

Abbott Gayaway Norman	6	Blevins Christopher C.	14
Albers Marie L.	19	Brown Matilda C.	15
Alfrey Arthra	66	Bryant Porsbham	5040
Armstrong Alice	148	Buch Ethel Irene	58
Anderson Geo. H.	157	Blanton Ephraim	68
Allison Milton	193	Bale Casander Nelson	79
Anderson Simon W.	152	Best Henrietta	81
Andrew Emma Florence	257	Blanton James	83
Abbott Sarah E.	270	Briggs Parley	109
		Baker John James	116
		Boyer John William	136
		Brownlee Mrs Millie	140
		Benitz Albert Wm	144
		Band Thanna	158
		Blevins John Henry	176
		Blevins Maud Couan	177
		Boatwright Lorna W Rose	182
		Blanton Elizabeth Jane	186
		Ball Ephraim	199
		Bindel Phillip	208
		Brandt L. H.	209
		Bird Wilber S.	216
		Blanton Elizabeth	221
		Baldwin James H.	248
		Boeh Leo W.	275
		Brown Sarah Anna	289
		Bacon Malissa Ann	290

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Culp Cornelius Sr.	18	Dunsmore Mrs Dr.	20
Cruse Jas. Harry	28	Dillenger Joseph.	25
Cundy Elizabeth Anne	30	Dobson Mennie Maude	40
Cullum Geo Oliver	31	Davies Beulah Lorena	53
Cochran Wm T.	40	Demmond Charlotte Elaine	115
Carpenter Clara Kadel	54	Duiker Sachie	127
Chapple Mary Louise	73	Dunraw Martha Evelyn	34
Campbell Ida Marcia	74	Duiker David C	141
Cook Jennie	70	Daniels Mary	145
Clark Cleo	93	Duncan Gilbert Leroy	191
Condit Infant	94	Dubach Mrs Pauline	214
Clemens Lewis	107	Duncan Ora	228
Campbell Lucius W	119	Deekin Herman	229
Canter Mahel F.	153	Davies Steven	294
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Cole Elmer Leroy	169		
Cummings Elroy C	178		
Cox Moses Franklin	188		
Crabtree Maddison	258		
Cornell Edwina	264		
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Chaley Jacob M.	296		
Clayton Jefferson	297		
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English George F.	1	Fritz Gerva Mae	11
Euler Mrs Lorna	4	Fedderson Hannah Hackney	22
Ellis Mary Eliza	35	Franken C. O.	24
Etherton Martha Ann	12	Francis Lucy Matilda	26
Elder James D.	126	Franken Charlie Robert	63
Easton Ruby	163	Fraker Harold Denayne	95
Etherton John Sr.	206	Fullbright Edward	113
Maag Henry Joseph	211	Farris Otto Lee	146
Engle John H.	225	Forest Nellie	173
Eisenberg Blanch	170	Farby Geneva Mildred	183
Etherton William S.	300	Foley Aloysius	251
		Frelove Marion M.	280
		Fahy Thomas Joseph	287
		Fletcher Thelma	293

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		Hale Don Emory	201
		Hughes Mrs Sam	235
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		Harris Isaac Franklin	274
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		Jenkins Rebecca	139
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		Jacks Mrs. John	231
		Jones John H	273

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Knight Elizabeth	16	Ludwig Carrie Ann	33
Kotlich Harry A	49	Lewis Lena Louella	69
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Kaelin Edith Kathleen	213		
Kapelle Samantha Belle	224		
Kaelin Josephine	245		
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Merritt Arnold	12	Nelson Mary Helena	48
M ^c Clellan John A	36	Mitchell Mrs Carrie	59
Meers Richard Sr	44	Muse John James	89
Moser Frederic Samuel	47	M ^c Clellan Harold Jr	92
Monroe Aileen Josephine	57	Mooney Cora Lee	97
Noyes Ella May	84	Monroe Orley B	98
Maynard Catharine Ann	106	Marshall Lewis E	101
Mingus George	180	Malone Jasper	102
Mallory Edna Pauline	184	Maronibus Edward Eugene	11
Malone Alice S.	234	Mullins Alf.	12
Morris Norma Jean	253	Meers James G.	13
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		Miller George	14
		Nelson Mary Helena	15
		M ^c Clellan Harry W	204
		Martin Hannah	210
		Maag Henry Adolph	211
		Muench Augusta	217
		Mason Amanda	219
		Meers Samuel	223
		Muse Howard	241
		Miller David H	259
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		Montgomery Henry	265
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 Rousse Anna Mary 72
 Randall Della 80
 Rhue Infant of Gilbert 86
 Richards Jacob. 88
 Ramsera Beth Lou 108
 Rodenck Alex 122
 Rodrick Martha Ann 135
 Rhudy Ralph H. 164
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 Rummel Boyd W. 197
 Ramser Elizabeth Caroline 207
 Ramsel Chester G. 234
 Reeder Laura W. 239
 Rubinke Mrs Aug. L. 242
 Reeder Rebecca. 256
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 Randall Fred 272
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 Rosevear John Wesley 295

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Schultz Christ.	215		
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Simpson Henry A.	249		
Sturgis Walter Wood	254		
Sinclair Frank Melvin	267		
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Willsmeth Geo. W.	37
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Whalen Thor.	55
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Whetstone Ann Dunham 168	
Williamson Millie Ann 189	
Whittaker Mary Lou	192
Wasson Minerva Jane	200
Williams Leander Ann	205
Wray Helen De Kayne	230
Wagner Mary R	240
Wilson Eula Pearl	244
Weber Joseph V.	260
Whittaker Charlotte Ann	279
Walton Addie	282
White Mrs Bertha	283

Young Ansell
Peters Harriet Jane
Young Geo.

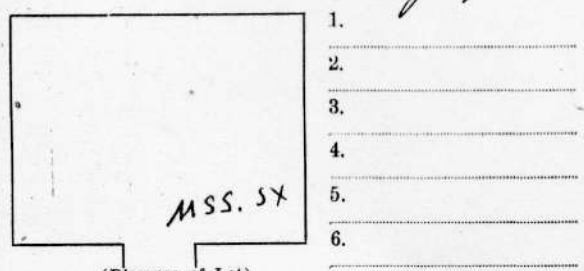
60 Zimmerman Samuel P. 62
138 Zimmerman Anna May 96
133 Zimmerman Mary Ed. 137
Zimmerman Mrs Franklin 196
Zimmerman Mrs Milton 238

Record of Funeral

No. _____ Date July 16 1925
 Name of the Deceased George F English Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral July 16 - 1925
 Place of Death Mo Methodist Hosp. W Joseph
 Funeral Services at Home - Nathanael
 Time of Funeral Services 2:30 P.
 Clergyman Rev. Jones - Cameron Mo.
 Certifying Physician Dr. Alstoner
 His Residence W Joseph Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death July 14 - 1925
 Occupation of the Deceased Banker
 Single, Married, Divorced _____ Religion _____
 Aged 41 Years, 2 Months, 9 Days
 Birth Place Concordia, Mo.
 Father Rev. Chas. J. English
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Eleanor Beatrice English
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Sil. Gray Broadcloth 1/2 Couch
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at W Joseph Cemetery No. _____
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES		Amount
Price of Casket or Coffin		\$ 325 00
Metallic Lining		
Outside Box		
Grave Vault		125 00
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		10 00
Wagon Deliveries		
Death Notices in _____ Newspapers		4 00
<u>use of officiating room</u>		15 00
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
<u>opening grave</u>		15 00
<u>fruit, callow, pressing out</u>		3 85
Total Footing of Bill		522 85
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below _____		
Total Debit		\$ _____



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

Remarks: Nathanael Lodge
A. P. F. Co. M. in charge

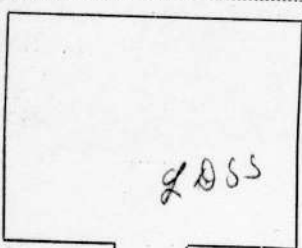
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date July 18 1925
 Name of the Deceased Noah M^c Nemece Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral July 18-1925
 Place of Death County Farm
 Funeral Services at Tron Cemetery
 Time of Funeral Services 3:30 P.M.
 Clergyman Rev. Campbell
 Certifying Physician W. M. McWhorter
 His Residence Wathensville Mo
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death July 17-1925
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 76 Years, 2 Months, 4 Days
 Birth Place Columbus Ohio
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. Lulu Farrell

Address Tron Farm
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blk Crepe
 Manufactured by Plunk
 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: sent home care of body 30.00
grave 7.00

NAMES OF PALLBEARERS Mrs. Grace Peterbaugh
1014 Belmont St.
Beatrice, Neb.

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 50.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	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	7.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	87.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	
Total Debit	\$

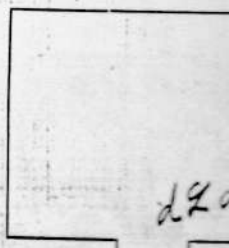
Aug 6-25 Credits Ch. Donighan	50.00
Nov 23-25 Ch. by Mrs. Hurr	20.00
1-1-31 Bal. Transferred	17.00
	87.00

Bal Transferred to Page 1001

No. _____
 Name of the Deceased _____
 Charge to Frank

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Serv _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Cer _____
 Cause of Death Ch
 Date of Death _____
 Occupation of the De _____
 Single, Married, Div _____
 Aged 76 Y _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mot _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Celia
 Informant Mrs. K

Address Con
 Body to be shipped to _____
 Size and Style of Cask _____
#130
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in mark space for this Funer
 Designate place for Mon
 Use space to the right of in Lot.

Remarks: _____

NAMES OF PALLBE _____

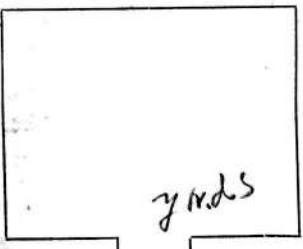
QUILL 7-28200

Record of Funeral

No. _____ Date Aug 11 1925
 Name of the Deceased Abbett Gayaway Norman M. Color W
 Charge to M^{rs} Cornell Order given by _____

How Secured _____
 Date of Funeral Aug 11-1925
 Place of Death Home Burr Oak twp.
 Funeral Services at Home
 Time of Funeral Services 2:30
 Clergyman Rev. Standbrough
 Certifying Physician Dr. Staller
 His Residence Troy Ms.
 Number of Burial Certificate _____
 Cause of Death neck broken fall from horse
 Date of Death Aug 9-1925
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged 11 Years, 6 Months, 26 Days
 Birth Place Troy Kansas
 Father Wm. Abbott
 Birth Place Troy Kansas
 Maiden Name of Mother Rosetta Piper
 Birth Place Troy Kansas
 Name of Husband _____
 Name of Wife _____
 Informant Rosetta M^{rs} Cornell

Address Troy Ms.
 Body to be shipped to _____
 Size and Style of Casket or Coffin #130 white
Belgray Lumber
 Manufactured by Ry. Cut
 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	\$ 45.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	15.00
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS

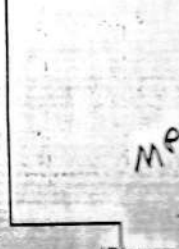
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

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

1925 Total Debit	\$ _____
Sept 2 Credits By Ch	50.00
June 14-1927 By cash	2.00
1-1-31 Drawn to Page 1002	23.00
	75.00

Bel transferred to page 1002

Name of the Deceased _____
 Charge to _____
 How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant 2415 S. C.
 Address _____
 Body to be shipped _____
 Size and Style of Casket _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 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: _____

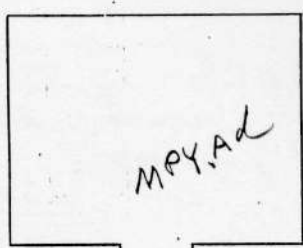
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Aug 13 - 1925
 Name of the Deceased Smith Thomas Benton Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Aug 14 - 1925
 Place of Death Dr. Maller's office Troy Mo
 Funeral Services at Baptist Church Horton Mo
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev Stanbrough
 Certifying Physician Dr. Maller
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death Apoplexy
 Date of Death Aug 12 1925
 Occupation of the Deceased fruit farmer
 Single, Married, Divorced _____ Religion Baptist
 Aged 63 Years 5 Months 18 Days
 Birth Place Batavia Iowa
 Father Alvan Smith
 Birth Place _____
 Maiden Name of Mother Catherine Chue
 Birth Place Iowa
 Name of Husband _____
 Name of Wife Fannie Smith
 Informant E. B. Taylor
2415 S. 11th St.
 Address St. Joseph Mo
 Body to be shipped to Horton Kansas
 Size and Style of Casket or Coffin Bureau below 1/2 Case
 Manufactured by Abernathy F. M.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Horton Kansas Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$180.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe <u>suit</u>	37.50
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 <u>to J. A. Henderson</u>	25
Telegraph <u>Horton Mo</u>	
Number of Carriages @ \$ _____	
Hearse	5.00
Wagon Deliveries	
Death Notices in _____ Newspapers	
<u>trip</u>	1.00
<u>flowers</u>	5.00
<u>names of newspapers</u>	3.18
Outlay for Lot <u>Cop. No. 262-99</u>	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>assessments</u>	2.00
<u>shirt</u>	2.00
Total Footing of Bill	251.43
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____
1925	
Oct 5 Credits by ch.	251.43



(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 _____

45.00

15.00

15.00

75.00

50.00

2.00

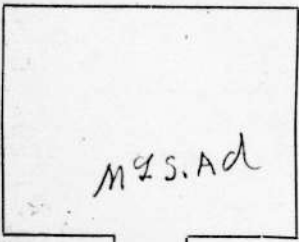
23.00

75.00

Record of Funeral

No. _____ Date Aug 20 1925
 Name of the Deceased Searls Lillie Sex W Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Aug 20-1925
 Place of Death 1 1/2 mile North of Sparks
 Funeral Services at Home
 Time of Funeral Services 1:30 P.M.
 Clergyman Rev. P. W. Wambley
 Certifying Physician Dr. M. L. Johnson
 His Residence White Cloud
 Number of Burial Certificate _____
 Cause of Death Killed by train
 Date of Death Aug 18-1925
 Occupation of the Deceased Housekeeper
 Single, Married, Divorced _____ Religion _____
 Aged 38 Years, 6 Months, 6 Days
 Birth Place Sparks, Kan.
 Father Andrew Searls
 Birth Place _____
 Maiden Name of Mother Addie Cotter
 Birth Place De Kalb, Mo.
 Name of Husband _____
 Name of Wife _____
 Informant W. A. Robinson
 Address Sparks, Kan.
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blue silver
Plush 1/2 length
 Manufactured by Midland Valley
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Tata 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	\$ 1.85.00
“ Metallic Lining	“
“ Outside Box	“
“ Grave Vault	“
“ Burial Robe	75.00
“ Burial Slippers and Hose	“
Engraving Plate	“
Embalming Body (with _____ Fluid)	75.00
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>3 trips</u>	25.00
Wagon Deliveries	“
Death Notices in _____ Newspapers	“

