
 Place of Death Home Troy Kans
 Funeral Services at Home
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. J. J. ...
 Certifying Physician Dr. ...
 His Residence Troy Mo
 Number of Burial Certificate _____
 Cause of Death Carcinoma Abdomen
 Date of Death April 10-1924
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 78 Years, 8 Months, 18 Days
 Birth Place Landing Norway
 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 #2500 round
end state rough steel top, velvet
sum burst lid
 Manufactured by Medford Valley
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Cloud Cemetery
 Lot or Grave No. _____ Section No. _____

Price of Casket or Coffin	\$ 2.75 00
" Metallic Lining	.....
" Outside Box	.....
" Grave Vault	1.25 00
" Burial Robe <u>dress</u>	3.50 00
" Burial Slippers and Hose <u>Wash</u>	2.00 00
Engraving Plate	.....
Embalming Body (with _____ Fluid)	1.50 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	1.75

NAMES OF NEWSPAPERS

Flowers <u>for grave</u>	10.75
Outlay for Lot	.....
Opening Grave	5.50
Lining Grave <u>Material</u>	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	10.00
<u>Removal of casket from grave</u>	.....
Total Footing of Bill	49.00 00
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....



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: _____

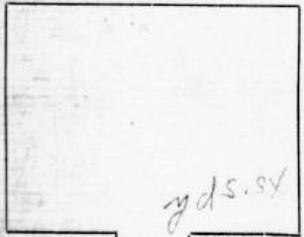
NAMES OF PALLBEARERS: _____

1924 19
 Color W
 GES
 \$ 1.20 00
 15.00
 Fluid) 15.00
 10.00
 2.00
 5.25
 167.85
 38.56
 205.91
 girls 20.00
 1.00
 (May) 10.00
 girls 10.00
 1.00
 1.56
 1.25
 2.60
 159.50
 205.91

Record of Funeral

No. _____ Date April 24 1924
 Name of the Deceased Margaret Cooney Sex F. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral April 25 - 1924
 Place of Death Home Mrs. Kaus
 Funeral Services at St. Benedict
 Time of Funeral Services 9:30 A.M.
 Clergyman Rev. Father Adrion
 Certifying Physician Dr. Waller
 His Residence Brooklyn
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death April 23 - 1924
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 79 Years, 11 Months, 23 Days
 Birth Place Utica N.Y.
 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 Blue steel
Brocade velvet 1/2 inch cushion
 Manufactured by Midland Valley
 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	\$225.00
“ 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 <u>No Father Adrion</u>	25
Telegraph <u>at Adrion</u>	_____
Number of Carriages @ \$ _____	15.00
Hearse	_____
Wagon Deliveries	1.75
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS

Flowers	7.75
Outlay for Lot	_____
Opening Grave	2.50
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

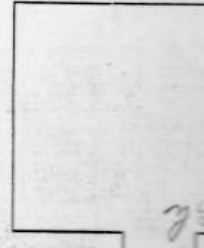
Total Footing of Bill	347.25
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit _____ \$
1924
April 28 Credits By Ch. 392.25

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 89 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 _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Be 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 7-28200

Record of Funeral

4 1924
 Color *W*
 CHARGES
 \$225.00
 125.00
 Fluid) 15.00
 2.5
 15.00
 1.75
 7.75
 2.50
 342.25
 or below
 392.25

No. _____ Date May 3 - 1924 19____
 Name of the Deceased Louisa Rice Sex _____ Color _____
 Charge to _____ Order given by _____

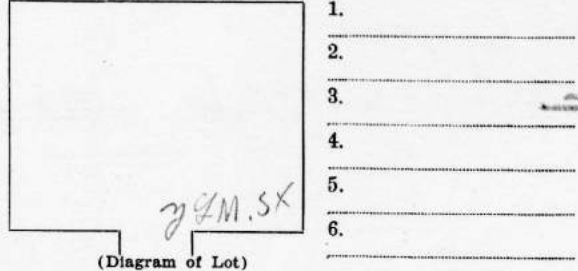
How Secured _____
 Date of Funeral May 5 - 1924
 Place of Death South of Blair
 Funeral Services at Home
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician Dr. Dunsmore
 His Residence Proy House
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death May 3 - 1924
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 89 Years, 1 Months, 21 Days
 Birth Place Switzerland
 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 Spruce
Transcribed's 12 corner style
 Manufactured by J. J. Neasey
Waterloo Pa
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Belmont Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 290.00
“ Metallic Lining	“
“ Outside Box	“
“ Grave Vault	“
“ Burial Robe	18.50
“ Burial Slippers and Hose	1.95
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	“
Outlay for Lot	“
Opening Grave	“
Lining Grave	“
Shipping Charges, prepaid	“
Removal Charges	“
Cremation Charges	“
<u>Funeral home</u>	2.35
Total Footing of Bill	342.80
By Amount Paid in Advance	“
Balance	“
Entered into Ledger, page _____ or below	“



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: _____

Total Debit \$ _____
 1927
 May 12 Credits By 2 Chr 342.80

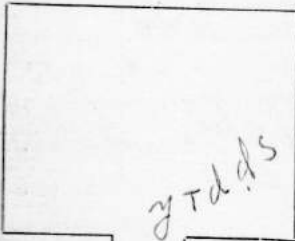
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date May 8-1924
 Name of the Deceased Mrs Laura Belle Sartor Sex F. Color W
 Charge to James Sartor Order given by _____

How Secured _____
 Date of Funeral May 9-1924
 Place of Death Home of Mrs. Brazelton
 Funeral Services at Brazelton Home
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Condover
 His Residence Troy, Kans.
 Number of Burial Certificate _____
 Cause of Death Cystic tumor of ovary
 Date of Death May 7-1924
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 67 Years, 7 Months, 28 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband James Sartor
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Grey velvet
1/2 Couch # 7067
 Manufactured by St. Louis Coffin 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	\$ 400.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	26.00
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	1.75

NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	2.50
Total Footing of Bill	457.75
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

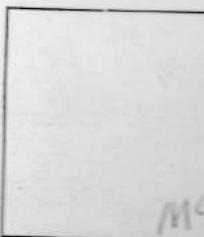
1924 Total Debit \$ _____
 Credits By ch. May 14 457.75

Lydia

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 84 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 Plush
 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

Lydia Ann Hull

No. _____ Date *May 8-1924* 19____
 Name of the Deceased *Lydia Ann Hull* Sex *F.* Color *W*
 Charge *Lydia Ann Hull* Order given by _____

CHARGES	
	4.00 00
	26.00
Fluid	15.00
	10.00
	1.75
	2.50
	2.50
	457.75
or below	
	457.75

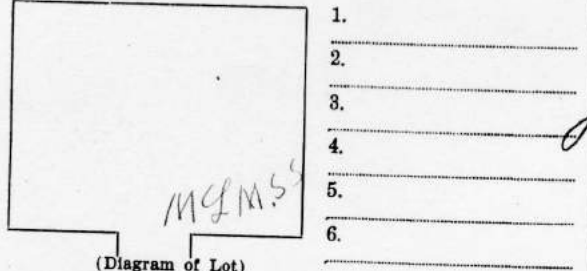
How Secured _____
 Date of Funeral *May 11-1924*
 Place of Death *North of Dubuque Grove School*
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician *Dr. M. C. Garbay*
 His Residence *White Cloud, Ia*
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death *May 8-1924*
 Occupation of the Deceased *Housewife*
 Single, Married, Divorced _____ Religion _____
 Aged *84* Years, *11* Months, *19* Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband *Elijah Hull*
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin *Blue Silver*
Plush 1/2 Court #807
 Manufactured by *Imperial*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *Lola* Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 185.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe <i>shroud</i>	12.50
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	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	227.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit	\$	1924
Credits	By ch	227.50



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: _____

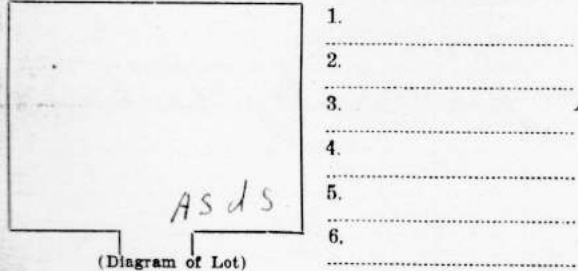
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date May 15 - 1924 19
 Name of the Deceased John Madison Mix Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral May 16 - 1924
 Place of Death South of Troy Home
 Funeral Services at M.E. Church Troy
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Cardonier
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death Acute Nephritis
 Date of Death May 14 - 1924
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 47 Years, 11 Months, _____ Days
 Birth Place Troy Kansas
 Father B. G. Mix
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Ethel Mix
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #130 Grey
Crepe
 Manufactured by Ret-est
 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	\$ 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	12.50
Wagon Deliveries	“
Death Notices in _____ Newspapers	“

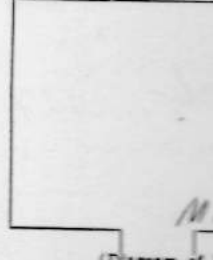
NAMES OF NEWSPAPERS	
Flowers	“
Outlay for Lot	“
Opening Grave	“
Lining Grave	2.50
Shipping Charges, prepaid	“
Removal Charges	“
Cremation Charges	2.50
<u>bed linen</u>	“

Total Footing of Bill _____
 By Amount Paid in Advance 117.50
 Balance _____
 Entered into Ledger, page _____ or below

Total Debit _____ \$
part
 May 21 Credits By ch 117.50

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 77 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 _____
Broads
 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

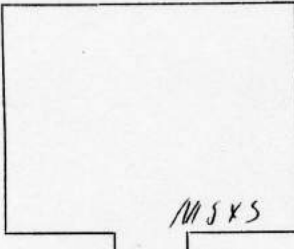
No. _____ Date May 20 - 1924
 Name of the Deceased Eliza B. Hanson Sex F. Color R.
 Charge to John B. Kennedy Order given by _____

How Secured Ordered by John B. Kennedy
 Date of Funeral May 20 - 1924
 Place of Death San Diego Cal
 Funeral Services at _____
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Campbell
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Chronic Intestinal Neoplasm
 Date of Death May 13 - 1924
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 77 Years, 11 Months, 29 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 Grey Broadcloth
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at W. Malone 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>Roberts + funeral</u>	15.00
Wagon Deliveries <u>Bot. to cement</u>	1.00
Death Notices in _____ Newspapers	..