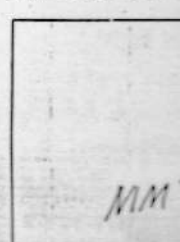
NAMES OF NEWSPAPERS	
Flowers	“
Outlay for Lot	“
Opening Grave	“
Lining Grave	“
Shipping Charges, prepaid	“
Removal Charges	“
Cremation Charges	“

Total Footing of Bill	260.00
By Amount Paid in Advance	“
Balance	“
Entered into Ledger, page _____ or below	“

1926
 April 21. Check By C. W. Norman
 Credits as guardian 260.00

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 66 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 _____

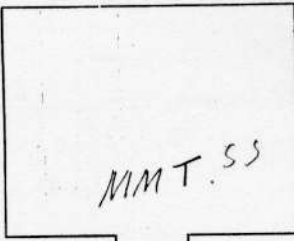
QUILL 7-28200

Record of Funeral

No. _____ Date Aug. 21 - 1925
 Name of the Deceased Murphy Mrs. Samuel Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Aug 21
 Place of Death N.E. of Troy
 Funeral Services at Baptist Church
 Time of Funeral Services 10:30 A.M.
 Clergyman Rev. Stambroy
 Certifying Physician Dr. Cordonia
 His Residence Troy Kan
 Number of Burial Certificate _____
 Cause of Death Carcinoma of Intestine
 Date of Death Aug 19 - 1925
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion Baptist
 Aged 66 Years 10 Months 12 Days
 Birth Place Norton Mo.
 Father Mrs. Murphy
 Birth Place Ireland
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Rose Murphy
 Informant Riley Murphy
 Address Troy Kan
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blue silver
Plush exterior with lid
 Manufactured by Phinit C. Co
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Farmington Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 175.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
Burial Robe <u>suit</u>	30.00
Burial Slippers and Hose <u>shirt</u>	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	15.00
Wagon Deliveries	
Death Notices in _____ Newspapers	2.50
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges <u>flowers \$4.85</u>	9.00
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 _____

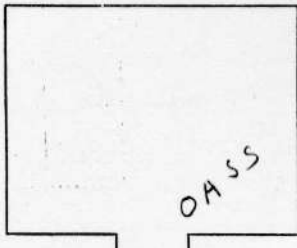
Total Debit		\$ 208.00
Aug 24 Credits Cash		15.00
Dec 26-24 Cash		75.00
Dec 26-24 By note		118.00
		208.00

Record of Funeral

425-19
 Color *W*
 RGES
 \$ 18.500
 Fluid) 20.00
 15.00
 10.00
 3.20
 7.50
 23.570
 or below
 235.70

No. _____ Date *Sept 17-1925* 19____
 Name of the Deceased *Gervel Mae Fritz* Sex *F.* Color *W*
 Charge to *Frank Nerner* Order given by _____

How Secured _____
 Date of Funeral *Sept 18-1925*
 Place of Death *Bremner Kans*
 Funeral Services at *Troy Cemetery*
 Time of Funeral Services *2 P.*
 Clergyman *Rev Campbell*
 Certifying Physician *Dr Naller*
 His Residence *Troy Kans*
 Number of Burial Certificate _____
 Cause of Death *Cerebro Spinal Meningitis*
 Date of Death *Sept 17-1925*
 Occupation of the Deceased *Child*
 Single, Married, Divorced _____ Religion _____
 Aged *7* Years, *2* Months, *18* Days
 Birth Place *Brookland Kans*
 Father *Alvin Fritz*
 Birth Place _____
 Maiden Name of Mother *Mabel Edwood*
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant *Frank Nerner*
 Address *Troy Kansas*
 Body to be shipped to _____
 Size and Style of Casket or Coffin *White Lamb. Oregon large bed*
 Manufactured by *Ry-lut*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *St. Olive* Cemetery
 Lot or Grave No. _____ Section No. _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

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

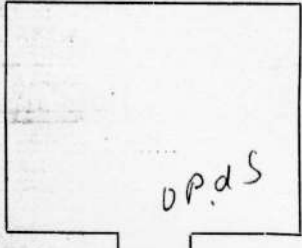
Total Footing of Bill	_____
By Amount Paid in Advance	75.00
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit _____ \$
1925
Nov. 16 Credits *by ch.* _____ *75.00*

Record of Funeral

No. _____ Date Oct 2 - 1925 19
 Name of the Deceased Merritt Arnold Sex M Color W
 Charge to Miss Young Order given by _____

How Secured _____
 Date of Funeral Oct 3 - 1925
 Place of Death John Triplett Hill N.E. of Troy
 Funeral Services at Conter Cemetery
 Time of Funeral Services 3 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Chidmore
 His Residence Troy, N.Y.
 Number of Burial Certificate _____
 Cause of Death Valvular heart disease
 Date of Death Sept 30 - 1925
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 72 Years, 7 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 Alk B C
 Manufactured by Ponderexter
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Conter 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: Due By L.H. Gilson 7.00
Franklyphet 10.00
17.00

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 170.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	10.00
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	10.00
Wagon Deliveries	
Death Notices in Newspapers	

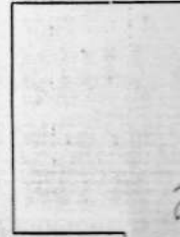
NAMES OF NEWSPAPERS

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

Total Footing of Bill	110.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit	\$
1925	
Oct 3 - 25	Credit Cash L.H. Gilson 9.30
Oct 7 - 25	Cash L.H. Gilson 7.00
Oct 10 - 25	" Franklyphet 10.00
	110.00

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 71 Years _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant M
 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. _____



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 _____

QUILL 7-28200

Record of Funeral

1975

No. _____ Date Oct 24-1975
 Name of the Deceased Henry Merigant Sex M Color W
 Charge to _____ Order given by Albert Merigant

CHARGES

\$	75.00
	10.00
Fluid)	20.00
	10.00
	110.00
	93.00
	7.00
	10.00
	110.00

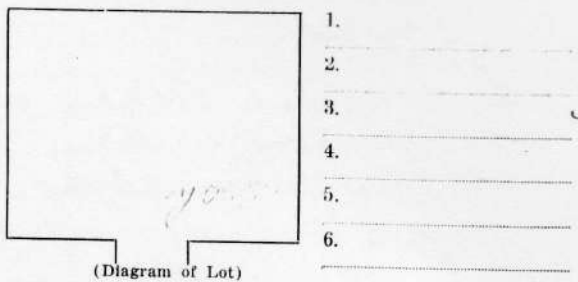
How Secured _____
 Date of Funeral Oct 25-1975
 Place of Death Nathana Kansas
 Funeral Services at N.E. Church Nathana
 Time of Funeral Services 1:30 P.M.
 Clergyman Rev Zudler
 Certifying Physician D. Swails
 His Residence Nathana Mo
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct 22-1975
 Occupation of the Deceased Retired Mason
 Single, Married, Divorced _____ Religion _____
 Aged 71 Years, 4 Months, 8 Days
 Birth Place Germany
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs Mecke
 Address Nathana Kan
 Body to be shipped to _____
 Size and Style of Casket or Coffin Silver finish
Metallic sealed # 7045-5
 Manufactured by W.H. - Columbus
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Belmont Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 350.00
“ 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	3.75
Shipping Charges, prepaid	“
Removal Charges	“
Cremation Charges	“
Total Footing of Bill	388.75
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: _____

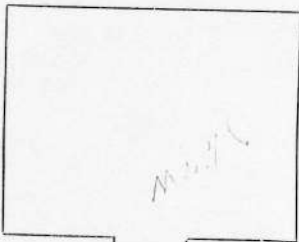
NAMES OF PALLBEARERS _____

Total Debit	\$
1975	
Nov. 11 Credits (By check)	388.75

Record of Funeral

No. _____ Date Oct 27-1975
 Name of the Deceased Christopher C Blevins Sex M Color W
 Charge to Estate Luther Bonham Adm Order given by Chas Blevins

How Secured _____
 Date of Funeral Oct 27-1975
 Place of Death Lincoln Neb
 Funeral Services at M.E. Church Troy 14
 Time of Funeral Services 1:30 P
 Clergyman Rev. Campbell
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Diabetes
 Date of Death Oct 24-1975
 Occupation of the Deceased Insurance Agent
 Single, Married, Divorced _____ Religion _____
 Aged 66 Years, 7 Months, 8 Days
 Birth Place Atchison County Mo.
 Father Daniel C Blevins
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Chas Blevins
 Address Troy Neb
 Body to be shipped from Lincoln Neb
 Size and Style of Casket or Coffin blue finish
Metallic
 Manufactured by F.H. Hill
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Anne Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: Luther Bonham Adm
Fairbury Neb.

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$	
“ Metallic Lining		
“ Outside Box		
“ Grave Vault		
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages <u>Boeing Sedan</u> ✓	\$	5.00
Hearse <u>Roberts & funeral</u>		15.00
Wagon Deliveries		
Death Notices in _____ Newspapers		1.75
<u>Drayage Vault to Cemetery</u>		1.50
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		9.00
Lining Grave		3.00
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
<u>Personal services</u> ✓		10.00
<u>minister</u>		10.00
Total Footing of Bill		57.25
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below _____		
Total Debit	\$	
<u>1975</u>		
Dec. 7 Credits <u>By Ch.</u>		57.25

No. _____
 Name of the _____
 Charge to _____
 How Secured _____
 Date of Fun _____
 Place of De _____
 Funeral Ser _____
 Time of Fun _____
 Clergyman _____
 Certifying P _____
 His Residen _____
 Number of I _____
 Cause of De _____
 Date of Dea _____
 Occupation _____
 Single, Mar _____
 Aged _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Nam _____
 Birth Place _____
 Name of Hu _____
 Name of Wi _____
 Informant _____
 Address _____
 Body to be sh _____
 Size and Styl _____
Plush
 Manufacture _____
 Metallic Lini _____
 Outside Box _____
 Number of H _____
 Interment at _____
 Lot or Grave _____
 (Dia _____
 Designate all _____
 mark space for _____
 Designate pla _____
 Use space to _____
 in Lot.
 Remarks: _____
 NAMES OF _____

CORWILL 7-28200

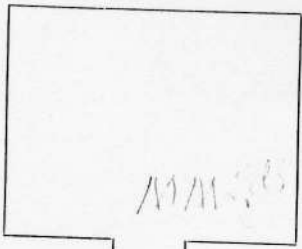
Record of Funeral

No. _____ Date Oct 31 - 1925
 Name of the Deceased Matilda C. Brown Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Nov. 1 - 1925
 Place of Death Home of Mrs C.E. Mitchell
 Funeral Services at Home of Mrs Katch
 Time of Funeral Services 2 7/8
 Clergyman Rev. Smith Rev. Campbell
 Certifying Physician Dr. Walker
 His Residence Prog Road
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct 30 - 1925
 Occupation of the Deceased Nurse
 Single, Married, Divorced _____ Religion _____
 Aged 73 Years, 6 Months, 8 Days
 Birth Place Holt County Mo.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs F.W. Katch
 Address Prog Road
 Body to be shipped to _____
 Size and Style of Casket or Coffin Plush Rectangular with top #210
 Manufactured by Rey-lit
 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	\$ 125.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe <u>dress</u>	20.00
“ Burial Slippers and Hose <u>hose</u>	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	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 <u>183.75</u>	
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 _____

Lidans 5.00
 real 15.00
 1.75
 1.50
 9.00
 5.00
 10.00
 10.00
 57.25

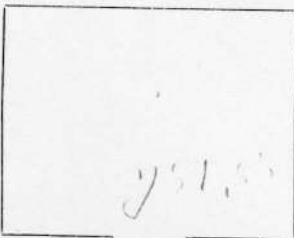
Total Debit 1925 \$
 Credits By Ch. 183.75

Record of Funeral

No. _____ Date Oct 31-1925 19____
 Name of the Deceased Elizabeth Knight Sex F. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Nov. 2-1925
 Place of Death Troy Kas
 Funeral Services at Christian Church
 Time of Funeral Services 2:30
 Clergyman Rev. Smith + Campbell
 Certifying Physician De Halle
 His Residence Troy Kas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct. 31-1925
 Occupation of the Deceased Nurse
 Single, Married, Divorced _____ Religion _____
 Aged 60 Years, 11 Months, 12 Days
 Birth Place _____
 Father _____
 Birth Place Hunter Ohio
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Louis Collins

Address Troy Kas
 Body to be shipped to _____
 Size and Style of Casket or Coffin #215 Blue silver 1/2 Couch
 Manufactured by Ry-art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	✓	\$185.00
“ Metallic Lining		
“ Outside Box		
“ Grave Vault	✓	115.00
“ Burial Robe		
“ 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	✓	10.00
Wagon Deliveries		
Death Notices in Newspapers	✓	1.75

NAMES OF NEWSPAPERS

Flowers	✓	10.00
Outlay for Lot		
Opening Grave		
Lining Grave	✓	2.50
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		

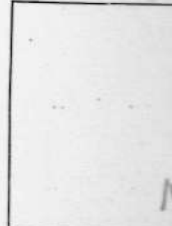
Total Footing of Bill 345.75
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below _____

Total Debit _____ \$

1926
Feb. 20 Credits By Ch. 345.75

No. _____
 Name of the Dec _____
 Charge to _____
 How Secured _____
 Date of Funer _____
 Place of Death _____
 Funeral Service _____
 Time of Funeral _____
 Clergyman _____
 Certifying Phys _____
 His Residence _____
 Number of Bur _____
 Cause of Death _____
 Date of Death _____
 Occupation of t _____
 Single, Married _____
 Aged 65 _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name o _____
 Birth Place _____
 Name of Husban _____
 Name of Wife _____
 Informant Mrs

Address _____
 Body to be shipp _____
 Size and Style of _____
Steel
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Hand _____
 Interment at _____
 Lot or Grave No _____



(Diagram

Designate all Gra _____
 mark space for this _____
 Designate place of _____
 Use space to the _____
 in Lot.