NAMES OF NEWSPAPERS	
Flowers	..
Outlay for Lot	..
Opening Grave	..
Lining Grave	2.50
Shipping Charges, prepaid	..
Removal Charges	..
Cremation Charges	..
<u>Personal services</u>	10.00
Total Footing of Bill	28.50
By Amount Paid in Advance	..
Balance	..
Entered into Ledger, page _____ or below	..

Total Debit	\$	1924
June 11, Credits	By check	28.50



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: _____

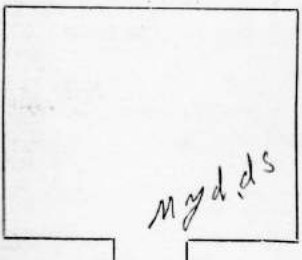
NAMES OF PALLBEARERS _____

Color R.
 \$ 86.00
 Fluid) 15.00
 \$ 12.50
 \$ 2.50
 \$ 2.50
 \$ 117.50
 or below
 \$ 117.50

Record of Funeral

No. _____ Date June 10-1974
 Name of the Deceased Emma S. Briggs Sex F. Color W
 Charge to _____ Order given by _____

How Secured Called from Noyes
 Date of Funeral June 10-1974
 Place of Death Noyes Hosp St Joseph Mo
 Funeral Services at Christian Church Noyes
 Time of Funeral Services 1 7/8
 Clergyman Rev. Campbell
 Certifying Physician Fargnawe
 His Residence St Joseph Mo
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death June 9 1974
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 59 Years _____ Months 1 Days
 Birth Place Sparks Mo
 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 Burniah
1/2 couch 33 1/2
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Sola 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 _____

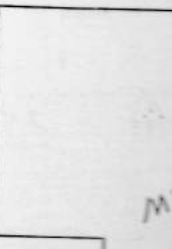
ITEMIZED CHARGES

Price of Casket or Coffin	\$ 1.80 00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	<u>none</u> 1.00
Engraving Plate	
Embalming Body (with <u>St. Joseph</u> Fluid)	2.00 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>No of fee 10.00 funeral 15</u>	2.50 00
Wagon Deliveries	
Death Notices in Newspapers	1.75
<u>Ad. member</u>	2.50
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>under rest</u>	50
<u>collar for neck of dress</u>	50
Total Footing of Bill	233 75
By Amount Paid in Advance <u>flowers</u>	10 75
Balance	244 80
Entered into Ledger, page _____ or below	

1974 Total Debit \$ _____
July 28 Credits by cb 244 50

M
 QUILL
 7-28200

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 69 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: _____

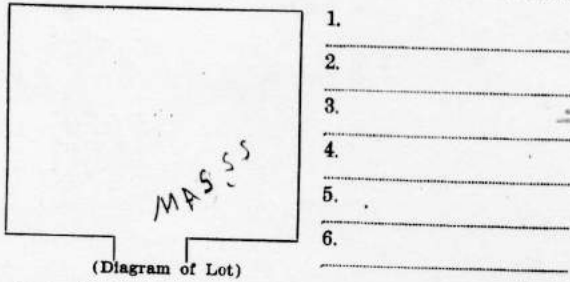
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date June 18 1924
 Name of the Deceased Robert Henry Lazelere Sex _____ Color _____
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral June 18 - 1924
 Place of Death Mathena Kans
 Funeral Services at Home
 Time of Funeral Services 2 1/2
 Clergyman Rev. Zidler
 Certifying Physician Dr. Carter
 His Residence Mathena Mo
 Number of Burial Certificate _____
 Cause of Death Valvular Heart Disease
 Date of Death June 16 - 1924
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 69 Years, 9 Months, 10 Days
 Birth Place St. Joseph Mo
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant R. H. Lazelere
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Emb. Burial
Belmont 1/2 Couch
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Belmont Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 275.00
" 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	2.50
NAMES OF NEWSPAPERS	
Flowers <u>valve graves 4 days</u>	8.00
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
<u>heavy lid lumber</u>	2.50
Total Footing of Bill	268.00
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: _____

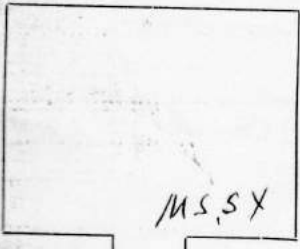
NAMES OF PALLBEARERS: _____

10-1924
 180.00
 1.00
 2.00
 25.00
 1.75
 2.50
 2.50
 50
 50
 233 75
 10 75
 244 50
 244 50

Record of Funeral

No. _____ Date July 5-1924 19____
 Name of the Deceased Nona Jenkins Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral July 6-1924
 Place of Death Epulson Young Mo.
 Funeral Services at Maray
 Time of Funeral Services 2:30 P.
 Clergyman Roy Syer
 Certifying Physician _____
 His Residence Epulson Young Mo.
 Number of Burial Certificate _____
 Cause of Death Cancer of shoulder
 Date of Death July 3-1924
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 57 Years, 3 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 Cap. Tut
Half Couch
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Maray 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	_____	\$
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 H. J. Jul. 1000 funeral</u>	_____	<u>25.00</u>
Wagon Deliveries <u>Ret. to Court</u>	_____	<u>2.00</u>
Death Notices in Newspapers	_____	<u>10.00</u>
<u>Personal services</u>	_____	_____

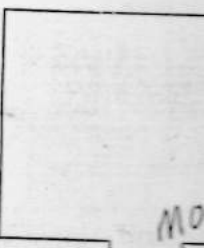
NAMES OF NEWSPAPERS

Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
<u>heavy lid lumber</u>	<u>2.50</u>
Total Footing of Bill	<u>39.50</u>
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

1924 Total Debit _____ \$
Aug 4 Credits B. J. ch 39.50

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 _____
 Aged 37 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 _____

M 7-28200

Record of Funeral

1944 19
Color *W*

No. _____ Date July 10 - 1944 19
Name of the Deceased Mary Grant Sex F Color W
Charge to _____ Order given by _____

ITEMIZED CHARGES

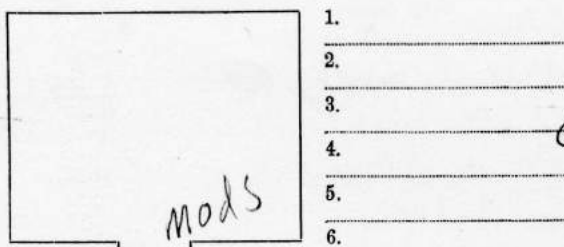
How Secured _____
Date of Funeral July 10 - 1944
Place of Death Mercedes Texas
Funeral Services at Baptist Church Proj.
Time of Funeral Services 2:30 P.M.
Clergyman Parr Armstrong
Certifying Physician _____
His Residence _____
Number of Burial Certificate _____
Cause of Death Pulmonary Tuberculosis
Date of Death July 5 - 1944
Occupation of the Deceased School Teacher
Single, Married, Divorced _____ Religion _____
Aged 37 Years, 3 Months, 14 Days
Birth Place Proj. Kansas
Father Wm Grant
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 Doe
Octagon Top lid
Manufactured by _____
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at Mt Olive Cemetery
Lot or Grave No. _____ Section No. _____

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>Do Han's funeral</u>	<u>1.50</u>	<u>00</u>
Wagon Deliveries	_____	
Death Notices in _____ Newspapers	<u>1.75</u>	<u>00</u>
<u>Personal services</u>	<u>10.00</u>	

NAMES OF NEWSPAPERS

Flowers	_____	
Outlay for Lot	_____	
Opening Grave	_____	
Lining Grave	<u>2.50</u>	
Shipping Charges, prepaid	_____	
Removal Charges	_____	
Cremation Charges	_____	
<u>bed lumber</u>	<u>2.50</u>	
<u>Del box to cemetery</u>	<u>1.00</u>	
Total Footing of Bill	<u>32.75</u>	
By Amount Paid in Advance	_____	
Balance	_____	
Entered into Ledger, page _____ or below	_____	

Fluid) _____
_____ 2.50
_____ 2.00
_____ 10.00
_____ 2.50
_____ 39.50
_____ 39.50



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: _____

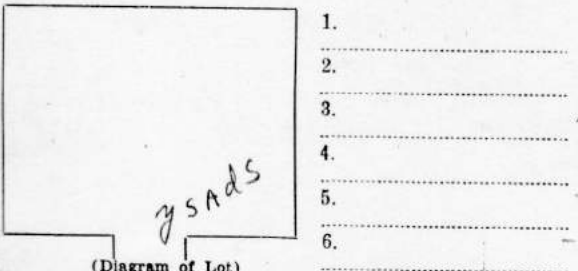
NAMES OF PALLBEARERS _____

Total Debit _____ \$
1944
July 12 Credits By Cash 32.75

Record of Funeral

No. _____ Date Aug 14 - 1924 19____
 Name of the Deceased Abraham Gutzman Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Aug 14 - 1924
 Place of Death S. E. Troy
 Funeral Services at Nathana
 Time of Funeral Services 2:30 P.
 Clergyman Rev. Moore
 Certifying Physician C. F. Kart Coroner
 His Residence Troy
 Number of Burial Certificate _____
 Cause of Death Arterial Heart Disease
 Date of Death Aug 12 - 1924
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 60 Years, _____ Months, 2 Days
 Birth Place _____
 Father Karl Gutzman
 Birth Place Germany
 Maiden Name of Mother Caroline Kuhnke
 Birth Place Germany
 Name of Husband _____
 Name of Wife Laura Gutzman
 Informant Laura Gutzman
 Address Troy
 Body to be shipped to _____
 Size and Style of Casket or Coffin Wagon Plush
half casket #807
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Belmont 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 _____

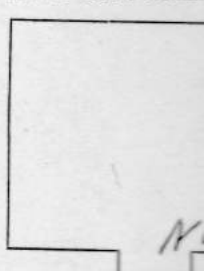
ITEMIZED CHARGES

Price of Casket or Coffin	\$ 185.00
“ 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	_____
Photograph	_____
Number of Carriages @ \$ _____	_____
Hearse	_____ 15.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers - 150 _____	_____
_____ 150 sheets ✓	3.00
NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____ 2.50
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
_____ 100 sheets 25 ✓	1.25
_____ pressing out	75
Total Footing of Bill	347.50
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit		\$
1924		
Sept 22	Credits By Ch	147.50
Oct 2	" "	100.00
Oct 27	" "	100.00
		347.50

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 I _____
 Single, Married, D _____
 Aged 90
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of M _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs.
 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. _____



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

1924 19
Color *W*

No. _____ Date *Aug 19-1924*
Name of the Deceased *Sidney J. Canter* Sex *M* Color *W*
Charge to _____ Order given by _____

ARGES

\$ 185.00

✓ 125.00

Fluid) ✓ 15.00

✓ 15.00

✓ 3.00

✓ 2.50

✓ 1.25

75

347.50

or below

147.50

100.00

100.00

347.50

How Secured *By Mrs Cordonier*

Date of Funeral *Aug 19-1924*

Place of Death *Home of Mrs Cordonier*

Funeral Services at " " " "

Time of Funeral Services *10 P.M.*

Clergyman *Rev. Moore*

Certifying Physician *Dr Cordonier*

His Residence *Prog Staus*

Number of Burial Certificate _____

Cause of Death *Impaction of Bowels*

Date of Death *Aug 16-1924*

Occupation of the Deceased *Ret farmer*

Single, Married, Divorced _____ Religion _____

Aged *70* Years, *6* Months, _____ Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant *Mrs Mrs Cordonier*

Address _____

Body to be shipped to *Rosendale Mo.*

Size and Style of Casket or Coffin *#130 steel*

Grey Crepe

Manufactured by *Ret. Art.*

Metallic Lining _____

Outside Box _____

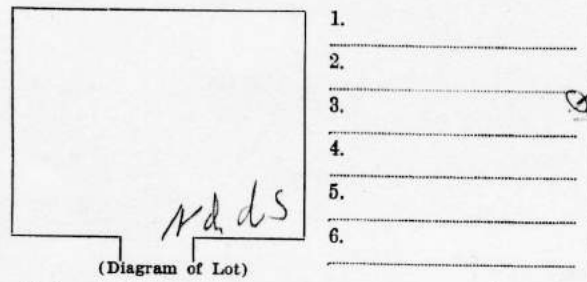
Number of Handles _____

Interment at *Rosendale Mo.* Cemetery

Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 85.00
Metallic Lining	.....
Outside Box	.....
Grave Vault	.....
Burial Robe <i>suit</i>	✓ 30.00
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	25.00
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....

NAMES OF NEWSPAPERS	
Flowers <i>Flowers 3.50</i>	3.50
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
Total Footing of Bill	158.50
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....



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 _____

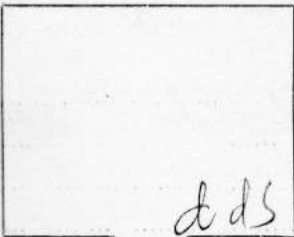
Total Debit \$ _____

1924
Sept 17 Credits *By Ch.* 158.50

Record of Funeral

No. _____ Date July 31-1924 19__
 Name of the Deceased Infant of Mr + Mrs Jess Ayers Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Sept 1-1924
 Place of Death H. B. of Troy
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Stillborn
 Date of Death Aug 31-1924
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged Stillborn years, _____ Months, _____ Days
 Birth Place H. B. of Troy
 Father _____
 Birth Place _____
 Maiden Name of Mother Kora Mit
 Birth Place Troy, Kansas
 Name of Husband _____
 Name of Wife _____
 Informant Jess Ayers
 Address Troy, Kan
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Lamb
7
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Courter 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	_____

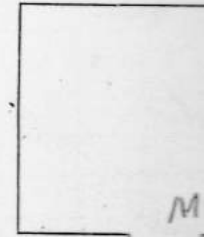
Total Footing of Bill _____ \$ 15.00
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below

Total Debit _____ \$
1924
Aug 31 Credits Check 15.00

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 33 years, _____ Months, _____ Days
 Birth Place Troy, Kan
 Father Jess
 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 left from
 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: _____

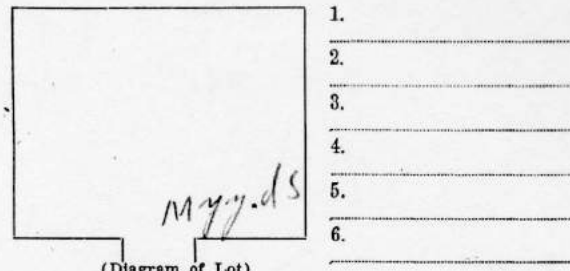
NAMES OF PALLBEARERS _____

M
7-28200
QUILL

Record of Funeral

No. _____ Date Sept 15 1924
 Name of the Deceased Clyde E. Scott Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Sept 16 - 1924
 Place of Death S.W. of Prox
 Funeral Services at Presb. Church - Prox
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Mumbley
 Certifying Physician Dr. Clark
 His Residence Bendena
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Sept 14 - 1924
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 33 Years, 3 Months, 19 Days
 Birth Place Prox, Kansas
 Father John D. Scott
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Allen Scott
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Octagon Plush
left panel
 Manufactured by Ret
 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	\$125.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe <u>suit</u>	35.00
“ 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	12.50
Wagon Deliveries	
Death Notices in _____ Newspapers	
<u>Sheet 150 to 700</u>	2.50
NAMES OF NEWSPAPERS	
Flowers	5.00
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>heavy burial fee bid</u>	2.50
Total Footing of Bill	200.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit \$ _____
 1924
 Sept 30 Credits by cb 200.00

ARGES	\$ 15.00
Fluid)	
papers	
ERS	
or below	
	15.00
	15.00

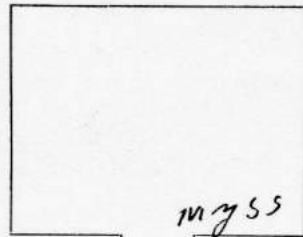
Record of Funeral

1924
Color *W*

No. _____ Date *Sept. 25* 1924
Name of the Deceased *Lourene O. Merrick* Sex *M.* Color *W*
Charge to _____ Order given by _____

GES
\$ *15.00*
Fluid)
\$ *15.00*

How Secured _____
Date of Funeral *Sept. 25 - 1924*
Place of Death *K.C. Mo*
Funeral Services at *Dr. Merrick Home*
Time of Funeral Services *4:30 P.M.*
Clergyman *Rev. Stanbrough*
Certifying Physician *Dr. Mast*
His Residence *K.C. Mo*
Number of Burial Certificate _____
Cause of Death *Epilepsy*
Date of Death *Sept 22 - 1924*
Occupation of the Deceased _____
Single, Married, Divorced _____ Religion _____
Aged *24* 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 *Coteyon Plush*
left lid
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 <i>Robt Lee & Financial</i>		<i>20.00</i>
Wagon Deliveries <i>Back to Country</i>		<i>1.00</i>
Death Notices in _____ Newspapers		
<i>Personal services</i>		<i>10.00</i>
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		<i>2.50</i>
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		<i>33.50</i>
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit	\$	
<i>1924</i>		
<i>Nov. 28</i> Credits <i>by bank</i>		<i>33.50</i>

Record of Funeral

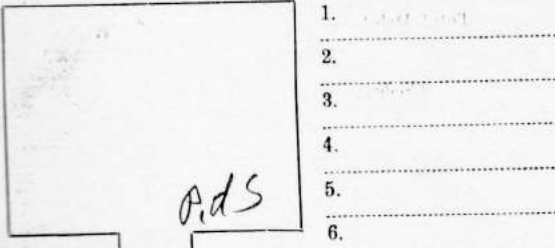
No. _____ Date Sept 26 1924
 Name of the Deceased Geo Donald Koehler Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Sept 26-1924
 Place of Death North of Troy
 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 Chual
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years _____ Months 2 Days
 Birth Place Troy Mass
 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
2
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mosquit Creek Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 150.00
" 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	\$ 150.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

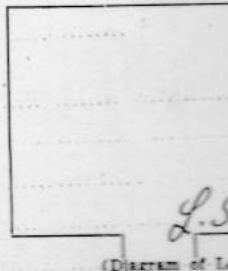
Total Debit	\$
1924 Sept 27 Credits by cash	150.00



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 _____

No. _____
 Name of the Deceased Geo Donald Koehler
 Charge to Clau
 How Secured _____
 Date of Funeral Oct.
 Place of Death North
 Funeral Services at Co
 Time of Funeral Services _____
 Clergyman Rev S
 Certifying Physician Dr
 His Residence Pro
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct.
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged _____ Years _____
 Birth Place Pro
 Father Clau
 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 Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Co
 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 7-28200

Record of Funeral

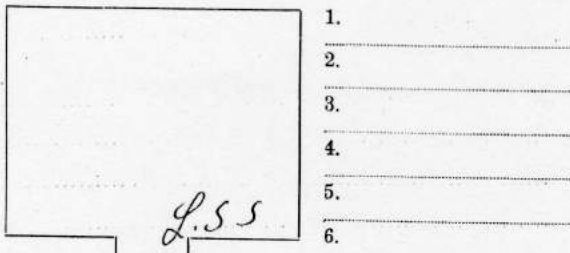
No. _____ Date Oct. 1 - 1924 19
 Name of the Deceased Phelma Boneta Thornton Sex F Color W
 Charge to Claud Thornton Order given by _____

CHARGES	\$ 15.00
Fluid	
papers	
ERS	
or below	
ork	15.00

How Secured _____
 Date of Funeral Oct. 1 - 1924
 Place of Death North of Troy
 Funeral Services at Courter Cemetery
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Starbrough
 Certifying Physician Dr. Cordonier
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct. 1 - 1924
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, 7 Months, 2 Days
 Birth Place Troy Kansas
 Father Claud Thornton
 Birth Place _____
 Maiden Name of Mother Laura Nitt
 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 Plint Casket Co.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Courter Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 17.00
" 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	17.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____