Remarks See

NAMES OF PA _____

QUILL 7-28200

Record of Funeral

475
 Color *W*
 CHARGES
 ✓ 185.00
 ✓ 115.00
 ✓ 1.50
 Fluid ✓ 20.00
 ✓ 10.00
 ✓ 1.75
 PERS ✓ 10.00
 ✓ 2.50
 345.75
 or below
 345.75

No. _____ Date *Nov 10* 19*25*
 Name of the Deceased *Thomas A Sealock* Sex *M* Color *W*
 Charge to _____ Order given by _____

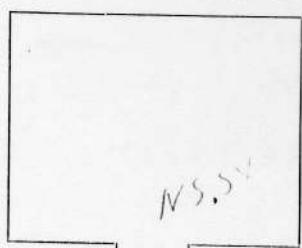
How Secured _____
 Date of Funeral *Shipped Nov. 10-1925*
 Place of Death *Wathena Kans*
 Funeral Services at *Hastings Neb.*
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician *W J Matthews*
 His Residence *Wathena Kans*
 Number of Burial Certificate _____
 Cause of Death *Dysphoid fever*
 Date of Death *Nov 9 1925*
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged *65* Years, _____ Months, _____ Days
 Birth Place *Illinois*
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant *Mrs. Jessie Sealock*
 Address *Hastings Neb*
 Body to be shipped to *Hastings Neb*
 Size and Style of Casket or Coffin
Steel Gray Crepe
 Manufactured by *Rey - Art*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *Hastings Neb* Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 85.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	10.00
“ 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 <i>Pick up + train</i>	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 120.00
 By Amount Paid in Advance
 Balance _____
 Entered into Ledger, page _____ or below

Total Debit	
1925	
Nov 10	Credits by cash 120.00



(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: *Died at home of Mrs. Knight Wathena Kans*

NAMES OF PALLBEARERS _____

Record of Funeral

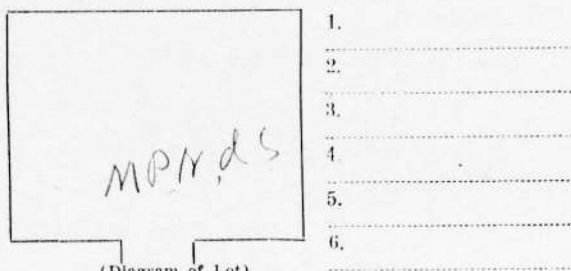
No. _____ Date Nov. 17 - 1925 19
 Name of the Deceased Cornelius Culp Sr Sex M. Color W
 Charge to Estate Order given by _____

How Secured _____
 Date of Funeral Nov. 17 - 1925
 Place of Death Home Troy Kans
 Funeral Services at M.E. Church Troy Kans
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Maller
 His Residence Troy Kans
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Nov. 15 - 1925
 Occupation of the Deceased Retired Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 81 Years, 8 Months, 17 Days
 Birth Place Ohio
 Father Geo. W. Culp
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant W.M. Culp
Troy Kans
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blue silver
plush 1/2 Couch # 215
 Manufactured by Rep. Ark
 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		\$ 18.50
Metallie Lining		
Outside Box		
Grave Vault		
Burial Robe		3.75
Burial Slippers and Hose	<u>tie</u>	1.00
Engraving Plate		
Embalming Body (with Fluid)		2.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone	<u>To Minister at Church</u>	2.0
Telegraph		
Number of Carriages @ \$		10.00
Hearse		
Wagon Deliveries		1.75
Death Notices in Newspapers		

NAMES OF NEWSPAPERS		
Flowers		14.00
Outlay for Lot		
Opening Grave		
Lining Grave		2.50
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges	<u>heavy lumber</u>	2.50
Total Footing of Bill		274.45
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$

Jan 24 Credits Culp 274.45



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 _____

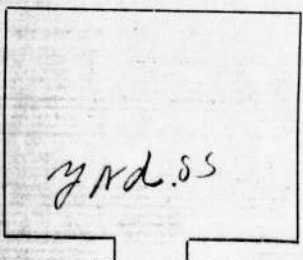
QUILL 7-28200

Record of Funeral

No. _____ Date Dec. 14 - 1975 19____
 Name of the Deceased Dunsmore Ethelgr Sex F. Color W
 Charge to Dr. Dunsmore Order given by _____

How Secured _____
 Date of Funeral Dec. 14 - 1975
 Place of Death Troy Kansas
 Funeral Services at her Home
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Emeret + Campbell
 Certifying Physician Dr. C. A. Good
 His Residence St. Joseph Mo.
 Number of Burial Certificate _____
 Cause of Death Arteriosclerosis
 Date of Death Dec. 14 - 1975
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 61 Years, 10 Months, 25 Days
 Birth Place Black Hawk Colo
 Father Robert Melunio
 Birth Place Kentucky
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Dr. R. S. Dunsmore
 Name of Wife _____
 Informant R. S. Dunsmore

Address Troy Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin Rounded State overthrown 1/2 Comb
 Manufactured by Melunio
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Anne Cemetery _____
 Lot or Grave No. _____ Section No. _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 275.00
“ Metallic 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 @ \$	10.00
Hearse	_____
Wagon Deliveries	_____
Death Notices in Newspapers	_____

NAMES OF NEWSPAPERS

Flowers	10.90
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	7.50
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

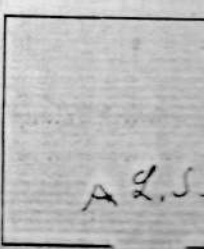
Total Footing of Bill	432.50
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	432.50

Dec. 17 Credits Byck 432.50

No. _____
 Name of the Deceased _____
 Charge to _____

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

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



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

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

1975
Color *W*

No. _____ Date *Dec. 15* 19*75*
Name of the Deceased *Smith Chas. Franklin* Sex *M.* Color *W*
Charge to _____ Order given by _____

CHARGES

275.00

115.00

Fluid) *20.00*

10.00

10.90

7.50

432.50

or below

432.50

How Secured _____

Date of Funeral *Dec. 15-1975*

Place of Death *Proy Kans*

Funeral Services at *Christian Church*

Time of Funeral Services *10 P*

Clergyman *Rev. Campbell*

Certifying Physician *Dr. Haller*

His Residence *Proy Kans*

Number of Burial Certificate _____

Cause of Death _____

Date of Death *Dec. 12-1975*

Occupation of the Deceased *Blacksmith*

Single, Married, Divorced _____ Religion _____

Aged *56* Years, *7* Months, *73* Days

Birth Place *Panama, Kansas*

Father *Wm Smith*

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant *Mrs C.P. Smith*

Address *Proy Kans*

Body to be shipped to _____

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

Manufactured by *Imperial*

Metallic Lining _____

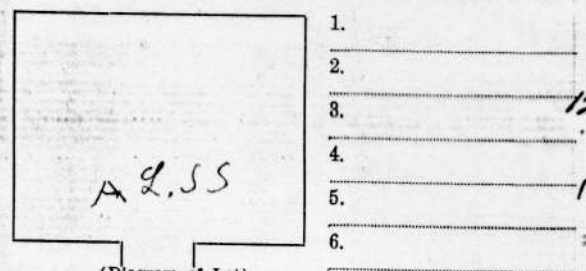
Outside Box _____

Number of Handles _____

Interment at *Panama* Cemetery

Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ <i>85.00</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>15.00</i>
Wagon Deliveries	
Death Notices in Newspapers	
NAMES OF NEWSPAPERS	
Flowers <i>By Mrs Smith</i>	<i>2.00</i>
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<i>heavy boards</i>	
<i>By Mrs Smith</i>	<i>7.50</i>
Total Footing of Bill	<i>124.50</i>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ <i>147.50</i>



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 *W.P. Blankenship*
3617 Avenue A
Council Bluffs

Record of Funeral

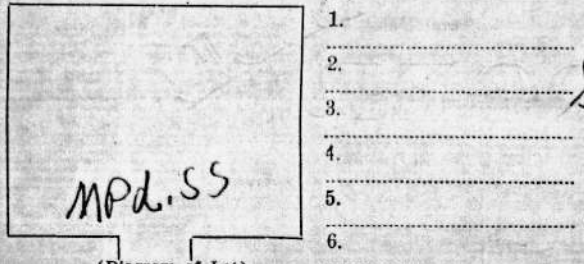
No. _____ Date Dec. 16-1925
 Name of the Deceased Pedderson Hannah Hacking Sex F Color W
 Charge to _____ Order given by _____

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral Dec. 16-1925
 Place of Death Atchison Hospital
 Funeral Services at Evangelical Church Atchison
 Time of Funeral Services 1:30 P.M.
 Clergyman Rev. Wheeler
 Certifying Physician _____
 His Residence Atchison
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Dec. 13-1925
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 63 Years, 7 Months, 8 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband John Pedderson
 Name of Wife _____
 Informant H. S. Hacking
 Address Proy Kans.
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blue silver Plush 1/2 Corsich # 715
 Manufactured by Ry-art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Millville Cemetery
 Lot or Grave No. _____ Section No. 15

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 185.00
“ Metallic Lining	“
“ Outside Box	“
“ Grave Vault	✓ 11.50
“ Burial Robe <u>dress</u>	✓ 22.50
“ 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 @ \$ _____	15.00
Hearse	“
Wagon Deliveries	“
Death Notices in _____ Newspapers	“

NAMES OF NEWSPAPERS	
Flowers	“
Outlay for Lot	“
Opening Grave	“
Lining Grave	5.00
Shipping Charges, prepaid	“
Removal Charges	“
Cremation Charges	“
Total Footing of Bill	367.50
By Amount Paid in Advance	“
Balance	“
Entered into Ledger, page _____ or below	“
Total Debit	\$ _____

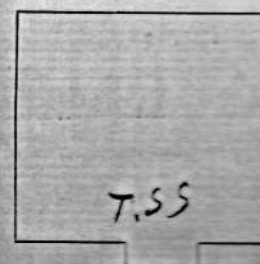


Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: John Pedderson Adm Atchison 16

NAMES OF PALLBEARERS J.P. Adams
Probate Judge
Atchison Kans

How Secured _____
 Date of Funeral Dec
 Place of Death near
 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 stillborn Years
 Birth Place _____
 Father Lorn
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or _____
 Manufactured by Im
 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 _____

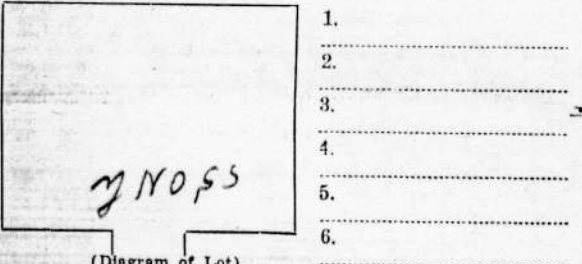
QUILL 7-28200

Record of Funeral

No. _____ Date Dec 17-1975 19
 Name of the Deceased Franken Charles Otto Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec. 18-1975
 Place of Death Farming Kansas
 Funeral Services at Family Catholic Church
 Time of Funeral Services 9:30 A.M.
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Burned to death
 Date of Death Dec. 14-1975
 Occupation of the Deceased Police Foreman
 Single, Married, Divorced _____ Religion _____
 Aged 68 Years, 9 Months, 29 Days
 Birth Place Germany
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Francis Franken
 Address Highlan of Kans
 Body to be shipped to _____
 Size and Style of Casket or Coffin Bronze finish
Metallic
 Manufactured by Schel - Ahern
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Farming Catholic Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 500
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	7500
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	1500
Wagon Deliveries	5000
Death Notices in <u>To Be</u> Newspapers	100
<u>Chef bands</u>	
NAMES OF NEWSPAPERS	
Flowers <u>Cross 20. 100. 65</u>	2065
Outlay for Lot	
Opening Grave	
Fining Grave <u>muslin</u>	750
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>heavy lumber</u>	750
<u>Pall bearers</u>	750
Total Footing of Bill	509 15
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$
<u>1976</u>	
<u>March 4</u> Credits <u>By Ch</u>	509 15

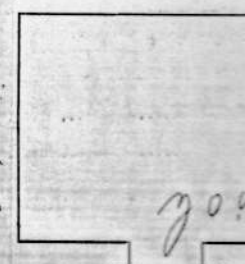


Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

No. _____
 Name of the Deceased _____
 Charge to _____
 How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged _____ 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 _____
 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 1-28200

Record of Funeral

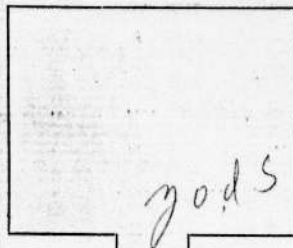
1975 19
Color *W*

No. _____ Date *Dec 29 1975* 19
Name of the Deceased *Joseph Sellenyers* Sex *M* Color *W*
Charge to *Washington County* Order given by _____

CHARGES

\$ *500*
Fluid) *7500*
1500
500
100
206.5
750
750
509.15
or below
509.15

How Secured _____
Date of Funeral *Dec 29 1975*
Place of Death *County Farm*
Funeral Services at *County Farm*
Time of Funeral Services *10 AM*
Clergyman *Rev. Campbell*
Certifying Physician *E.P. Kahl Coroner*
His Residence *Arroyo Kansas*
Number of Burial Certificate _____
Cause of Death *apoplexy*
Date of Death *Dec 28 1975*
Occupation of the Deceased _____
Single, Married, Divorced _____ Religion _____
Aged *about 60 yrs* 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 *Rey - Art*
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *County Farm* 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 <i>and complete funeral</i>	50.00
“ 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	

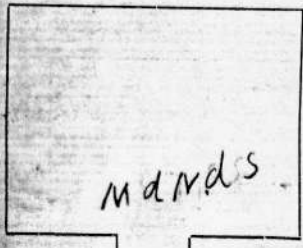
Total Footing of Bill	50.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit _____ \$
1926
Jan 7 Credits *Chick B. Thompson* *50.00*

Record of Funeral

No. _____ Date Dec. 31-1975
 Name of the Deceased Francis Lucy Matilda Sex F Color W
 Charge to W.J. Francis Order given by _____

How Secured _____
 Date of Funeral Jan 2-1976
 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 D. Cardoner
 His Residence Troy Kans
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Dec. 31-1975
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 53 Years, 9 Months, 23 Days
 Birth Place Troy Kansas
 Father John Britten
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant W.J. Francis
 Address Troy Kans
 Body to be shipped to _____
 Size and Style of Casket or Coffin Ref-art #215 Plush 1/2 Couch
 Manufactured by Ref-art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt Olive Cemetery
 Lot or Grave No. _____ Section No. _____



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

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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 1.85.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe <u>dress</u>	20.00
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

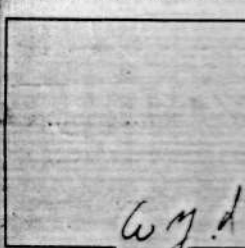
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>Metall Bot cover</u>	7.50

Total Footing of Bill	247.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	

1-11-76	Credits	<u>By Check</u>	147.50
1-23-76			100.00
			<u>447.50</u>

No. _____
 Name of the Deceased Jan Ra
 Charge to _____
 How Secured _____
 Date of Funeral Jan
 Place of Death Troy
 Funeral Services at Troy
 Time of Funeral Services _____
 Clergyman Rev. C
 Certifying Physician D
 His Residence Troy
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Jan
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 85 Years
 Birth Place Kans
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Jan

Address Troy
 Body to be shipped to _____
 Size and Style of Casket or Coffin #130
 Manufactured by Ref-art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt Olive
 Lot or Grave No. _____



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

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

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

1-31-1975
 Color *W*

No. _____ Date *Jan. 1-1976*
 Name of the Deceased *Randall Mary Elizabeth* Sex *F* Color *W*
 Charge to *Jim Randall* Order given by _____