(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: No Page 15

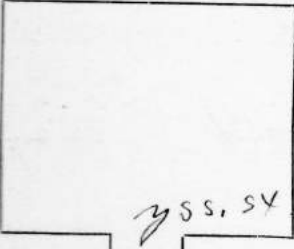
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Oct 7-1924 19____
 Name of the Deceased Harrison Lyon Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Oct. 8-1924
 Place of Death Home Troy Mo
 Funeral Services at Home
 Time of Funeral Services 2:00
 Clergyman Rev Stanbrough
 Certifying Physician Dr. Haller
 His Residence Troy Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct. 6-1924
 Occupation of the Deceased Hotel Keeper
 Single, Married, Divorced _____ Religion _____
 Aged 76 Years, 8 Months, 25 Days
 Birth Place Garnes Mo
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Martha Lyon
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Very Trunked
Net-come State Body Interior
 Manufactured by Ret
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Cola 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	\$ 750.00
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 Newspapers	2.50

NAMES OF NEWSPAPERS

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

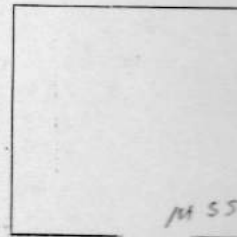
Total Footing of Bill	282.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

1924 Total Debit	\$
Oct 20 Credits by ch.	203.95
" " " "	76.05
" " " "	2.50
	282.50

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral Oct
 Place of Death Troy
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman Rev.
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 75 Years _____
 Birth Place Mo
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin left lid
 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 7-28200

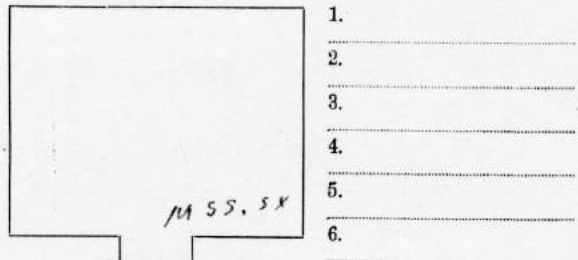
Record of Funeral

No. _____ Date Oct 8 - 1924 19
 Name of the Deceased Mrs. Delilah Berry Monroe Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Oct. 9 - 1924
 Place of Death Proy. Home
 Funeral Services at Home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Cordonier
 His Residence Proy. H.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct 6 - 1924
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 75 Years, 3 Months, 28 Days
 Birth Place Missouri
 Father _____
 Birth Place _____
 Maiden Name of Mother Phidie Berry
 Birth Place _____
 Name of Husband Elijah Monroe
 Name of Wife _____
 Informant Mrs. Nether Clark
 Address Proy. H.
 Body to be shipped to _____
 Size and Style of Casket or Coffin Octagon Pitch
1 1/2 ft. lid.
 Manufactured by Plant C. Co.
 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	
“ 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	78.5
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>hearth & lumber</u>	2.50
Total Footing of Bill	162.85
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	



(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 _____

Total Debit \$
Oct. 13 Credits By Ch 162.85

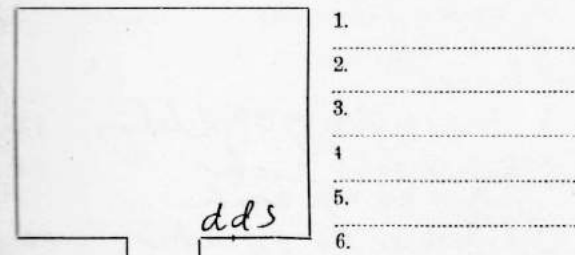
\$	750.00
Fluid	15.00
	15.00
	2.50
	282.50
ch.	203.95
"	76.05
cash	2.50
	282.50

Record of Funeral

No. _____ Date Oct 9-1924 19____
 Name of the Deceased Infant of W.W. Kellogg Sex M Color W
 Charge to W.W. Kellogg Order given by _____

How Secured _____
 Date of Funeral Oct 10-1924
 Place of Death Troy Kansas
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Premature Birth
 Date of Death Oct 9-1924
 Occupation of the Deceased Apple picker
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years _____ Months 8 Hours _____ Days _____
 Birth Place Troy Kansas
 Father W.W. Kellogg
 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 Gold
7
 Manufactured by Imperial
 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: Father of child
W.W. Kellogg
Apple picker 1907 to 1918
 NAMES OF BALLBEARERS _____

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	- - - - \$	
Oct. 18-1924 Credits <u>By cash</u>	- - - -	10.00
“ 27-1924 “ “	- - - -	5.00
	- - - -	15.00

QUILL 7-28300

Record of Funeral

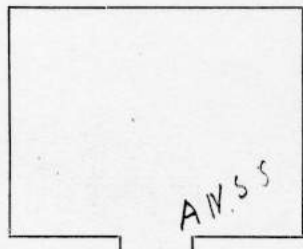
No. _____ Date Oct. 17-1924 19____
 Name of the Deceased Joseph Nelson Melching Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Oct. 17-1924
 Place of Death 5 miles south of Denton
 Funeral Services at Home of Arthur Denton
 Time of Funeral Services 2 P.M.
 Clergyman _____
 Certifying Physician E.P. Kaul - Coroner
 His Residence Troy Kaul
 Number of Burial Certificate _____
 Cause of Death Apoplexy
 Date of Death Oct. 15 1924
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 62 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 Grey Crepe
Uctegum
 Manufactured by Ret. Art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Denton Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 85.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	12.00
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	20.00
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	40.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	136.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit		Total
1924		
Nov. 19	Ch by C.F. Melching	86.49
	Credits	
Oct. 19-25	by ch	10.00
July 10-20	By cash	7.00
July 16-26	By P.O. order	10.00



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: _____

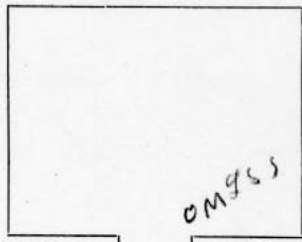
C.F. Melching
with Bureau Printing & Stationery
120 N. 10th St.

NAMES OF PALLBEARERS: C.F. Melching - Son / R.C. Melching
R.B. Jones / 2740 Monroeville Ave
2741 Wacker St. / Mo.
(owns own home)

Record of Funeral

No. _____ Date Oct. 27-1974
 Name of the Deceased Leonard D. Noyes Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Oct. 28-1974
 Place of Death Home Troy Nausar
 Funeral Services at Home
 Time of Funeral Services 2:30 P.M.
 Clergyman _____
 Certifying Physician Dr. J. J. Sinsmore
 His Residence Troy Nausar
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct. 25-1974
 Occupation of the Deceased Ret. Grocery Salesman
 Single, Married, Divorced _____ Religion _____
 Aged 75 Years, 5 Months, _____ Days
 Birth Place Nyston Connecticut
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Robt. Noyes
 Address Rt. 6
 Body to be shipped to _____
 Size and Style of Casket or Coffin Silver finish
Metallic Sealer
 Manufactured by Hill C. 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	\$ 425.00
" 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 1 @ \$500	500.00
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	1.75

NAMES OF NEWSPAPERS

Flowers	12.50
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
_____	7.50
_____	1.00
Total Footing of Bill	475.25
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	

Total Debit

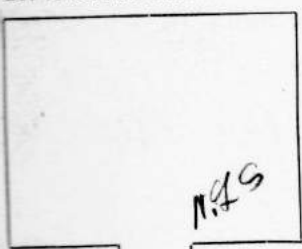
1974
 Nov. 3 Credits By Check 475.25

Record of Funeral

No. _____ Date Oct. 27-1924 19____
 Name of the Deceased Norma June Armstrong Sex F Color A
 Charge to Leslie Armstrong Order given by _____

How Secured _____
 Date of Funeral Oct. 28-1924
 Place of Death Proy Kansas
 Funeral Services at Armstrong Home
 Time of Funeral Services 2 P
 Clergyman Rev. Starbrough
 Certifying Physician Dr. C. E. Maller
 His Residence Proy Kansas
 Number of Burial Certificate _____
 Cause of Death Tubercular Pneumonia
 Date of Death Oct. 27-1924
 Occupation of the Deceased child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, 7 Months, 8 Days
 Birth Place Proy Kansas
 Father Leslie Armstrong
 Birth Place Proy Kansas
 Maiden Name of Mother Gail Clinton
 Birth Place Northwest Kansas
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Subtle Plum
 #0
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Belmont 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	.....	\$	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 _____
 By Amount Paid in Advance _____
 Balance 15.00
 Entered into Ledger, page _____ or below

Total Debit _____ \$

1924
 Oct. 28 Credits by cash 15.00

No. _____
 Name of the Deceased _____
 Charge to Estate

How Secured _____
 Date of Funeral _____
 Place of Death Proy
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 59
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Phos

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

Remarks: file

NAMES OF PALLBEARERS _____

Record of Funeral

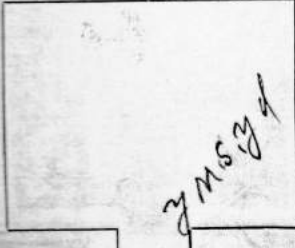
No. _____ Date Nov. 4 - 1924
 Name of the Deceased William Wallace Andrews Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Nov. 6 - 1924
 Place of Death 1 mile east of Severance
 Funeral Services at Christ Church, Severance
 Time of Funeral Services _____
 Clergyman Rev. Armstrong
 Certifying Physician Speight
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Nov. 4 1924
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 72 Years, 2 Months, 11 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Candacy Andrews
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Star Silver
Black half round 807
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Burrell - near Cemetery Severance
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 185.00
Metallic Lining	
Outside Box	
Grave Vault	100.00
Burial Robe	22.00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	20.00
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 <u>7.50</u> <u>Feb 4 to 6 35</u>	7.85
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	349.85
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Dec 12 - 24	Credits by ch	56.00
Dec 12 - 24	By ch	44.00
Feb. 5 - 25	" "	100.00
Sept. 16 - 25	" "	50.00
Jan. 16 - 26	" "	89.85
		349.85

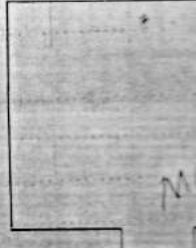


(Diagram of Lot)
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: To Page 17

NAMES OF PALLBEARERS (Wife Mrs C. Andrews)

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 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 _____
 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 M 7-23200

Record of Funeral

1924
Color *W*

No. *111* Date *Nov. 6 - 1924*
Name of the Deceased *Ray Leslie Smith* Sex *M.* Color *W*
Charge to *John Smith* Order given by *John Smith*

CHARGES

Fluid	185.00
	100.00
	22.00
	20.00
	15.00
	7.85
	349.85

How Secured *Nov. 6 - 1924*
Date of Funeral *Nov. 6 - 1924*
Place of Death *Troy Kansas*
Funeral Services at *Home*
Time of Funeral Services *3 P.M.*
Clergyman *Rev. Starbrough*
Certifying Physician *Dr. Cordone*
His Residence *Troy Kansas*
Number of Burial Certificate *1*
Cause of Death *Child*
Date of Death *Nov. 6 - 1924*
Occupation of the Deceased *Child*
Single, Married, Divorced *Single* **Religion** *Methodist*
Aged *7* Years, *7* Months, *7* Days
Birth Place *John Smith*
Father *John Smith*
Birth Place *Mildred Eisenberg*
Maiden Name of Mother *Huntington Pa*
Birth Place *Huntington Pa*
Name of Husband *Ray Leslie Smith*
Name of Wife *Mildred Eisenberg*
Informant *John Smith*
Address *111*
Body to be shipped to *White Label*
Size and Style of Casket or Coffin *White Label*
Manufactured by *Imperial #2*
Metallic Lining *Yes*
Outside Box *Yes*
Number of Handles *2*
Interment at *W. C. Davis* Cemetery
Lot or Grave No. *111* **Section No.** *111*

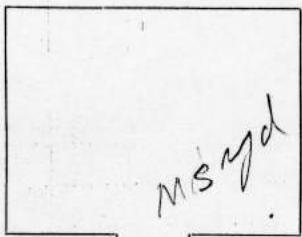
ITEMIZED CHARGES

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	\$

ch	56.00
ch	44.00
"	100.00
"	50.00
"	99.85
	349.85



(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.

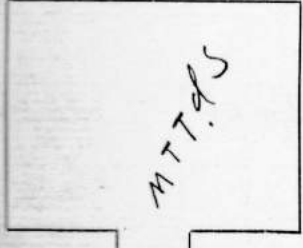
Remarks:

NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date Nov. 8-1924 19____
 Name of the Deceased Josephine Euler Sex F. Color W
 Charge to Frank Euler Order given by _____

How Secured _____
 Date of Funeral Nov. 10-1924
 Place of Death North of Blair
 Funeral Services at New Hope Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Cardonier
 His Residence Brook Road
 Number of Burial Certificate _____
 Cause of Death Cancer of Breast
 Date of Death Nov. 8-1924
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 42 Years, 9 Months, 21 Days
 Birth Place Blair, Kansas
 Father Joseph Sallee
 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 Blue Silver Plated
 Manufactured by Midland Valley
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at New Hope 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	\$ 185.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	115.00
“ 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	15.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS

Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Closing Grave	2.50
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

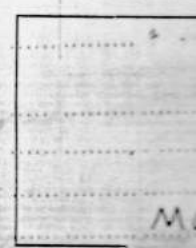
Total Footing of Bill	337.50
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit _____ \$
 1924
 Nov. 25 Credits Paid by Note 337.50

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 _____ Religion _____
 Aged 80 Years _____ Months _____ Days
 Birth Place Mo.
 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. _____



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 in Probate Co.

NAMES OF PALLBEARERS _____

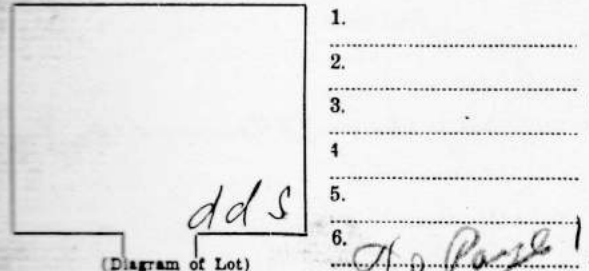
QUILL M 7-20200

Record of Funeral

No. _____ Date Dec. 8-1924
 Name of the Deceased Fredric M. Callan Sex _____ Color _____
 Charge to Alexander (Sandy) M. Callan Order given by _____

How Secured _____
 Date of Funeral 12-9-1924
 Place of Death 1/2 mi North of Blair
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician Dr. C. E. Haller
 His Residence Proy Road
 Number of Burial Certificate _____
 Cause of Death Pneumonia
 Date of Death Dec 8-1924
 Occupation of the Deceased Child
 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 Panel
H.O.
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Conster 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: Father
Alexander (Sandy) M. Callan

NAMES OF PALLBEARERS: Blair Road

ITEMIZED CHARGES

Price of Casket or Coffin	17.50
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 17.50
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below _____

Total Debit 14.76
 Credits By cash 5.50

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 53
 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 Below 1/2
 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.

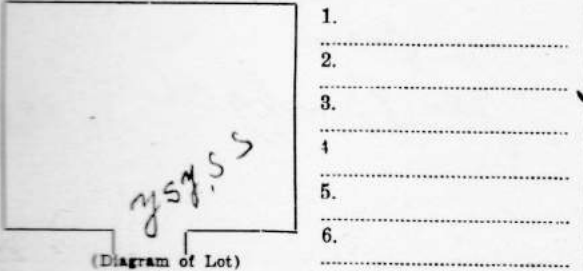
Remarks: _____

NAMES OF PALLBEARERS: _____

Record of Funeral

No. _____ Date Dec 16 1924
 Name of the Deceased Cadie Lee Cordover Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec 17-1924
 Place of Death N.E. of Troy
 Funeral Services at M.E. Church - Troy
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Cordover
 His Residence Troy Tenn
 Number of Burial Certificate _____
 Cause of Death Carsonoma of heart
 Date of Death Dec 14-1924
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 56 Years, 7 Months, 4 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Geo. Cordover
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Bel gray
oak 2 Couch
 Manufactured by R.F. Art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt. Olivet 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	115.00
“ 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	X 10.00
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	2.50
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....

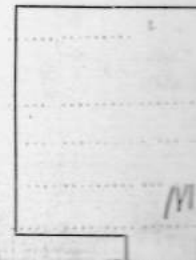
Total Footing of Bill	330.00
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....
Total Debit	\$ _____

June 2 Credits By ck. 330.00

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 79 Years, _____ Months, _____ Days
 Birth Place Mt. Olivet
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
Plunkett
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt. Olivet 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 _____

M 120200

Record of Funeral

No. _____ Date Jan 12 1925 19
 Name of the Deceased Mr Calvin Judd Sex M Color W
 Charge to _____ Order given by _____

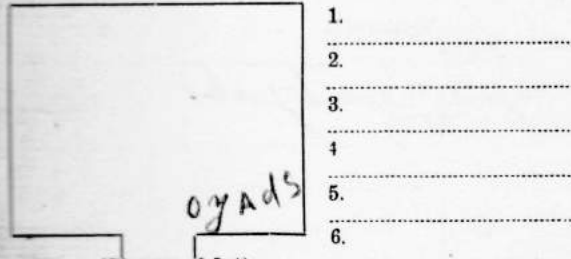
No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral Jan 12 1925
 Place of Death Wray Kansas
 Funeral Services at Christian Church
 Time of Funeral Services 2 P
 Clergyman Rev. Lawrence Smith
 Certifying Physician Dr. Haller
 His Residence Wray Kansas
 Number of Burial Certificate _____
 Cause of Death Paralysis agitans
 Date of Death Jan 10 1925
 Occupation of the Deceased Section Foreman
 Single, Married, Divorced _____ Religion _____
 Aged 68 Years, 10 Months, _____ Days
 Birth Place St Joseph Mo
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mr Edith Harrow
 Address Wray Mo
 Body to be shipped to _____
 Size and Style of Casket or Coffin Metallic
Leads Silver finish
 Manufactured by Will Chemally
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at W. Ave Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$475.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe suit	32.50
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	20.00
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>have 50 sheet 200</u>	2.50

NAMES OF NEWSPAPERS	
Flowers	10.00
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>undermined</u>	2.00
<u>funeral notices</u>	1.75
Total Footing of Bill	506.75
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

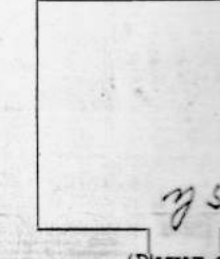
Total Debit \$ _____
1925
Feb. 7 Credits By ch. 506.75



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
 Place of Death Wray
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Ja
 Date of Death Jan
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 75 Years _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Re
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Couch
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mo
 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 7-20200

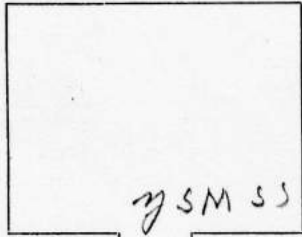
Record of Funeral

1915
 Color W
 CHARGES
 \$425.00
 32.50
 Fluid) 20.00
 10.00
 2.50
 10.00
 2.50
 2.00
 1.75
 50.6
 506.75

No. _____ Date Jan 12 1915
 Name of the Deceased Joseph Wellington Howard Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Jan 13 1915
 Place of Death Proy St
 Funeral Services at Moray
 Time of Funeral Services 7:30 P.M.
 Clergyman _____
 Certifying Physician Dr. Haller
 His Residence Proy St
 Number of Burial Certificate _____
 Cause of Death From Myocarditis
 Date of Death Jan 10 1915
 Occupation of the Deceased Ret. Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 75 Years, 11 Months, 2 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Roy Howard
 Address Benden Ave.
 Body to be shipped to _____
 Size and Style of Casket or Coffin Rectangular half
Couch Trained
 Manufactured by Plant Co.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Moray Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 180.00
" Metallic Lining	
" Outside Box	
" Grave Vault	115.00
" 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	
<u>the 50 column</u>	70
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>cherry suit</u>	10.00
Total Footing of Bill	324.20
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$
1915	
April 11 Credits by ch	324.20



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.