ITEMIZED CHARGES

Funeral Home	\$ 185.00
Flowers	20.00
Fluid	20.00
Embalming	15.00
Newspapers	
Flowers	7.50
Advance	247.50
Check	147.50
	100.00
	447.50

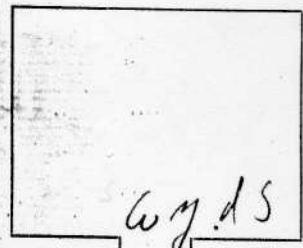
How Secured _____
 Date of Funeral *Jan 2-1976*
 Place of Death *Wray Kansas*
 Funeral Services at *Home of Jim Randall*
 Time of Funeral Services *10:00*
 Clergyman *Rev. Campbell*
 Certifying Physician *Dr. Haller*
 His Residence *Wray Kan*
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death *Jan 1-1976*
 Occupation of the Deceased *Housewife*
 Single, Married, Divorced _____ Religion _____
 Aged *85* Years, *9* Months, *10* Days
 Birth Place *Kentucky*
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant *James Randall*
 Address *Wray Kansas*
 Body to be shipped to _____
 Size and Style of Casket or Coffin *Blk Cufe*
 # *130*
 Manufactured by *Rx-Int*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *W. Haller* Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 75
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	10.00
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	10
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	<i>Complete</i> 115
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: _____

NAMES OF PALLBEARERS _____

Jan 3-26	Credits	Cash	Jim Randall	35
" 18-24	"	"	"	10
April 20	"	"	"	10
July 6	"	"	"	20
Jan 3-19	"	"	"	10
June 25-28	"	"	Sp R	10
July 2-28	"	"	"	5
July 20-26	"	"	"	5
1-1-31	"	"	"	10
				115

Bill transferred to page 1003

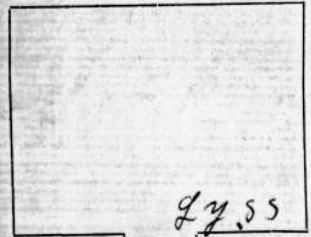
Record of Funeral

No. _____ Date Jan 8 - 1926 19__
 Name of the Deceased James Harry Cruise Sex M. Color Negro
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Jan 8 - 1926
 Place of Death Droy Hanna
 Funeral Services W.M.E. Church Droy
 Time of Funeral Services 2 P.
 Clergyman _____
 Certifying Physician J. Walker
 His Residence Droy Hanna
 Number of Burial Certificate _____
 Cause of Death Pulmonary Tuberculosis
 Date of Death Jan 7 - 1926
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 45 Years, 9 Months, 18 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Sarah Cruise
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #130 steel
gray crepe
 Manufactured by R.H. Co.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Highland Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 70.00
“ 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 @ \$ _____	1.50
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	85.00
By Amount Paid in Advance	“
Balance	“
Entered into Ledger, page _____ or below	“



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

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

Remarks: _____

NAMES OF PALLBEARERS _____

Total Debit	
1926	“
Jan 8-26 Cash by Rucker	14.00
1-13-26 Cl. By Dougherty	50.00
2-6-26 Cash Mrs. Cruise	2.00
2-8-26 Cash by Rucker	1.00
4-24-26 " by Mr. Cruise	2.00
1-31 Tabak Transportation	11.00
Total	85.00

Balance transferred to page 104

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

Address _____
 Body to be shipped to _____
 Size and Style of Casket _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 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 PALLBEARERS _____

QUILL M 7-28200

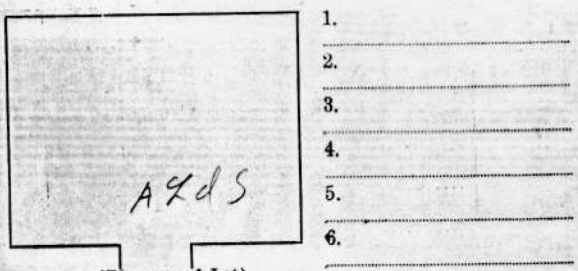
Record of Funeral

No. _____ Date Jan 25 1926
 Name of the Deceased Pelix Pennel Sex M. Color Negro
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Jan 25 1926
 Place of Death 11 SW of Troy
 Funeral Services at Home
 Time of Funeral Services 2 P
 Clergyman _____
 Certifying Physician Dr. Sussmore
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Jan 23 1926
 Occupation of the Deceased Pennel
 Single, Married, Divorced _____ Religion _____
 Aged 66 Years, _____ Months, 29 Days
 Birth Place Troy Kansas
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Stora Pennel
 Informant Stora Pennel
 Address Troy Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin Wray Crepe
 Manufactured by Ref. Art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Pennel 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)	2.00
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	4.50
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	1.50
Total Footing of Bill	125.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ 125.00



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 _____

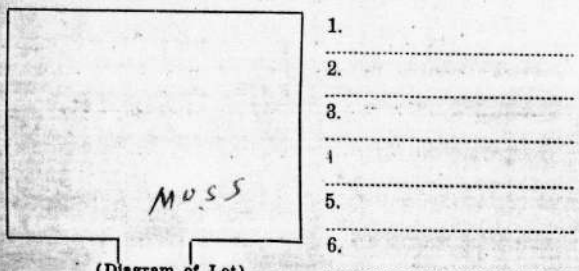
6 19 _____
 Color Negro
 \$ 70.00
 Fluid)
 \$ 15.00
 \$ 85.00
 or below
 \$
 Recker 14.00
 mphan 50.00
 Cruise 2.00
 Recker 1.00
 Cruise 2.00
 95.00
 144

Record of Funeral

No. _____ Date Jan 27-1926 19
 Name of the Deceased Amy Elizabeth Ann Sex F Color W
 Charge to _____ Order given by Bucklin Harris

How Secured _____
 Date of Funeral Jan 27-1926
 Place of Death Denver Colo
 Funeral Services at M.E. Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Campbell
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Cancer of Stomach
 Date of Death Jan 25-1926
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 67 Years, 9 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 From Denver Colo
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt Olive Cemetery
 Lot or Grave No. _____ Section No. _____



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

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

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

NAMES OF NEWSPAPERS

Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____ 7.50
Shipping Charges, prepaid	_____
Removal Charges <u>Box to cemetery</u>	_____ 1.00
Cremation Charges	_____
Total Footing of Bill	_____ 28.50
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	_____ \$

Credits	By Ch.	_____ 28.50

No. _____
 Name of the Deceased _____
 Charge to _____
 How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of _____
 Single, Married _____
 Aged 67 Years, _____ Months, _____ Days
 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 _____
 # 130
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 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 PALLBEARERS _____

QUILL 728200

Record of Funeral

No. _____ Date Feb. 2 - 1926 19__
 Name of the Deceased Cullum Geo. Oliver Sex M. Color W
 Charge to _____ Order given by _____

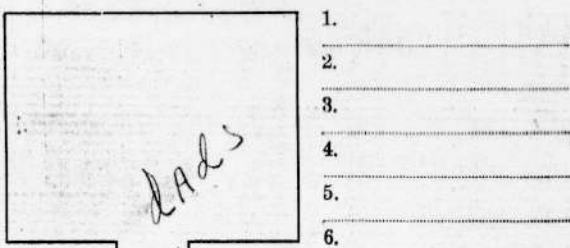
How Secured _____
 Date of Funeral Feb. 2 - 1926
 Place of Death Marion Township
 Funeral Services at Marion Trp Baptist Church
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Cordonier
 His Residence Troy Kans
 Number of Burial Certificate _____
 Cause of Death Lobar Pneumonia
 Date of Death Jan. 31 - 1926
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 64 Years, 4 Months, 28 Days
 Birth Place Jursey Illinois
 Father Oliver Cullum
 Birth Place Canada
 Maiden Name of Mother Mary George
 Birth Place France
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Steel gray case #130
 Manufactured by Ref-art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Cordonier 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 <u>300</u> <u>held</u>	3 15
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	123 15
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit			
1926			
June 1	Ch. B. Du Cordonier	50 00	
Aug 18	Ch. B. Du Cordonier	50 00	
	110 Bal	23 15	
		123 15	



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

Remarks: _____

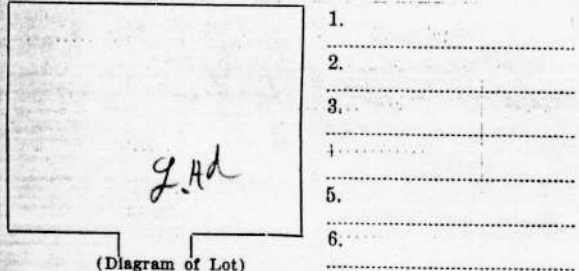
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Feb. 26-1926 19
 Name of the Deceased Large Wilma Louise Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Feb. 26-1926
 Place of Death Meriton, Kansas
 Funeral Services at Meriton, Kansas
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Influenza + Pneumonia
 Date of Death Feb. 23-1926
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, 4 Months, 2 Days
 Birth Place Meriton, Kan
 Father Wm. Large
 Birth Place Mo. Kan
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Wm. Large

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Lamb
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Courter 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	_____	\$
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	_____	
		5 10

NAMES OF NEWSPAPERS

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

Total Footing of Bill	_____	5 00
By Amount Paid in Advance	_____	
Balance	_____	
Entered into Ledger, page _____ or below		

Total Debit _____ \$

147 5
Feb 27 Credits By cash _____ 5 00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 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. _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

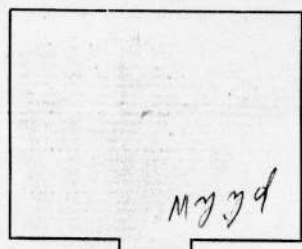
QUILL 7-28200

Record of Funeral

No. Date March 9 - 1926
 Name of the Deceased Ladwig Carrie Ann Sex W Color W
 Charge to Order given by

How Secured March 9 - 1926
 Date of Funeral March 9 - 1926
 Place of Death Cleveland Ohio
 Funeral Services at Maraz Church
 Time of Funeral Services 7:30 P.M.
 Clergyman Rev. Monson Smith
 Certifying Physician
 His Residence
 Number of Burial Certificate 1
 Cause of Death Carcinoma
 Date of Death March 6 - 1926
 Occupation of the Deceased Housewife
 Single, Married, Divorced Religion
 Aged 69 Years, 11 Months, 24 Days
 Birth Place
 Father
 Birth Place
 Maiden Name of Mother
 Birth Place
 Name of Husband Robt. Ladwig
 Name of Wife
 Informant
 Address
 Body to be shipped to
 Size and Style of Casket or Coffin Stuffed
Metallia finish on wood
 Manufactured by
 Metallic Lining
 Outside Box
 Number of Handles
 Interment at Maraz 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 <u>Fluid</u>)	\$
Washing and Dressing	\$
Shaving	\$
Disinfecting Rooms	\$
Use of Catafalque and Drapery	\$
Use of Folding Chairs	\$
Use of Candelabrum	\$
Candles	\$
Gloves	\$
Crepe	\$
Telephone	\$
Telegraph	\$
Number of Carriages <u>@ \$</u>	\$
Hearse <u>No. 10 by J. J. J. J.</u>	20 00
Wagon Deliveries <u>Box to Cemetery</u>	1 50
Death Notices in <u>Personal services</u> Newspapers	10 00
NAMES OF NEWSPAPERS <u>75</u>	
Flowers <u>20.50</u>	20 75
Outlay for Lot	\$
Opening Grave	\$
Lining Grave	\$
Shipping Charges, prepaid	\$
Removal Charges	\$
Cremation Charges	\$
Total Footing of Bill	52 25
By Amount Paid in Advance	\$
Balance	\$
Entered into Ledger, page <u> </u> or below	\$
Total Debit	\$
<u>1926</u> Credits <u>By ch.</u>	52 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.

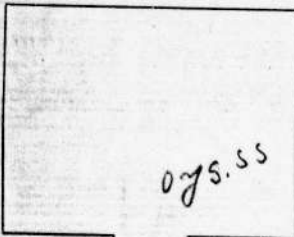
Remarks: Stuffed from
Supt. Daniels + Masterly
Cleveland Ohio

NAMES OF PALLBEARERS
This body was raised Oct. 13 - 1926 and
placed in a Springfield Metallia open
vault.

Record of Funeral

No. _____ Date March 13 1926
 Name of the Deceased Walters Alonzo Sex M. Color W
 Charge to Sam Walters Order given by _____

How Secured _____
 Date of Funeral March 13-1926
 Place of Death N. W. of Sparks, Mo.
 Funeral Services at Sparks, Mo.
 Time of Funeral Services 10:00
 Clergyman _____
 Certifying Physician Dr. Boon
 His Residence Highland, Mo.
 Number of Burial Certificate _____
 Cause of Death Carcinoma of Liver
 Date of Death March 11 1926
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 72 Years, 11 Months, 29 Days
 Birth Place Hodgsonville, Ky.
 Father John Walters
 Birth Place Ky.
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant W. H. Walters
 Address Highland, Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin Bronze
from H. Metcalfe
 Manufactured by Morm of Coffins Co.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Waldo, Mo. Cemetery _____
 Lot or Grave No. _____ Section No. _____



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

Remarks: _____

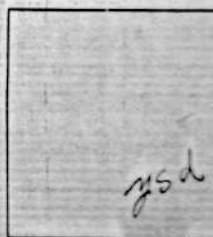
NAMES OF PALLBEARERS _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 425.00
“ Metallic Lining	.....
“ Outside Box	.....
“ Grave Vault	.....
“ Burial Robe <u>suit</u>	30.00
“ Burial Slippers and Hose <u>shoe</u>	2.00
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 <u>4.00</u>	4.35
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
<u>bucket for body</u>	7.80
<u>No Burial</u>	.....
Total Footing of Bill	497.13
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....

1926 Total Debit _____ \$
April 20 Credit By Check 497.13

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 78
 Birth Place Ste...
 Father D. P. ...
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant J. ...
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin State ...
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M...
 Lot or Grave No. _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

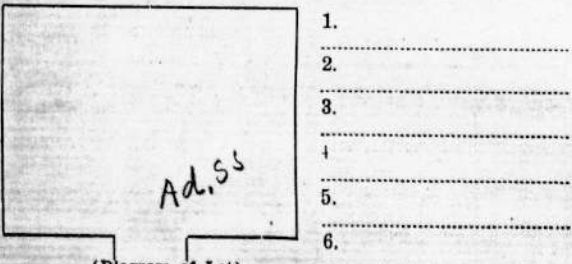
QUILL 7-28200

Record of Funeral

No. _____ Date March 17 1926
 Name of the Deceased M. C. DeLan, John A. Sex _____ Color _____
 Charge to Mrs Bower + Mrs Shearer Order given by _____

How Secured _____
 Date of Funeral March 17-1926
 Place of Death Denton Kans
 Funeral Services at Karrs Troy Kans
 Time of Funeral Services 2 P
 Clergyman Rev Campbell
 Certifying Physician E. P. Kern Coronel
 His Residence Troy Kans
 Number of Burial Certificate _____
 Cause of Death Acute Alcoholism
 Date of Death March 14-1926
 Occupation of the Deceased Salooner
 Single, Married, Divorced _____ Religion _____
 Aged 54 Years, 4 Months, 2 Days
 Birth Place Troy Kansas
 Father James M. M. DeLan
 Birth Place Green County Pa.
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs Chas Shearer

Address Denton Kans
 Body to be shipped to _____
 Size and Style of Casket or Coffin #270 Oxford Cloth Day Cover
 Manufactured by Ry-Ad
 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	\$ 160.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	75.00
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	5.00
Outlay for Lot	_____
Opening Grave	7.00
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
<u>Funeral</u>	5.00

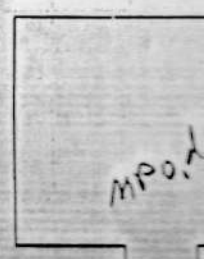
Total Footing of Bill	217.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

Credit By bank from F. A. C. 217.00

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 76
 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 1728200

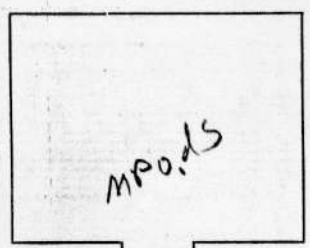
Record of Funeral

17-1926
Color *W*

No. _____ Date *March 24* 19*26*
Name of the Deceased *George W. Hillmech* Sex *M* Color *W*
Charge to _____ Order given by _____

CHARGES	\$ 16000
Fluid	2500
	1500
	500
	700
	500
	21700
or below	
	21704

How Secured _____
 Date of Funeral *March 24-1926*
 Place of Death *South of Troy*
 Funeral Services at *Home*
 Time of Funeral Services *11 A*
 Clergyman *Rev. Campbell*
 Certifying Physician *Dr. Dunsinore*
 His Residence *Troy Kan*
 Number of Burial Certificate _____
 Cause of Death *Lobar Pneumonia*
 Date of Death *March 22-1926*
 Occupation of the Deceased *Farmer*
 Single, Married, Divorced _____ Religion _____
 Aged *76* Years *4* Months *1* Days
 Birth Place *Salem, Iowa*
 Father *Wm Hillmech*
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant *Amos W. Hillmech*
 Address *Troy Kan*
 Body to be shipped to _____
 Size and Style of Casket or Coffin *Steel Gray
Wheat Ply 1/2 Couch*
 Manufactured by *Imperial*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *Cordonev* 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	\$ 17500
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe <i>suit</i>	3000
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	1000
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	1500
Wagon Deliveries	
Death Notices in Newspapers	
Flowers <i>750</i>	250
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<i>Metal box cover</i>	750
Total Footing of Bill	24785
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

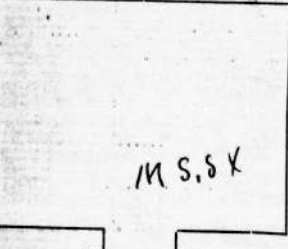
1926 Total Debit \$ _____
 May 27 Credits *By Ch* 24785

Record of Funeral

No. 21 Date March 25 1926
 Name of the Deceased Lulu Pearl Nun Sex F Color R
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral March 25-1926
 Place of Death Fairbury Neb
 Funeral Services at Benedict Church
 Time of Funeral Services 2:30 P.
 Clergyman Rev. Monro Smith
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Cerebral Hemorrhage
 Date of Death March 23-1926
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 51 Years, 5 Months, 7 Days
 Birth Place _____
 Father Joseph Howard
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Octagon Metal
2 Couch and Rollers
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Meray Cemetery _____
 Lot or Grave No. _____ Section No. _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES		
Price of Casket or Coffin	- - - - -	\$
" Metallic Lining	- - - - -	
" Outside Box	- - - - -	
" Grave Vault	- - - - -	
" Burial Robe	- - - - -	
" Burial Slippers and Hose	- - - - -	
Engraving Plate	- - - - -	
Embalming Body (with _____ Fluid)	- - - - -	
Washing and Dressing	- - - - -	
Shaving	- - - - -	
Disinfecting Rooms	- - - - -	
Use of Catafalque and Drapery	- - - - -	
Use of Folding Chairs	- - - - -	
Use of Candelabrum	- - - - -	
Candles	- - - - -	
Gloves	- - - - -	
Crepe	- - - - -	
Telephone	- - - - -	
Telegraph	- - - - -	
Number of Carriages @ \$	- - - - -	
Hearse <u>two trips</u>	- - - - -	20.00
Wagon Deliveries	- - - - -	
Death Notices in _____ Newspapers	- - - - -	
<u>General news</u>	- - - - -	10.00

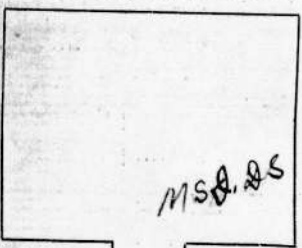
NAMES OF NEWSPAPERS		
Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	
Lining Grave	- - - - -	
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	
Total Footing of Bill	- - - - -	30.00
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	

Total Debit	- - - - -	\$
<u>1426</u>		
<u>Nov. 26</u> Credits <u>by ch</u>	- - - - -	30.00

Record of Funeral

No. _____ Date May 3-1926 19
 Name of the Deceased Minnie Maude Jobson Sex F Color R
 Charge to C.E. Jobson Order given by _____
Catharp, Mo.

How Secured _____
 Date of Funeral May 3-1926
 Place of Death 4 miles North of Highland
 Funeral Services at Home of Charles Moore
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Armstrong
 Certifying Physician Dr. Neff
 His Residence Highland, Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death May 1-1926
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 61 Years, 4 Months, 18 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband C.E. Jobson
 Name of Wife _____
 Informant Ms. B.F. Jaugherty
Catharp, Mo.
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #210 octagon
left hand fluted
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Highland Cemetery
 Lot or Grave No. _____ Section No. _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 125.00
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	
<u>Metal Box cover</u>	7.50

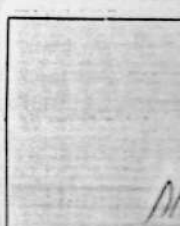
Total Footing of Bill	167.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

1926 Total Debit	\$
May 17 Credits By cash	66.00
July 15-26	55.50
Nov. 6-26 By Check	46.00

167.50

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 63
 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 M 728200

Record of Funeral

1926 19
 Color *W*

No. _____ Date *May 9-1926* 19
 Name of the Deceased *Perry Albert L.* Sex *M* Color *W*
 Charge to _____ Order given by _____

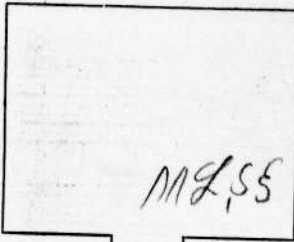
CHARGES

Hose	\$ 1.25 00
Fluid	2.00 00
Flowers	7.50
Wspapers	15.00
APERS	
or below	
	66.00
	55.50
	46.00
	167.50

How Secured _____
 Date of Funera *May 9-1926*
 Place of Death *Sisters Hospital Brookfield Mo.*
 Funeral Services at *Masonic Temple*
 Time of Funeral Services *2 P.M.*
 Clergyman *Rev Sapp*
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death *May 6-1926*
 Occupation of the Deceased *Lawyer*
 Single, Married, Divorced _____ Religion _____
 Aged *63* Years, *11* Months, *27* Days
 Birth Place *Mojo 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 _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *St. Anne* 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		
<i>Personal services</i>		10.00
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		5.00
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		30.00
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.

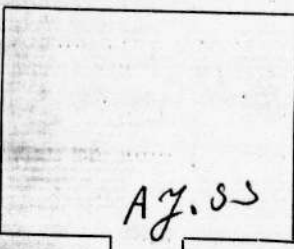
Remarks: _____

NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date May 11 1926
 Name of the Deceased Garvin Harry L. Sex M. Color W.
 Charge to Al Garvin Order given by _____

How Secured _____
 Date of Funeral May 11 - 1926
 Place of Death Proby Kans
 Funeral Services at Home of Al Garvin
 Time of Funeral Services 2:30
 Clergyman Rev. Saff
 Certifying Physician Dr. Haller
 His Residence Proby Kans
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death May 9 - 1926
 Occupation of the Deceased Dummet
 Single, Married, Divorced _____ Religion _____
 Aged 26 Years, 7 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 #130 Steel
Grey Crepe
 Manufactured by Ref - wt
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt Olive Cemetery
 Lot or Grave No. _____ Section No. _____



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

(Diagram of Lot)

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

Remarks: Legion in Charge

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)	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	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	2.50
Total Footing of Bill	117.50
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....

1926 Total Debit \$ _____
 May 12 Credits Cash 117.50

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

(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

QUILL 7-28200

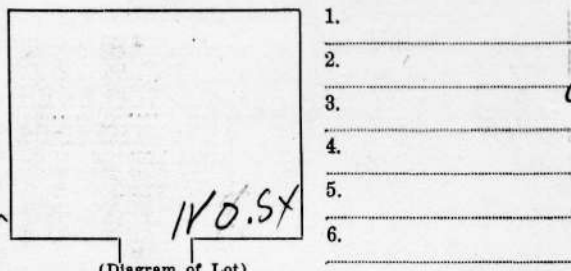
Record of Funeral

No. _____ Date May 10 1926
 Name of the Deceased Hoffman Frank Charles Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral May 10 - 1926
 Place of Death Blair Kansas
 Funeral Services at Smith Creek Church
 Time of Funeral Services 2:30
 Clergyman Rev. Campbell
 Certifying Physician Dr. Dunsmore
 His Residence Blair Kansas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death May 8 - 1926
 Occupation of the Deceased Farmer
 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 Mrs. Rosa Euler
Blair Kansas
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Steel Gray
Crepe
 Manufactured by Py. Int.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Smith Creek Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 85.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	17.50
“ 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	_____

NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
<u>heavy timber for new box</u>	2.50
Total Footing of Bill	135.00
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 _____

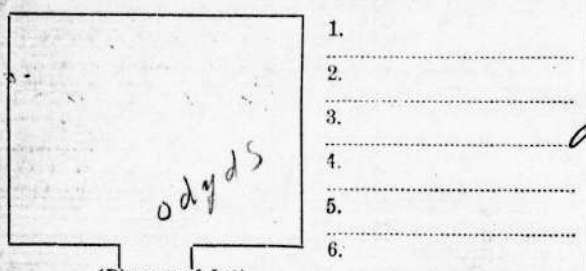
Oct 7 - 1927 Chas. By C. J. Creal
 Credits admn. 135.00

Record of Funeral

No. _____ Date May 28-1923
 Name of the Deceased Richard Meers Sr. Sex M. Color A
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral May 30-1926
 Place of Death Sisters Hosp. Mo
 Funeral Services at Christian Church
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Lawrence Smith
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death May 27-1926
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 64 Years, 11 Months, 27 Days
 Birth Place Wray 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 Bronze
finish Metallic
 Manufactured by Missouri Casket Co.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. 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.

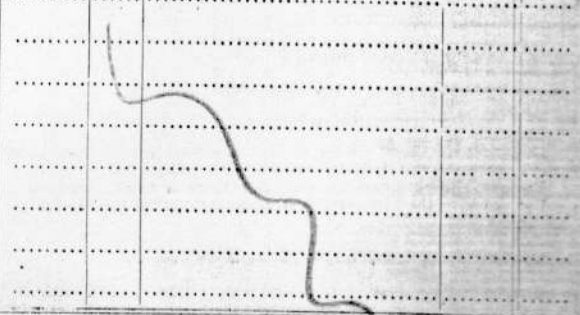
Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 4.50.00
“ Metallic Lining	.....
“ Outside Box	.....
“ Grave Vault	.....
“ Burial Robe <u>suit</u>	35.00
“ Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with _____ Fluid)	75.00
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	1.75
<u>metal box cover</u>	7.50

NAMES OF NEWSPAPERS	
Flowers	.....
Outlay for Lot	7.50
Opening Grave	.....
Lining Grave	5.00
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
<u>Underwear hose 1.00</u>	1.50
<u>shirt 15¢ tie 1.00</u>	2.50
Total Footing of Bill	550.75
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....

Total Debit _____ \$
1926
June 17 Credits By Check 550.75



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

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



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

Remarks: _____

NAMES OF PALLBEARERS _____

QUILL M 7-28200

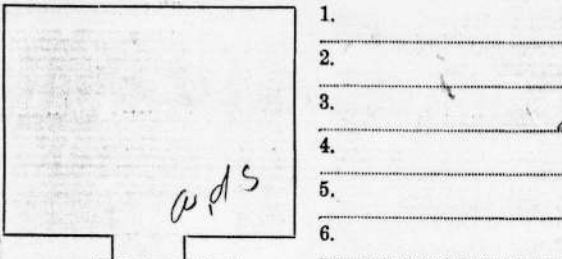
Record of Funeral

1923
Color W

No. _____ Date May 30 - 1926 19____
Name of the Deceased Infant of Grover Parlay Sex _____ Color W
Charge to Grover Parlay Order given by _____

CHARGES
\$ 4.50.00
35.00
Fluid) 7.50.00
15.00
1.75
7.50
7.50
5.00
1.50
2.50
550.75
or below

How Secured _____
Date of Funeral May 30 - 1926
Place of Death Mojo Kansas
Funeral Services at _____
Time of Funeral Services _____
Clergyman _____
Certifying Physician Dr. Cardoner
His Residence _____
Number of Burial Certificate _____
Cause of Death Stillborn
Date of Death May 30 - 1926
Occupation of the Deceased Infant
Single, Married, Divorced _____ Religion _____
Aged Stillborn years, _____ Months, _____ Days
Birth Place _____
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife _____
Informant _____
Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin #0 white
Lumber 2-0
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 - - - - 15.00
By Amount Paid in Advance - - - -
Balance - - - -
Entered into Ledger, page _____ or below

Total Debit - - - - \$ _____
1926
June 5 Credits By Cash 10.00
" 12 " " 5.00
15.00

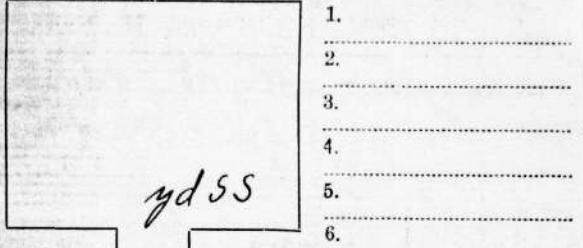
Record of Funeral

No. _____ Date June 3 - 1926
 Name of the Deceased Wm. Cochran Sex M. Color W
 Charge to Douglas County Order given by _____

How Secured _____
 Date of Funeral June 3 - 1926
 Place of Death County farm
 Funeral Services at County farm
 Time of Funeral Services 10:30
 Clergyman Rev. Campbell
 Certifying Physician Dr. Matthews
 His Residence Mathena, Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death June 2 - 1926
 Occupation of the Deceased County clerk
 Single, Married, Divorced _____ Religion _____
 Aged 73 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 51 Blk
Crepe
 Manufactured by Rev. lot
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at County farm Cemetery
 Lot or Grave No. _____ Section No. _____

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

NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	\$ <u>50.00</u>
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.