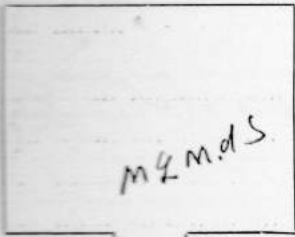
Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Jan 20 - 1925
 Name of the Deceased Robert Wilson Hillmuth Sex M. Color W.
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Jan 21 - 1925
 Place of Death South of Troy
 Funeral Services at Home
 Time of Funeral Services 11 A.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. R. S. Duvon
 His Residence Troy, Ill.
 Number of Burial Certificate _____
 Cause of Death Pneumonia (Lobar)
 Date of Death Jan 18 - 1925
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 80 Years, 5 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 Broadwood
oak 1/2 Couch
 Manufactured by Burlington Casket Co.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Cordonier (Rosedale) 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	30.00
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing <u>care</u>	10.00
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	15.00
Wagon Deliveries	
Death Notices in Newspapers	
<u>Sheet 200</u>	<u>2.50</u>
NAMES OF NEWSPAPERS	
Flowers <u>7.50</u>	<u>7.85</u>
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill 240.35
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below _____

Total Debit 1925 \$ _____
Feb. 4 Credits By ch 240.35

(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.

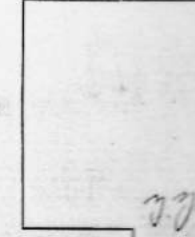
Remarks: _____

NAMES OF PALLBEARERS _____

No. _____
 Name of the Deceased _____
 Charge to _____

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 _____
 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 120700

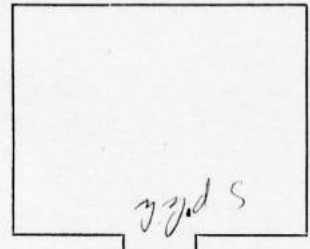
Record of Funeral

1915
Color *W*

No. _____ Date Jan. 28-1915 19____
Name of the Deceased Bernard Reedy Sex M. Color W
Charge to Frank Curtis Order given by _____

ARGES
\$ 175.00
30.00
10.00
1.500
2.50
7.85
240.35
240.35

How Secured _____
Date of Funeral Jan. 28-1915
Place of Death County Farm
Funeral Services at Denton M.E. Church
Time of Funeral Services 1 1/2
Clergyman _____
Certifying Physician Coroner
His Residence Prof. Home
Number of Burial Certificate _____
Cause of Death Apoplexy
Date of Death Jan. 27-1915
Occupation of the Deceased Farm Laborer
Single, Married, Divorced _____ Religion _____
Age Unknown Years _____ Months _____ Days _____
Birth Place about 70 yrs
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife _____
Informant Frank Curtis
Denton W.
Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin Sil. Green
Casket at head of Church, Denton W. Co.
Manufactured by R. A. Art
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at Denton 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 <u>of art.</u>	\$	
" Metallic Lining		
" Outside Box		
" Grave Vault		
" Burial Robe		13.50
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		20.00
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>Body to Denton</u>		15.00
Wagon Deliveries <u>Funeral to County Farm</u>		15.00
Death Notices in _____ Newspapers		5.00

NAMES OF NEWSPAPERS

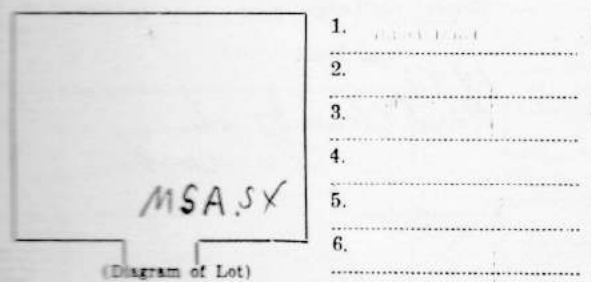
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		68.50
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

1915 Total Debit \$ _____
April 20 Credits cash 68.50

Record of Funeral

No. _____ Date Feb. 9-1925 19__
 Name of the Deceased Viola Belle Loyd Sex F Color W
 Charge to Jas Loyd Order given by _____

How Secured _____
 Date of Funeral Feb. 10-1925
 Place of Death Wray Kansas
 Funeral Services at Kewanee Ill
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician Dr. Cordover
 His Residence Wray Kan
 Number of Burial Certificate _____
 Cause of Death Heart
 Date of Death Feb 8-1925
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 63 Years, 11 Months, 17 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Jas Loyd
 Address _____
 Body to be shipped to Kewanee Ill
 Size and Style of Casket or Coffin Blue silver
extagon left top
 Manufactured by Flint Co
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Kewanee Ill 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	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ 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 <u>Co. A. J. ...</u>	10.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

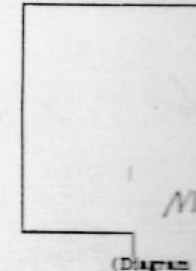
NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill	160.00
By Amount Paid in Advance <u>100.00</u>	100.00
Balance	60.00
Entered into Ledger, page <u>260</u>	260.00

Total Debit _____ \$
1925
Mich 18 Credits by ch 260.00

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 71 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. _____



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 7-20700

Record of Funeral

1925 19
Color *W*

No. _____ Date *March 9* 19*25*
Name of the Deceased *William White* Sex *M* Color *W*

Charge to _____ Order given by _____

CHARGES

125.00

2.50

10.00

1.60

1.00

2.60

2.60

How Secured _____
 Date of Funeral *March 9 - 1925*
 Place of Death *Wray, Kansas*
 Funeral Services at *Wray*
 Time of Funeral Services *2:30 P.M.*
 Clergyman *Rev. Lawrence Smith*
 Certifying Physician *Dr. Cardonier*
 His Residence *Wray, Kansas*
 Number of Burial Certificate _____
 Cause of Death *acute interstitial nephritis*
 Date of Death *March 6 - 1925*
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged *71* Years, *6* Months, *20* Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife *Bertha White*
 Informant *Mrs. Doris Supton*
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin *Blue velvet
Plunk. elegant, left hand*
 Manufactured by *Walter C. C.*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *Wray* Cemetery
 Lot or Grave No. _____ Section No. _____

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

MISL 55

(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	-\$	<i>125.00</i>
" Metallic Lining		
" Outside Box		
" Grave Vault		
Burial Robe		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		<i>20.00</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>2.30</i>
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		<i>2.50</i>

Total Footing of Bill *160.00*

By Amount Paid in Advance _____

Balance _____

Entered into Ledger, page _____ or below _____

Total Debit	-\$	
<i>1925</i>		
<i>March 25</i> Credits by <i>ch</i>		<i>86.00</i>
<i>" cash</i>		<i>74.00</i>
		<i>160.00</i>

NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date March 30 1925
 Name of the Deceased William H. Snyder Sex M. Color W.
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral March 30-1925
 Place of Death Atchison Kans
 Funeral Services at Home Bremer K.
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Stanbrough
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death March 28-1925
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 69 Years, 8 Months, 10 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Clyde Snyder
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blue silver
Plush interior left lid
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at W. Chase 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		15.00
Wagon Deliveries		
Death Notices in _____ Newspapers		1.75
NAMES OF NEWSPAPERS		
Flowers - <u>Pallors</u>		10.00
Outlay for Lot		
Opening Grave		
Lining Grave		2.50
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		
By Amount Paid in Advance		34.25
Balance		
Entered into Ledger, page _____ or below		
1925 Total Debit		\$
<u>April 17</u> Credits <u>By Ch.</u>		34.25



(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 _____
 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 59
 Birth Place Ma
 Father _____
 Birth Place _____
 Maiden Name of _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped _____
 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 _____

M 70004 71000

Record of Funeral

No. _____ Date March 30 1925
 Name of the Deceased Agnes C. Tilden Sex F Color W
 Charge to _____ Order given by _____

CHARGES

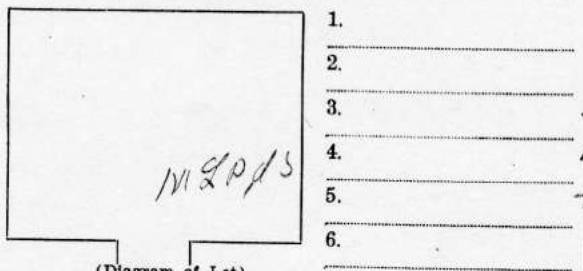
How Secured	
Date of Funeral	
Place of Death	
Funeral Services at	
Time of Funeral Services	
Hose	
Clergyman	
Certifying Physician	
His Residence	
Number of Burial Certificate	
Cause of Death	
Date of Death	
Occupation of the Deceased	
Single, Married, Divorced	
Religion	
Aged	
Years	
Months	
Days	
Birth 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.	