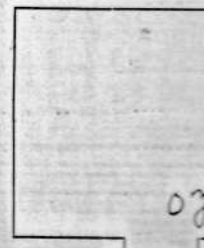
Remarks: _____

NAMES OF PALLBEARERS _____

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 87 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

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



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

Remarks: _____

NAMES OF PALLBEARERS _____

QUILL 7-28200

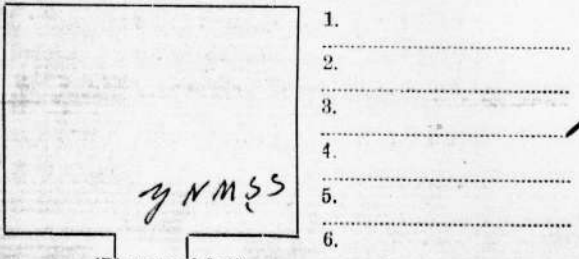
Record of Funeral

No. _____ Date June 24 1926
 Name of the Deceased Nelson Mary Helena Sex F Color R
 Charge to Oliver T. Nelson Order given by _____

How Secured _____
 Date of Funeral June 24-1926
 Place of Death West of Troy at Home
 Funeral Services at Moray
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Norrasmith
 Certifying Physician D. Haller
 His Residence Troy Kan
 Number of Burial Certificate _____
 Cause of Death Pneumonia
 Date of Death ✓
 Occupation of the Deceased at Home
 Single, Married, Divorced _____ Religion _____
 Aged 22 Years, 7 Months, 21 Days
 Birth Place Moray Kansas
 Father Oliver T. Nelson
 Birth Place _____
 Maiden Name of Mother Mary Helena Hoverson
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs Oliver T. Nelson
 Address Troy Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 811 Utequin State Half Count grey Wood
 Manufactured by Ret. Art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Moray Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$275.00
“ Metallic 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 @ \$ _____	.....
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	425.00
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 _____

Total Debit 1926
 Credits July 22 by Chk. 425.00

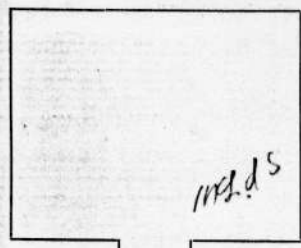
QUILL 7-28200

Record of Funeral

No. _____ Date June 27 1926
 Name of the Deceased Harry W. Kotsch Sex M Color W
 Charge to _____ Order given by _____

CHARGES
 \$275.00
 115.00
 Fluid) 20.00
 15.00
 42.50
 or below
 \$
 42.50

How Secured _____
 Date of Funeral June 27 - 1926
 Place of Death Los Angeles, Cal
 Funeral Services at Home of John Kotsch
 Time of Funeral Services 2 1/2
 Clergyman Rev. Campbell
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death June 21 - 1926
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 56 Years, 6 Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Silver
Metallic Slab
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at W. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	-\$
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <u>To Home + Funeral</u>	15.00
Wagon Deliveries <u>Prof. J. Conrad</u>	1.00
Death Notices in _____ Newspapers	
<u>Personal services</u>	10.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave <u>+ decorating</u>	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>Metal Box cover</u>	7.50
Total Footing of Bill	38.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

1926 Total Debit \$
June 29 Credits By Check 38.50

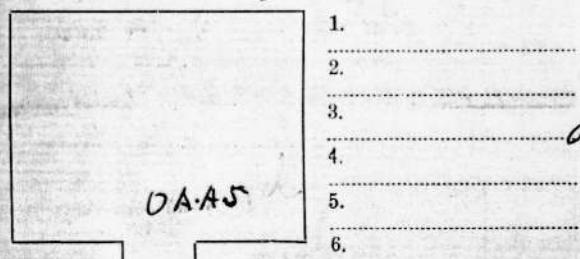
Record of Funeral

No. _____ Date June 28 - 1926
 Name of the Deceased Brynsulfron Abraham Sex M Color W
 Charge to Brynsulfron Order given by _____

How Secured _____
 Date of Funeral June 28 - 1926
 Place of Death Home of J. Brynsulfron
 Funeral Services at _____
 Time of Funeral Services 2 1/2
 Clergyman Rev. Monosmith
 Certifying Physician Ed. Hall
 His Residence Proy Kansas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death June 28 - 1926
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 79 Years, 8 Months, 18 Days
 Birth Place 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 Belk Case
Hospital Case
 Manufactured by Ry - Art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Norway Cemetery _____
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	<u>Partial charge</u> 75.00
“ 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	<u>all</u> 75.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____



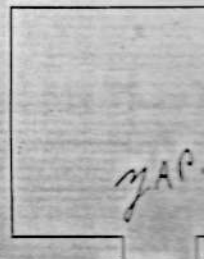
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

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 56
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Grey Oak
 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

1926
Color *W*

No. _____ Date *July 20 - 1926*
Name of the Deceased *Joseph Dayton* Sex *M.* Color *W*
Charge to *Estete* Order given by _____

CHARGES
total charge 75.00

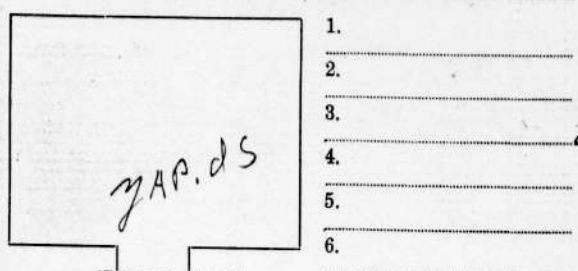
How Secured _____
Date of Funeral *July 20 - 1926*
Place of Death *Proy Kansas*
Funeral Services at *his home*
Time of Funeral Services *2 P.M.*
Clergyman *Rev Smith*
Certifying Physician *Dr Cordover*
His Residence *Proy Kansas*
Number of Burial Certificate _____
Cause of Death *Cancer Stomach & Liver*
Date of Death *July 17 - 1926*
Occupation of the Deceased *Farmer*
Single, Married, Divorced _____ Religion _____
Aged *56* Years, *7* Months, *20* Days
Birth Place *Proy Kansas*
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife _____
Informant _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$250.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	11.15.00
“ Burial Robe <i>with</i>	37.50
“ Burial Slippers and Hose	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	10.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	1.75

all 75.00

Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin *Imperial Grey Oak Stab*
Manufactured by *De Mores*
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *W. Olive* Cemetery
Lot or Grave No. _____ Section No. _____

NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	5.00
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
<i>Underwear</i>	2.00
<i>shirt</i>	2.00
Total Footing of Bill	443.75
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 _____

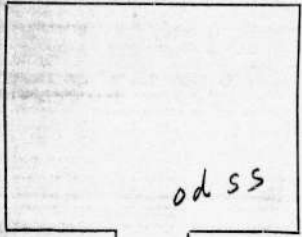
1926 Total Debit _____
July 23 Credits by Chs. 443.75

Record of Funeral

No. _____ Date July 19 - 1926
 Name of the Deceased Bert Wakefield Sex M. Color Negro
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral July 19 - 1926
 Place of Death Troy Kansas
 Funeral Services at his home
 Time of Funeral Services 2 P.M.
 Clergyman _____
 Certifying Physician Dr. Cardonier
 His Residence Troy Mo.
 Number of Burial Certificate _____
 Cause of Death Ayler Sclerosis
 Date of Death July 18 - 1926
 Occupation of the Deceased Barber
 Single, Married, Divorced _____ Religion _____
 Aged 56 Years, 3 Months, 7 Days
 Birth Place Troy 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 # 51 Blk Crp
Hospital Care
 Manufactured by Box 1st
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Michael 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	\$ 60 00
“ Metallic Lining	.....
“ Outside Box	.....
“ Grave Vault	.....
“ Burial Robe	.....
“ Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with _____ Fluid)	.....
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$ _____	.....
Hearse <u>4</u>	15 00
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....

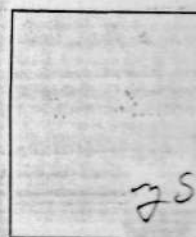
NAMES OF NEWSPAPERS

Flowers	.....
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
Total Footing of Bill	75 00
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....

1926
 Aug 6 Cash By Donations \$ 15 00
 Credits
 Sept 25 Cash by P.O. M. Lodge 60 00
 75 00

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

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

Record of Funeral

1976 19
Color *Negro*

No. _____ Date *July 21-1976*
Name of the Deceased *Beulah Lorena Davies* Sex *F* Color *N*
Charge to *Law Davies* Order given by _____

LAGES \$ 60 00

How Secured _____
Date of Funeral *July 21-1976*
Place of Death *Near Farmingham*
Funeral Services at *12 Farmingham Church*
Time of Funeral Services _____
Clergyman *Rev. Schmidt*
Certifying Physician *Dr. Walker*
His Residence *Proy Kansas*
Number of Burial Certificate _____
Cause of Death *Accidental Drowning*
Date of Death *July 20-1976*
Occupation of the Deceased *Child*
Single, Married, Divorced _____ Religion _____
Aged _____ Years, *10* Months, *25* Days
Birth Place *Proy Kansas*
Father *Law Davies*
Birth Place *Proy Kansas*
Maiden Name of Mother *Ida Barnhill*
Birth Place *Proy Kansas*
Name of Husband _____
Name of Wife *Law Davies*
Informant *Law Davies*

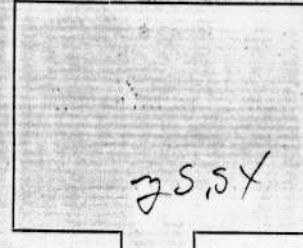
Fluid)

15 00

75 00

Change 15 00
F.M. Lodge 100 00
75 00

Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin *Blue Grey
Lamb Skin # 2*
Manufactured by *Imperial*
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *Farmingham* Cemetery
Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 25 00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	_____
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____
<i>case of body + services</i>	10 00

NAMES OF NEWSPAPERS

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

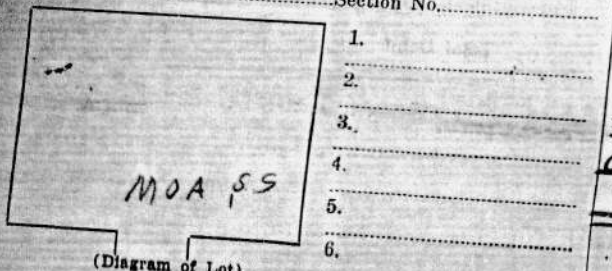
Total Footing of Bill	35 00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit	_____
1976 Nov. 27 Credits by ch	35 00

Record of Funeral

No. _____ Date July 27 - 1976
 Name of the Deceased Carpenter Clara Ka Del Sex F Color W
 Charge to S. G. Carpenter Order given by _____

How Secured _____
 Date of Funeral July 23 - 1976
 Place of Death Home of C. C. Butts
 Funeral Services at Home of C. C. Butts
 Time of Funeral Services 2 P M
 Clergyman _____
 Certifying Physician D. W. Cardonier
 His Residence Proy Kansas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death July 21 - 1976
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 49 Years 10 Months 8 Days
 Birth Place Bloomington Ill
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Sarquel Carpenter
 Name of Wife Severance S
 Informant C. C. Butts
 Address Proy Kan
 Body to be shipped to _____
 Size and Style of Casket or Coffin Three Grey
Tramkeel
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at McClure Cemetery
 Lot or Grave No. _____ Section No. _____



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

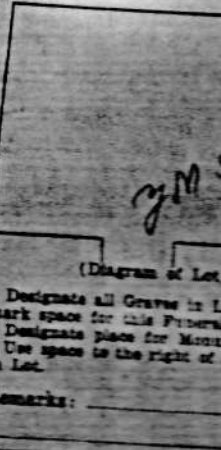
Remarks: _____
 NAMES OF PALLBEARERS _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 165.00
" 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	62.50
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	201.50
By Amount Paid in Advance	
Balance <u>retained to 7/28</u>	13.25
Entered into Ledger, page _____ or below	
Total Debit	214.75

1927
 Feb 9-77 Chely E. P. K. G. G. G. 100.00
 April 12-78 P. G. G. G. G. 114.75
214.75

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
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 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 _____

QUILL 7-28200

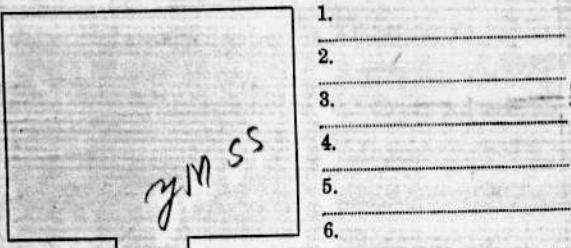
Record of Funeral

No. _____ Date July 30 1926
 Name of the Deceased Thomas Whalen Sex M. Color A
 Charge to Doniphan County Order given by _____

How Secured _____
 Date of Funeral July 30 - 1926
 Place of Death County Farm
 Funeral Services at Parish Catholic Church
 Time of Funeral Services 7 1/2
 Clergyman Father Pious
 Certifying Physician Dr. Mathews
 His Residence Mathews
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 77 Years _____ Months _____ Days _____
 Birth Place Ireland
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blk Crepe
W. P. Case
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Parish Catholic Cemetery
 Lot or Grave No. _____ Section No. _____

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

NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Crementation Charges		
Total Footing of Bill		<u>50.00</u>
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 _____

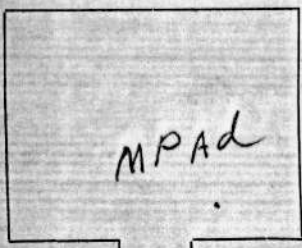
1926 Total Debit _____
 Aug. 13 Credits B. Doniphan Co. 50.00

1.65.00
 20.00
 10.00
 6.50
 207.50
 13.25
 214.75
 100.00
 114.75
 214.75

Record of Funeral

No. _____ Date July 30-1926 19____
 Name of the Deceased Randall Marcella Claudia Sex F Color W
 Charge to Benjamin F. Randall Order given by Grace Robinson

How Secured _____
 Date of Funeral July 30-1926
 Place of Death Charles Kern
 Funeral Services at Church
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Still Born
 Date of Death July 29-1926
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, _____ Months, _____ Days
 Birth Place _____
 Father Benjamin F. Randall
 Birth Place Charles Kern
 Maiden Name of Mother Helen Seals
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Plush
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Sola 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 the Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 75.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	_____
Washing and Dressing	_____
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 _____ 75.00
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below