15.00
1.75
5.00
10.00
2.50
3.45
34.25

How Secured _____
 Date of Funeral April 1 - 1925
 Place of Death Farmingdale
 Funeral Services at 20 S Church Farmingdale
 Time of Funeral Services 2:30
 Clergyman _____
 Certifying Physician Dr. Cordone
 His Residence 1107 1st
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death March 29 - 1925
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 59 Years 6 Months 24 Days
 Birth Place Madison City, N.C.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant J.P. Tilden
 Address Farmingdale
 Body to be shipped to _____
 Size and Style of Casket or Coffin Silver gray
Wheeler's
 Manufactured by Madison Valley
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Farmingdale Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 165.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	12.50
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	20.00
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	
Henry Humber	7.50
NAMES OF NEWSPAPERS	
Flowers	3 bills 1.50
Outlay for Plot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	216.50
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
Henry Humber

1925		
May 14	Credits by ch	50.00
Sept 5-25	by note	166.50
		216.50

Record of Funeral

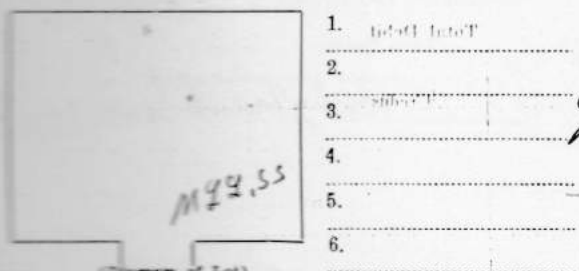
No. _____ Date March 31 1925
 Name of the Deceased Martha Garner Sex F Color W
 Charge to Chas. Garner Order given by _____

How Secured _____
 Date of Funeral April 1-1925
 Place of Death Wray Junction
 Funeral Services at 10 A.M.
 Time of Funeral Services Home
 Clergyman Rev. Campbell
 Certifying Physician Dr. Miller
 His Residence Wray, S.D.
 Number of Burial Certificate _____
 Cause of Death Lobar Pneumonia
 Date of Death Mar. 30-1925
 Occupation of the Deceased Hammer
 Single, Married, Divorced _____ Religion _____
 Age 52 Years 8 Months 23 Days
 Birth Place Buchanan Co. Mo.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Chas. Garner
Wray, S.D.
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blue Silver
2 Couch # 710
 Manufactured by Madan & Galley
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at W. Stone Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES		Amount
Price of Casket or Coffin		\$ 185.00
Metallie Lining		
Outside Box		
Grave Vault		
Burial Robe		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		20.00
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		17.50

NAMES OF NEWSPAPERS		Amount
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		2.50
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
heavy timber		2.50
Total Footing of Bill		221.75
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

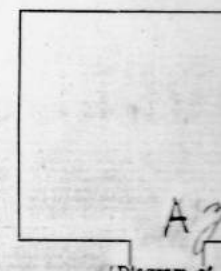
Total Debit	\$	221.75
April 4 Credits by cash	\$	180.00
	\$	41.75
	\$	221.75



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 Garner
 How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman Father
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 37
 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 Crepe
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at W. Stone 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 _____

M 7 20 100

Record of Funeral

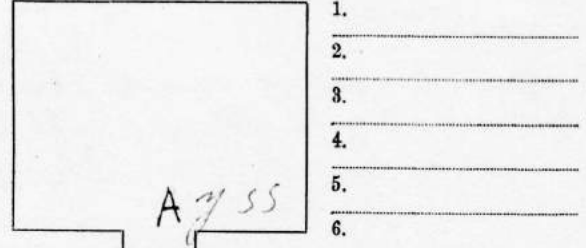
No. _____ Date April 14-1975 19__
 Name of the Deceased Anna Leah Smith Sex F Color A
 Charge to Frank Smith Order given by _____

How Secured _____
 Date of Funeral April 14-1975
 Place of Death N. W. of Troy
 Funeral Services at St. Ann's Catholic Church
 Time of Funeral Services 10 1/2
 Clergyman Father
 Certifying Physician Dr. Devenore
 His Residence Troy Mo
 Number of Burial Certificate 2
 Cause of Death Lobar Pneumonia
 Date of Death April 12-1975
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion Catholic
 Aged 37 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Elmer Smith
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Steel Grey
Crepe
 Manufactured by Fleet
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Catholic Funeral Home Cemetery
 Lot or Grave No. _____ Section No. _____

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)	20.00
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	3.50
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	123.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
1975 Total Debit	\$ _____
Credits by <u>Frank Smith</u>	123.50



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 _____

1975
 \$ 185.00
 20.00
 10.00
 17.50
 2.50
 2.50
 221.75
 180.00
 41.75
 221.75

Record of Funeral

Date April 22-1925 19 25
 Name of the Deceased Infant of Mrs. Mrs. Floyd Gray Sex M. Color W.
 Charge Floyd Gray Order given by _____

No. _____
 Name of the Deceased Mrs. Gray
 Charge to _____

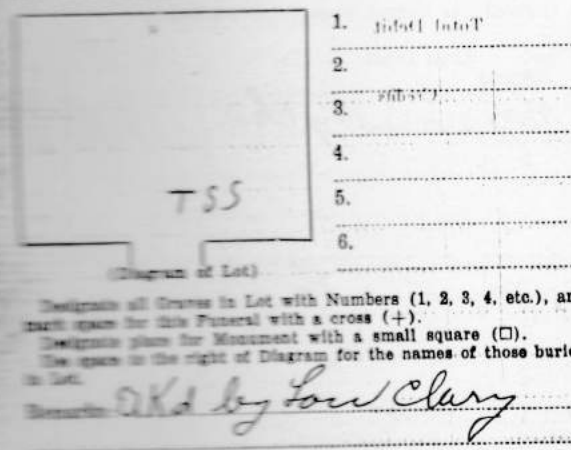
How Secured _____
 Date of Funeral _____
 Place of Death Proy Kansas
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician Dr. Cardonier
 His Residence Proy Kansas
 Number of Burial Certificates _____
 Cause of Death Still Born
 Date of Death April 22-1925
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Age Still Born Months _____ Days _____
 Birth Place Proy Kansas
 Father Floyd Gray
 Birth Place _____
 Maiden Name of Mother Elizabeth Gray
 Birth Place Proy Kansas
 Name of Husband _____
 Name of Wife _____

ITEMIZED CHARGES		Amount
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		

How Secured _____
 Date of Funeral Apr
 Place of Death Home
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman Rev.
 Certifying Physician Dr.
 His Residence _____
 Number of Burial Certificates _____
 Cause of Death _____
 Date of Death Apr
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 81 Years
 Birth Place Stone
 Father Alfred
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. Gray
 Address _____
 Body to be shipped to _____
 Size and Style of Casket Franklin
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 Lot or Grave No. _____

NAMES OF NEWSPAPERS		Amount
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		

Date	Description	Amount
1925	Total Debit	\$ _____
June 6	Credits by cash	5.00
Aug. 5	" "	5.00



Names of Pallbearers _____

Diagram of Lot

Designate all Graves in mark space for this Funeral with a cross (+).
 Designate place for interment 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

19 1975 Color W

CHARGES

How Secured 15.00

Date of Funeral April 24-1975

Place of Death Home of Mrs Pruitt

Funeral Services at 2 1/2

Time of Funeral Services 2 1/2

Clergyman Rev. Campbell

Certifying Physician Dr. Calderon

His Residence Pratt, Kans

Number of Burial Certificate 1

Cause of Death Heart

Date of Death April 22-1975

Occupation of the Deceased housewife

Single, Married, Divorced Married Religion Methodist

Aged 81 Years, 5 Months, 21 Days

Birth Place Stone County, Mo.

Father Alexander V. Berry

Birth Place Stone County, Mo.

Maiden Name of Mother W. G. Pruitt

Birth Place Pratt, Mo.

Name of Husband W. G. Pruitt

Name of Wife W. G. Pruitt

Informant Pratt, Mo.

Address Pratt, Mo.

Body to be shipped to Pratt, Mo.

Size and Style of Casket or Coffin Steel Metal

Manufactured by Franklin C. Co.

Metallie Lining None

Outside Box None

Number of Handles None

Interment at St. Anne Cemetery

Lot or Grave No. 15.00 Section No. 15.00

5.00

5.00

No. _____ Date April 23 19 75

Name of the Deceased Margaret Pruitt Sex F Color W

Charge to _____ Order given by _____

How Secured _____

Date of Funeral April 24-1975

Place of Death Home of Mrs Pruitt

Funeral Services at _____

Time of Funeral Services 2 1/2

Clergyman Rev. Campbell

Certifying Physician Dr. Calderon

His Residence Pratt, Kans

Number of Burial Certificate _____

Cause of Death _____

Date of Death April 22-1975

Occupation of the Deceased housewife

Single, Married, Divorced _____ Religion _____

Aged 81 Years, 5 Months, 21 Days

Birth Place Stone County, Mo.

Father Alexander V. Berry

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant W. G. Pruitt

Address Pratt, Mo.

Body to be shipped to _____

Size and Style of Casket or Coffin Steel Metal

Manufactured by Franklin C. Co.

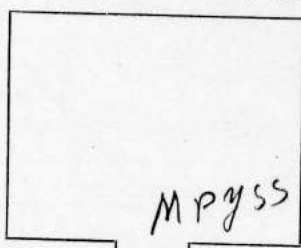
Metallie Lining _____

Outside Box _____

Number of Handles _____

Interment at St. Anne 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	\$ 195.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	20.00
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	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>heavy timber</u>	2.50
<u>funeral notices</u>	1.75
Total Footing of Bill	7.5
By Amount Paid in Advance	231
Balance	
Entered into Ledger, page _____ or below	

Total Debit \$ _____

1975 May 26 Credits By Ch 231.75

Record of Funeral

No. _____ Date May 18 - 1945 19____
 Name of the Deceased Mary E. Townsend Sex F Color W
 Charge to Catalpa Order given by _____

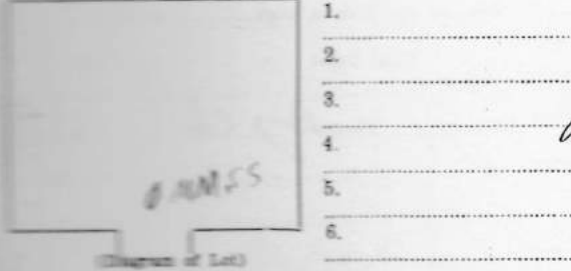
No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral May 18 - 1945
 Place of Death Providence
 Funeral Services at Home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Rodgers
 Certifying Physician Dr. Cardonier
 His Residence Providence
 Number of Burial Certificate _____
 Cause of Death Adrenic Disease
 Date of Death May 16 - 1945
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Age 64 Years 2 Months 21 Days
 Birth Place Ohio
 Birth Date _____
 Maiden Name of Mother Euphemia Norris
 Birth Place _____
 Name of Husband James R. Townsend
 Name of Wife _____
 Informant R.E. Townsend
 Address Providence
 Body to be shipped to _____
 Size and Style of Casket or Coffin Black Broad
2 1/2 #800
 Manufactured by Re-let
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Anne's Cemetery
 Lot or Grave No. _____ Section No. _____

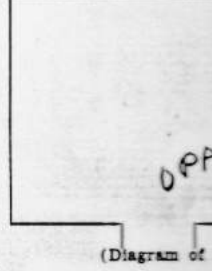
ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 285.00
Metallie Lining	✓
Outside Box	✓
Grave Vault	115.00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	20.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages	5.00
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS	
Flowers	12.50
Outlay for Lot	
Opening Grave	
Lining Grave	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	457.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

1945 Total Debit \$ _____
 July 3 Credits by Ch. 457.50



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark open 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 mark space for this Fun...
 Designate place for M...
 Use space to the right in Lot.

Remarks: To

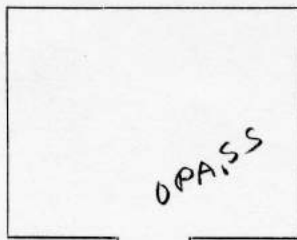
NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date May 29 1925
 Name of the Deceased Desylvia Kussey Sex F Color W
 Charge to _____ Order given by _____

CHARGES
 \$285.00
 115.00
 Fluid 20.00
 5.00
 10.00
 12.50
 5.00
 45.75
 Ch. 457.50

How Secured _____
 Date of Funeral May 30 - 1925
 Place of Death Home south of Troy
 Funeral Services at Home
 Time of Funeral Services 2:30
 Clergyman Rev. Pitts
 Certifying Physician Dr. Dussmore
 His Residence Troy Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death May 28 - 1925
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 65 Years, 8 Months, 18 Days
 Birth Place Troy Kansas
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband F.W. Kussey
 Name of Wife _____
 Informant H.D. Kussey
 Address Troy Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blue silver
velvet lined couch metallic
 Manufactured by Belmont #212
 Metallic Lining _____
 Outside Box Vault
 Number of Handles _____
 Interment at St. Clair 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: To Page 22

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$400.00
Metallie Lining	
Outside Box	
Grave Vault	115.00
Burial Robe	18.50
Burial Slippers and Hose	1.50
Engraving Plate	
Embalming Body (with Fluid)	20.00
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	100.00
Wagon Deliveries	
Death Notices in Newspapers	
NAMES OF NEWSPAPERS	
Flowers	10.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
grave lining	75.00
General Labor	7.75
Total Footing of Bill	579.75
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$
1925	
Aug 1 Credit	By Ch. 579.75

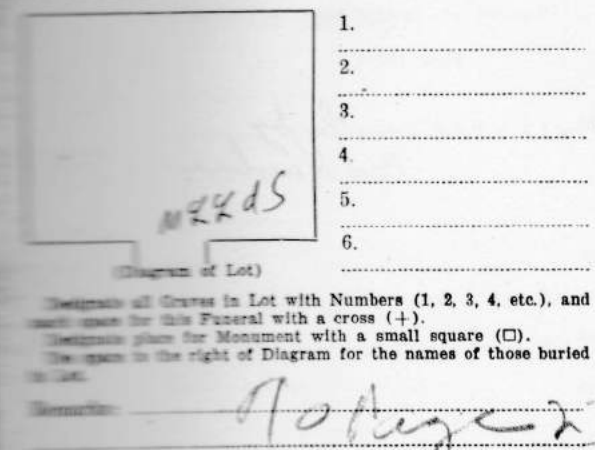
Record of Funeral

Name of the Deceased Joseph Howland Date June 1 1975
 Sex M Color W
 Order given by _____

Funeral Home Howland
 Date of Death June 2 - 1975
 Cause of Death Cancer of leg
 Date of Death May 31 - 1975
 Occupation of the Deceased Carpenter
 Single, Married, Divorced _____ Religion _____
 Age 39 Years, 4 Months, 21 Days
 Name of Mother _____
 Name of Father _____
 Name of Wife Clarence Howland
 Name of Informant Mary Howland
 Name of Undertaker Gray Burmah
 Name of Embalmer Churnally
 Name of Casket Howland
 Name of Coffin _____
 Name of Casket Lining _____
 Name of Outside Box _____
 Name of Handles _____
 Name of Cemetery Murray Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 1.80.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe <u>suit</u>	35.00
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>Joe - Denton & General</u>	25.00
Wagon Deliveries	
Death Notices in _____ Newspapers	
<u>Cash to Heaton (Sole)</u>	45.00
NAMES OF NEWSPAPERS	
Flowers <u>gray</u>	4.50
Outlay for Lot	
Opening Grave	
Closing Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>leaf, lumber</u>	2.50
<u>shirt + tie</u>	2.50
Total Footing of Bill	294.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____
Credits	By Check <u>294.50</u>

No. _____
 Name of the Deceased _____
 Charge to Howland
 How Secured _____
 Date of Funeral June
 Place of Death Howland
 Funeral Services at _____
 Time of Funeral Service _____
 Clergyman Rev.
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificates _____
 Cause of Death Cancer
 Date of Death June
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 39 Years
 Birth Place Blaine
 Father Alexander
 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 3-6
 Manufactured by P.
 Metallie Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Howland
 Lot or Grave No. _____



Names of Pallbearers _____

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

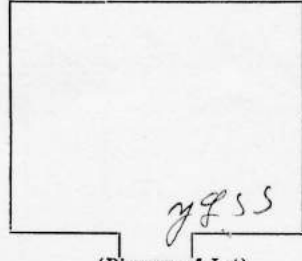
No. _____ Date June 8 1975
 Name of the Deceased Toney Lee M^cCallan Sex M. Color W
 Charge to Alexander (Andy) M^cCallan Order given by _____

CHARGES
 \$ 1.80.00
3.50.00
2.50.00
4.50.00
4.50
2.50
2.50
294.50

How Secured _____
 Date of Funeral June 9-1975
 Place of Death 1/2 mile North of Blair
 Funeral Services at Home
 Time of Funeral Services 10:30
 Clergyman Rev. Campbell
 Certifying Physician Ed. Karr - Coroner
 His Residence Proy Kansas
 Number of Burial Certificate _____
 Cause of Death Accidental Drowning
 Date of Death June 7-1975
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged 3 Years, 6 Months, 29 Days
 Birth Place Blair, Kansas
 Father Alexander M^cCallan
 Birth Place _____
 Maiden Name of Mother Elbi Record
 Birth Place Rich Hill Mo.
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Pleach
3-6
 Manufactured by Ponderexter
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Courter Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 28.00
“ 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>car</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	48.00
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....
Total Debit	\$ _____



(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: _____

Jan 17-1975	Credits	25.00
	by	
	Carl Hamber	

NAMES OF PALLBEARERS _____

Record of Funeral

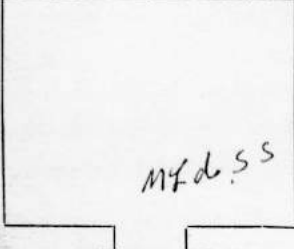
No. _____ Date June 15 1925
 Name of the Deceased Mrs. Maryland Scott Pope Sex _____ Color _____
 Charge to Geo. Pope Estate Order given by _____

How Secured _____
 Date of Funeral June 15-1925
 Place of Death 4 mls west of Troy
 Funeral Services at Home
 Time of Funeral Services 2 1/2
 Clergyman _____
 Certifying Physician Dr. Haller
 His Residence Troy, N.Y.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death June 12-1925
 Occupation of the Deceased Housewife
 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 Geo. Pope
 Address Troy, N.Y.
 Body to be shipped to _____
 Size and Style of Casket or Coffin Set grey
Plush 1/2 comb
 Manufactured by Medden of Valley
 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	\$ 185.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	20.00
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	1.75

NAMES OF NEWSPAPERS	
Flowers	15.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	2.50
Total Footing of Bill	236.75
By Amount Paid in Advance	236.75
Balance	
Entered into Ledger, page _____ or below	

Total Debit	\$ _____
1925 July 7 Credits	By Ch. 236.75



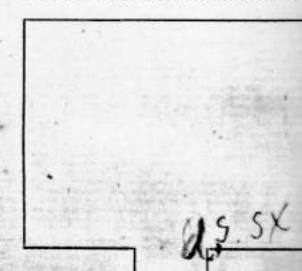
(Diagram of Lot)
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

No. _____
 Name of the Deceased Alex
 Charge to _____
 How Secured _____
 Date of Funeral June
 Place of Death Troy
 Funeral Services at W.M.
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician Dr.
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death June
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 64 Years
 Birth Place De Kalb
 Father Green
 Birth Place Kent
 Maiden Name of Mother M.
 Birth Place _____
 Name of Husband _____
 Name of Wife Car
 Informant Har

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Upright
 Manufactured by Ry
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt. Olive
 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.

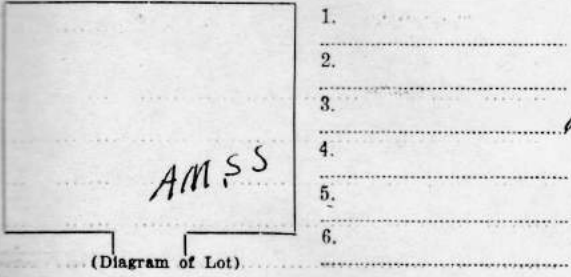
Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date July 6 - 1975 19__
 Name of the Deceased Law Calvin Mershon Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral July 6 - 1975
 Place of Death Douglas Kansas
 Funeral Services at Hickory Grove School
 Time of Funeral Services 11:00 A.M.
 Clergyman Rev. Stambrough
 Certifying Physician Dr. Harry Corboney
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death Chronic Accidental
 Date of Death July 4 - 1975
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged 15 Years, 3 Months, 20 Days
 Birth Place _____
 Father John W. Mershon
 Birth Place _____
 Maiden Name of Mother Martha Edwards
 Birth Place Missouri
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. John W. Mershon
 Address Douglas Ks.
 Body to be shipped to _____
 Size and Style of Casket or Coffin #130 steel
gray crepe
 Manufactured by Rev. Art
 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: Brother - Sam Mershon
Everest Ks.
By address Charlesdale
 NAMES OF PALLBEARERS _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 850.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	20.00
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	120.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

1975
 July 9 Cash Doughan Co 50.00
 Credits

QUILL M 7-28200