1926 Total Debit _____ \$
Sept 7 Credits By ch 75.00

No. _____
 Name of the Deceased _____
 Charge to Edw

How Secured _____
 Date of Funeral _____
 Place of Death Kern
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman Re
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Still Born
 Date of Death July 29-1926
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 20
 Birth Place Dr
 Father Edw
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Ma

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Wht Cap
 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 the Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

QUILL M L-28200

Record of Funeral

1926
Color W
Robinson

No. _____ Date July 31-1926
 Name of the Deceased Edwin Josephine Monroe Sex F Color W
 Charge to Edw. Monroe Order given by _____

LARGES
\$ 75.00

How Secured _____
 Date of Funeral Aug 1-1926
 Place of Death Roger Hospital N.Y.C.
 Funeral Services at Monroe Home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Campbell
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Auto Accident
 Date of Death July 29-1926
 Occupation of the Deceased Teacher
 Single, Married, Divorced _____ Religion _____
 Aged 20 Years, _____ Months, 16 Days
 Birth Place Troy Kansas
 Father Edw. Monroe
 Birth Place Troy Kansas
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Kate Hargis

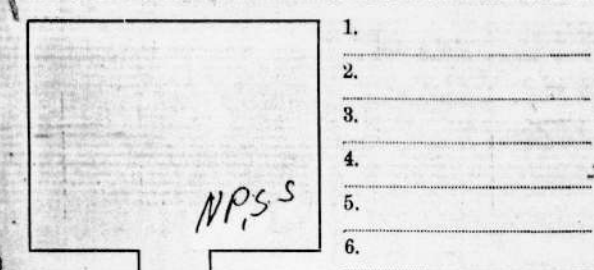
ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 125.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	X X X
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	10.00
Wagon Deliveries	
Death Notices in _____ Newspapers	1.75
<u>heavy lumber for box</u>	2.50

Fluid)

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #999 octagon
1 ft Cop
 Manufactured by Midland Valley
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olive Cemetery
 Lot or Grave No. _____ Section No. _____

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>To Pleasanton Farm</u>	40.00
<u>St. Mt. Olive Cemetery Co.</u>	7.00
Total Footing of Bill	191.25
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 _____
1926
Aug 4 Charles by
H. W. Stamp 191.25

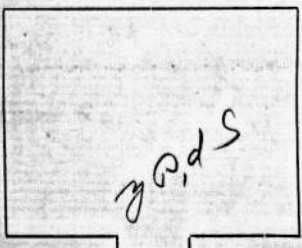
cb 25.00

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Aug 10 - 1926 19
 Name of the Deceased Ethel Irene Beech Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral July 10 - 1926
 Place of Death Huron Kansas
 Funeral Services at Courter Cemetery
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. East
 His Residence Catchison Kan
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Aug 8 - 1926
 Occupation of the Deceased Chf
 Single, Married, Divorced _____ Religion _____
 Aged 1 Years, 4 Months, 8 Days
 Birth Place Huron Kansas
 Father August Beech
 Birth Place _____
 Maiden Name of Mother Millie Thornton
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant August Beech
 Address Huron Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Lamb
Basket Beech
 Manufactured by Ry - Art
 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		\$ 35.00
Metallie Lining		
Outside Box		
Grave Vault		
Burial Robe		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$ _____		
Hearse		
Wagon Deliveries		
Death Notices in _____ Newspapers		
_____ <u>Joseph Beech & Care of body</u>		15.00

NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		50.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

Total Debit _____ \$
1926
Aug 10 Credits Beech 50.00

QUILL 7-28200

Record of Funeral

1926
Color *W*

No. _____ Date *Aug 10* 19*26*
 Name of the Deceased *Mitchell Mrs Carrie* Sex *F.* Color *W*
 Charge to _____ Order given by _____

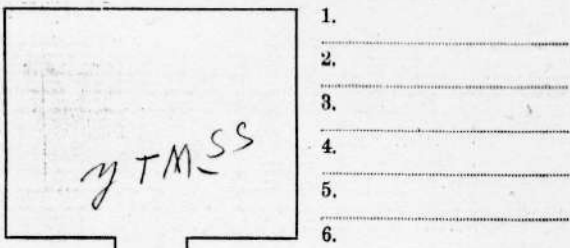
CHARGES	
How Secured	\$ 3.50
Fluid	
papers	15.00
ERS	
or below	
	50.00

Date of Funeral *Aug 10-1926*
 Place of Death *Proy Kansas*
 Funeral Services at *Home*
 Time of Funeral Services *2:30 P*
 Clergyman _____
 Certifying Physician *Dr Cordonia*
 His Residence *Proy Kansas*
 Number of Burial Certificate _____
 Cause of Death *Hanging*
 Date of Death *Aug 9 1926*
 Occupation of the Deceased *Housewife*
 Single, Married, Divorced _____ Religion _____
 Aged *64* Years, *7* Months, *7* Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin *#811 Emb*
below 1/2 Corral grey Sat
 Manufactured by *Rep. Art.*
 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	\$ 275.00
" Metallic Lining	
" Outside Box	
" Grave Vault	115.00
" Burial Robe <i>dress</i>	20.00
" 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	10.00
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS	
Flowers	10.00
Outlay for Lot	
Opening Grave	
Lining Grave	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	455.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
1926 Total Debit	\$
Aug 11 Credits <i>Byck</i>	455.00



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 _____

Record of Funeral

0-1926
 Color W 19

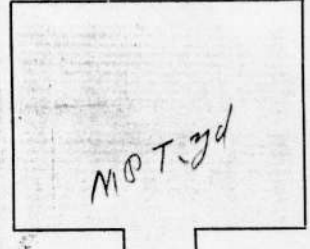
No. _____ Date August 26 1926
 Name of the Deceased Mr. Lawson Pollard Sex M. Color W
 Charge to _____ Order given by _____

CHARGES	
Price of Casket or Coffin	\$ 300.00
Price of Metallic Lining	
Price of Outside Box	
Price of Grave Vault	
Price of Burial Robe	115.00
Price of Burial Slippers and Hose	
Engraving Plate	
Embalsming 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	
Wagon Deliveries	
Death Notices in Newspapers	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	466.95
By Amount Paid in Advance	
Balance	466.95
Entered into Ledger, page _____ or below	
check	466.95

QUILL M 7-28200

How Secured _____
 Date of Funeral Aug 26-1926
 Place of Death Home S.E. of Troy
 Funeral Services at None
 Time of Funeral Services 7:30 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Cardoner
 His Residence Troy, Kansas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Aug 24-1926
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 71 Years, 10 Months, 8 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Martha C. Pollard
 Informant Jose Pollard
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 215 half Count Blue silver Plaid Olympic Int
 Manufactured by Rx-art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. Allie Cemetery _____
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 185
Price of Metallic Lining	
Price of Outside Box	
Price of Grave Vault	
Price of Burial Robe	35
Price of Burial Slippers and Hose	
Engraving Plate	
Embalsming Body (with Fluid)	20
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	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	27
By Amount Paid in Advance	
Balance	25
Entered into Ledger, page _____ or below	
Total Debit	1926
Credits	By check 20



(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 Aug 10 - 1926
 Name of the Deceased Lucell Young Sex M. Color W
 Charge to _____ Order given by _____

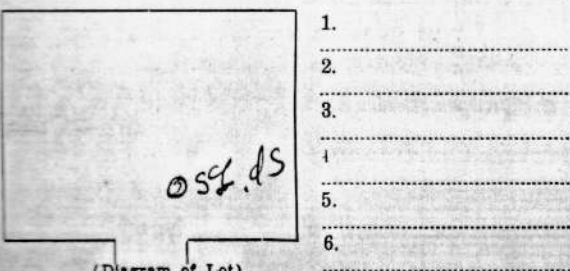
No. _____ Name of the Deceased Lucell Young
 Charge to _____

How Secured _____
 Date of Funeral Aug 11 - 1926
 Place of Death Proy Kansas
 Funeral Services at M.E. Church
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Campbell
 Certifying Physician D. Blaller
 His Residence Proy Kans
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Aug 9 - 1926
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 67 Years, 1 Months, 7 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #1900 Rltz
+ grey Melour
 Manufactured by Madison Valley
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Proy Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES		
Price of Casket or Coffin		\$ 300.00
" Metallic Lining		
" Outside Box		
" Grave Vault		11.50.00
" Burial Robe		
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ 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 @ \$ _____		15.00
Hearse		
Wagon Deliveries		
Death Notices in _____ Newspapers		1.75

NAMES OF NEWSPAPERS		
Flowers		10.00
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
shirt 2.00 the 100 collar 20		3.20
Underwear 1.50 socks 50		2.00
Total Footing of Bill		466.95
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below _____		

1926 Total Debit _____
 Sept 6 Credit By check 466.95

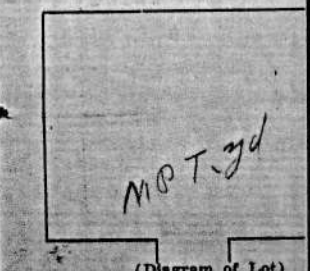


(Diagram of Lot)
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

How Secured _____
 Date of Funeral Aug
 Place of Death Home
 Funeral Services at No
 Time of Funeral Services _____
 Clergyman Rev. Can
 Certifying Physician Dr
 His Residence No
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Aug
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 71 Years _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Harvey
 Informant Joseph P
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or _____
Blue silver P
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt All
 Lot or Grave No. _____



(Diagram of Lot)
 Designate all Graves in Lot mark space for this Funeral w Designate place for Monume Use space to the right of Di in Lot.

Remarks: _____

NAMES OF PALLBEAR _____

Record of Funeral

No. _____ Date Aug 30 1926
 Name of the Deceased Zimmerman Samuel P. Sex M Color N
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Aug 30-1926
 Place of Death K.C. Mo.
 Funeral Services at Presb. Church
 Time of Funeral Services 7:30
 Clergyman Emerest & Campbell
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Aug 27-1926
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 50 Years, _____ Months, 7 Days
 Birth Place Proy Kansas
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant W. Zimmerman

Address Proy Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin Comb. Plunk & Riggs 1/2 Comb
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. Olive Cemetery
 Lot or Grave No. _____ Section No. _____

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

g.s.s.v

(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: Body shipped from K.C. Mo.

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	_____	\$	_____
“ Metallic Lining	_____		_____
“ Outside Box	_____		_____
“ Grave Vault <u>best shipping case</u>	_____		<u>85.00</u>
Burial Robe	_____		_____
Burial Slippers and Hose	_____		_____
Engraving Plate	_____		_____
Embalming Body (with _____ Fluid)	_____		_____
Washing and Dressing	_____		_____
Shaving	_____		_____
Disinfecting Rooms	_____		_____
Use of Catafalque and Drapery	_____		_____
Use of Folding Chairs	_____		_____
Use of Candelabrum	_____		_____
Candles	_____		_____
Gloves	_____		_____
Crepe	_____		_____
Telephone	_____		_____
Telegraph	_____		_____
Number of Carriages _____ @ \$ _____	_____		_____
Hearse <u>Funeral Director</u>	_____		<u>20.00</u>
Wagon Deliveries	_____		_____
Death Notices in _____ Newspapers	_____		<u>1.50</u>
<u>Personal services</u>	_____		<u>10.00</u>

NAMES OF NEWSPAPERS

Flowers	_____		_____
Outlay for Lot	_____		_____
Opening Grave	_____		_____
Lining Grave	_____		<u>5.00</u>
Shipping Charges, prepaid	_____		_____
Removal Charges	_____		_____
Cremation Charges	_____		_____
Total Footing of Bill	_____		<u>121.50</u>
By Amount Paid in Advance	_____		_____
Balance	_____		_____
Entered into Ledger, page _____ or below _____	_____		_____

Total Debit _____ \$ _____
1926
Sept 20 Credit By Ch. 121.50

No. _____
 Name of the Deceased _____
 Charge to _____
 How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged _____ 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 _____
 Size and Style of Casket or Coffin _____
 # 372
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____ Cemetery
 Lot or Grave 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 _____

EQUILL 7-28200

Record of Funeral

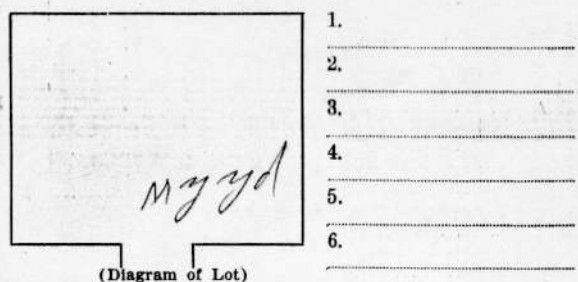
No. _____ Date Sept 23 - 1926
 Name of the Deceased Franken Charles Robert M. Sex M. Color W
 Charge to _____ Order given by _____

CHARGES	
Funeral Case	85.00
Fluid	
20.00	
1.50	
10.00	
5.00	
121.50	
121.50	

How Secured _____
 Date of Funeral Sept 23 - 1926
 Place of Death Farming Kansas
 Funeral Services Catholic Church
 Time of Funeral Services 7 P.
 Clergyman Father Lawrence
 Certifying Physician Dr. Boone
 His Residence Highland
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Sept 23 - 1926
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion Cath
 Aged _____ Years _____ Months _____ Days
 Birth Place Farming Kansas
 Father William A. Franken
 Birth Place Farming K.
 Maiden Name of Mother Harriet Gudrie
 Birth Place Sparks K.
 Name of Husband _____
 Name of Wife _____
 Informant W.A. Franken
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Plush #372
 Manufactured by Midland Valley
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment Farming Catholic Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 75.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
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	75.00
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: _____

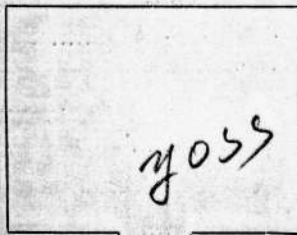
NAMES OF PALLBEARERS _____

Total Debit	\$ 142.60
1926	
Oct 4	Credit By ch 75.00

Record of Funeral

No. _____ Date Oct 1-1926
 Name of the Deceased Stephan Mimmie Louise Sex F Color W
 Charge to Albert Leroy Stephan Order given by _____

How Secured _____
 Date of Funeral Oct. 1-19-26
 Place of Death Home of Ch. Kibler Sr
 Funeral Services at Christia Church
 Time of Funeral Services 2 P
 Clergyman Rev. J. W. Campbell
 Certifying Physician Dr. Miller
 His Residence Proy Kan
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Sept 30-1926
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, 5 Months, 8 Days
 Birth Place Proy Kansas
 Father Albert Leroy Stephan
 Birth Place Mathena Kansas
 Maiden Name of Mother Bernice Kibler
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. C. Kibler Sr
 Address Proy Kan
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Laurel
2-6
 Manufactured by Funeral
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. 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	\$ 75.00
“ 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	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

Nov. 23-1926 Credit By Check 20.00
 1-1-31 Balance page 1005 15.00
 35.00

Balance transferred to page 1005

Record of Funeral

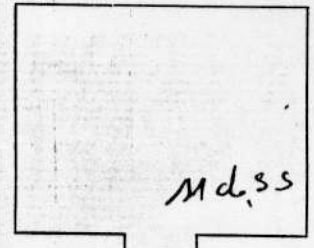
No. _____ Date Oct 6 1926
 Name of the Deceased Walter Sheridan Johnston Sex M. Color W
 Charge to Geo H. Long Order given by _____

How Secured 915 North 10th St. K.C. Mo
 Date of Funeral Oct 6 - 1926
 Place of Death Kansas City, Mo
 Funeral Services at K.C. Home
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Cancer of tongue
 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 _____

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

Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt Olive Cemetery
 Lot or Grave No. _____ Section No. _____

NAMES OF NEWSPAPERS		Amount
Flowers		\$
Outlay for Lot		\$
Opening Grave		\$
Lining Grave & <u>decorating</u>		5.00
Shipping Charges, prepaid		\$
Removal Charges		\$
Cremation Charges		\$
Total Footing of Bill		26.50
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: Chg to Geo H. Long
915 N 10th St

Total Credits	26.50
By check	
Total	

NAMES OF PALLBEARERS K.C. Home

1926

Color W

RGES

\$ 25.00

Fluid)

ers

10.00

or below

\$

20.00

1005 15.00

35.00

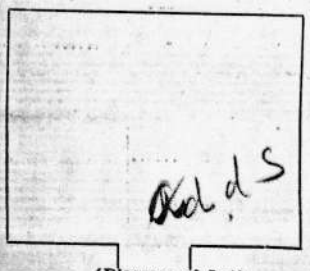
Funeral

1005

Record of Funeral

No. _____ Date Oct 9-1926 19
 Name of the Deceased Auretha Alfrey Sex Female Color N
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Oct 10-1926
 Place of Death Home of Mr. Mart Robinson
 Funeral Services at Christian Church, Harbo
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Armstrong
 Certifying Physician Dr. Shearfield
 His Residence Highland St
 Number of Burial Certificate _____
 Cause of Death Cerebral Hemorrhage
 Date of Death Oct 8-1926
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 63 Years, 6 Months, 19 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. John Alfrey
Harbo Harbo
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 130
Steel grey Crepe
 Manufactured by Prof. Art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Calva Cemetery
 Lot or Grave No. _____ Section No. _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 85.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	70.00
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 1926
 Nov. 12 Credit by C. S. Chapman 120.00

No. _____
 Name of the Deceased _____
 Charge to _____
 How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married _____
 Aged 87 Years _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. _____
 Address _____
 Body to be shipped _____
 Size and Style of Casket or Coffin _____
Opford
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____ Cemetery
 Lot or Grave No. _____

NAMES OF PALLBEARERS _____

CORJILL 7-28200

Record of Funeral

1926
Color *W*

No. _____ Date *Oct. 22* 19*26*
 Name of the Deceased *Patterson John Morrison* Sex *M.* Color *W.*
 Charge to _____ Order given by *Mrs E. O. Cordomer*

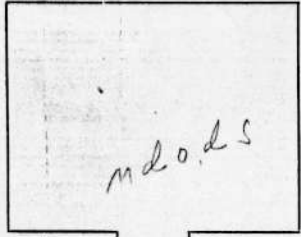
CHARGES

\$ *85.00*
 Fluid) *70.00*
1.50
120.00
Chapman 120.00

How Secured _____
 Date of Funeral *Oct. 22-1926*
 Place of Death *Home of Mrs E. O. Cordomer*
 Funeral Services at " " "
 Time of Funeral Services *2:30 P.M.*
 Clergyman *Rev. Ziedler*
 Certifying Physician *Dr. Cordomer*
 His Residence *Troy Kansas*
 Number of Burial Certificate _____
 Cause of Death *Arterio Sclerosis*
 Date of Death *Oct. 20-1926*
 Occupation of the Deceased *Farmer*
 Single, Married, Divorced _____ Religion _____
 Aged *87* Years *10* Months *17* Days
 Birth Place *New Haven Ohio*
 Father *Alexander Patterson*
 Birth Place *Scotland*
 Maiden Name of Mother *Mary M. Cain*
 Birth Place *Ohio*
 Name of Husband _____
 Name of Wife *Abraham Patterson*
 Informant *Mrs E. O. Cordomer*
 Address *Mathena Kan*
 Body to be shipped to _____
 Size and Style of Casket or Coffin *# 270*
offered cloth 1/2 Cash
 Manufactured by *P. H. Wt*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *Cordomer* Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ <i>175.00</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>15.00</i>
Wagon Deliveries	
Death Notices in _____ Newspapers	
<i>metal box cover</i>	<i>7.50</i>
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	<i>217.50</i>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	<i>1926</i>
<i>100.50</i> Credits <i>By ch.</i>	<i>217.50</i>



(Diagram of Lot)

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

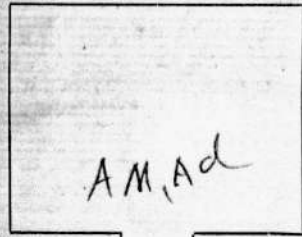
Remarks: _____

NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date Oct 30-1916¹⁹
 Name of the Deceased Blanton Ephraim Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Oct 31-1916
 Place of Death N.W. of Troy
 Funeral Services at Home
 Time of Funeral Services 2 1/2
 Clergyman Rev. Proulx
 Certifying Physician Dr. Cordner
 His Residence Troy Kan
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct 29-1916
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 54 Years, 5 Months, 25 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Jan Blanton
Troy Kansas
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #130 steel
Grey Craft
 Manufactured by W. H. East
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Parsonage 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	\$ 85.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	10.00
" 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	2.00
NAMES OF NEWSPAPERS	
Flowers	5.55
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	137.55
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ 137.55

1916
 Nov. 10 Credits by Ch. 137.55

QUILL M 7-28200

Record of Funeral

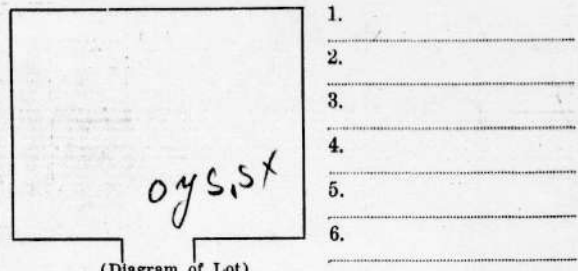
No. _____ Date Nov. 3 1926
 Name of the Deceased Lewis Lena Loutrilla Sex F Color N
 Charge to Rachel Lewis Order given by _____

ARGES	\$ 85.00
	10.00
Fluid)	20.00
	15.00
	2.00
	5.55
	137.55
or below	
	137.55

How Secured _____
 Date of Funeral Nov. 3-1926
 Place of Death Home NE of Troy
 Funeral Services at Home
 Time of Funeral Services 7 To
 Clergyman Rev. Campbell
 Certifying Physician Dr. Cordover
 His Residence Troy Kans
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Nov. 1-1926
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 36 Years, 7 Months, 20 Days
 Birth Place Troy Kansas
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Rachel Lewis
 Name of Wife _____
 Informant Rachel Lewis
 Address Troy Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin #70155
Silver finish Metallic Beak
 Manufactured by Hill - Albany
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Courter Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 425.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe <u>dress</u>	24.00
" Burial Slippers and Hose <u>hose</u>	1.25
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	10.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	490.75
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	\$ 490.75
1926	
Nov. 4	Credit <u>By Check</u> 490.75

Record of Funeral

No. _____ Date Nov. 3 - 1926 19
 Name of the Deceased Cook Jennie Sex F Color W
 Charge to W.F. Toller Order given by _____

How Secured _____
 Date of Funeral Nov. 3 - 1926
 Place of Death North of Farmington
 Funeral Services L.D. Church Farmington
 Time of Funeral Services 10th
 Clergyman Rev. Trumble
 Certifying Physician Dr. McCarley
 His Residence Whit Cloud, Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Nov. 2 - 1926
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 83 Years, 7 Months, 2 Days
 Birth Place England
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant W.F. Toller
 Address Maratha Kans
 Body to be shipped to _____
 Size and Style of Casket or Coffin #999 plush Oregon left cap
 Manufactured by Madison Valley
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Pola Cemetery
 Lot or Grave No. _____ Section No. _____

PT. ds

(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: W.F. Toller - Son
Maratha Kans

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 100.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose <u>hose</u>	1.00
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	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	

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

Total Footing of Bill	126.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$
1926	
Nov. 3 Credits	126.00

NAMES OF PALLBEARERS _____

MILL 7-28200

Record of Funeral

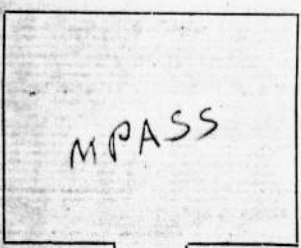
No. _____ Date Nov. 23 - 1926
 Name of the Deceased Rousse Anna Mary Sex F Color W
 Charge to _____ Order given by Mrs. Eliza J. Bayless

How Secured By Mrs. Eliza J. Bayless
 Date of Funeral Nov. 25 - 1926
 Place of Death Home of Mrs. Bayless
 Funeral Services at Home of Mrs. Bayless
 Time of Funeral Services 10:00
 Clergyman Rev. Campbell
 Certifying Physician Dr. Calderone
 His Residence Proby, Kans.

Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Nov. 23 - 1926
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 46 Years, 10 Months, 11 Days
 Birth Place Warren, Ind.
 Father Edward Roberts
 Birth Place Indiana
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____

Informant Mrs. Eliza J. Bayless
 Address Proby, Kans. R.F.D.
 Body to be shipped to _____
 Size and Style of Casket or Coffin Grey Santos
Cloth Mate
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Clare Cemetery _____
 Lot or Grave No. _____ Section No. _____

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



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

Remarks: letters + guarantee of bill filed in 1928 filed heading Rume Mary
 NAMES OF PALLBEARERS _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 200.00
“ 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	5.00
Outlay for Lot	“
Opening Grave	“
Lining Grave	“
Shipping Charges, prepaid	“
Removal Charges	“
Cremation Charges	“
<u>No. Minister</u>	5.00
<u>Telegram</u>	1.65
Total Footing of Bill	246.65
By Amount Paid in Advance	30.20
Interest from 11/23/26 to 12/10/28	276.85
Entered into Ledger, page _____ or below	“
Total Debit	\$ _____

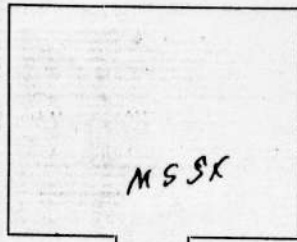
Dec 10 - 1928 Credits By check 100.00
Dec 10 - 1928 By note 176.85
above note + check 276.85
By Eliza J. Bayless

QUILL M 7-28200

Record of Funeral

No. _____ Date Nov. 24-1926
 Name of the Deceased Chapple Mary Louise Sex F Color A
 Charge to Red Chapple Order given by _____

How Secured _____
 Date of Funeral Nov. 24-1926
 Place of Death Troy Kansas
 Funeral Services at Chapple Home
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Walker
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Nov. 24-1926
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, 4 Months, _____ Days
 Birth Place Troy Kansas
 Father Edw. Chapple
 Birth Place Troy Kansas
 Maiden Name of Mother Belle Taylor
 Birth Place Troy Kansas
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. Earl Green
 Address Troy Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Lamb
2-0 #2
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

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

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

Total Footing of Bill	20.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	
1926	

Nov. 4 Credits By Cash	10.00
Oct. 24-1927 By cash	5.00
1-1-31 1926 page 1006	5.00
	20.00

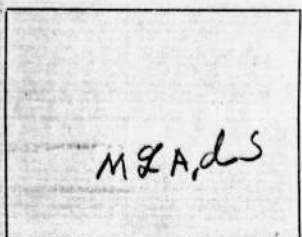
Bal transferred to page 1006

1926
 Case 21
 Bayless
 \$ 200.00
 Fluid) 20.00
 15.00
 5.00
 1.65
 246.65
 4276.85
 100.00
 176.85
 276.85

Record of Funeral

No. _____ Date Dec 6 - 1926
 Name of the Deceased Campbell Ida Maria Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec 6 - 1926
 Place of Death Home near Bendena
 Funeral Services at " " "
 Time of Funeral Services 7:30 P
 Clergyman Rev. Styer + Monasmith
 Certifying Physician Dr. Chutz
 His Residence Bendena, Kans
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Dec 4 - 1926
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 83 Years, 2 Months, 1 Days
 Birth Place Moberly, Ind.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Maurine Campbell
Bendena, Mo
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 215 half
Couch Blue silver fluted
 Manufactured by Ry-art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 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 @ \$	15.00
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS	
Flowers	5.00
Outlay for Lot	
Opening Grave	
Lining Grave	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	230.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit 1927
Nov 26 Credits by ch 230.00

QUILL 7-28200

Record of Funeral

1926
Color *W*

No. _____ Date *Dec 24* 19 *26*
Name of the Deceased *Sutton Amanda* Sex _____ Color _____
Charge to *Geo Sutton* Order given by _____

CHARGES

\$ *185.00*

Fluid) *20.00*

@ \$ *15.00*

papers

PERS *5.00*

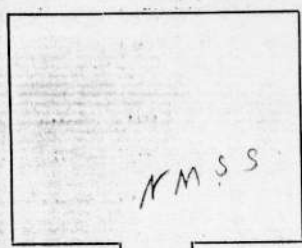
5.00

230.00

or below

ch *230.00*

How Secured _____
Date of Funeral *Dec 24-1926*
Place of Death *5 mi North of Troy*
Funeral Services at *Mosquito Creek school*
Time of Funeral Services *2:30 P.M.*
Clergyman *Rev. Campbell*
Certifying Physician *Troy Kansas*
His Residence *St. Catherine*
Number of Burial Certificate _____
Cause of Death _____
Date of Death *Dec 27-1926*
Occupation of the Deceased *Housewife*
Single, Married, Divorced _____ Religion _____
Aged *60* Years *4* Months *10* Days
Birth Place *Illinois*
Father *Nicholas Berner*
Birth Place *Germany*
Maiden Name of Mother *Elizabeth Beane*
Birth Place *Germany*
Name of Husband *Geo Sutton*
Name of Wife _____
Informant *Geo Sutton*
Address *Troy Kansas*
Body to be shipped to _____
Size and Style of Casket or Coffin *# 130 steel*
Grey Crepe
Manufactured by *Ret*
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *Mosquito Creek* 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	\$ <i>85.00</i>
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	<i>17.50</i>
" 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 @ \$	<i>15.00</i>
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS

Flowers	<i>3.00</i>
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	<i>135.50</i>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Jan. 1 Credits	
By check	<i>123.00</i>
By cash	<i>12.50</i>
	<i>135.50</i>