

Record of Funeral

No. _____ Date Aug 18 1929
 Name of the Deceased Summers Mrs Alexander Sex M Color W
 Charge to Josephson County Order given by _____

How Secured _____
 Date of Funeral Aug 14-1929
 Place of Death Seneca Kansas
 Funeral Services at his home
 Time of Funeral Services 3:15 P.M.
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Cerebral Hemorrhage
 Date of Death Aug 12-1929
 Occupation of the Deceased laborer
 Single, Married, Divorced _____ Religion _____
 Aged 70 Years _____ Months 3 Days _____
 Birth Place Centerville Iowa
 Father Stockton Summers
 Birth Place Id
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs Wm Summers
 Address Seneca Kansas
 Body to be shipped to Callas Missouri
 Size and Style of Casket or Coffin #130 Black crepe
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Callas Mo. Cemetery _____
 Lot or Grave No. _____ Section No. _____

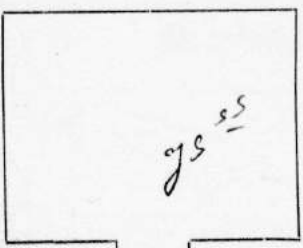
ITEMIZED CHARGES

Price of Casket or Coffin	<u>7</u>	\$
Metallie Lining	<u>is complete</u>	<u>75.00</u>
Outside Box	<u>✓</u>	
Grave Vault		
Burial Robe	<u>✓</u>	
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)	<u>✓</u>	
Washing and Dressing		
Shaving	<u>✓</u>	
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>✓</u>	
Wagon Deliveries		
Death Notices in _____ Newspapers		

NAMES OF NEWSPAPERS

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

Total Footing of Bill	<u>75.00</u>
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

QUILL 7-28200

No. _____
 Name of the Deceased _____
 Charge to _____
 How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name _____
 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 _____
 (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 good

Spt. 10-29 City of Bonifant Co. 50.00

Record of Funeral

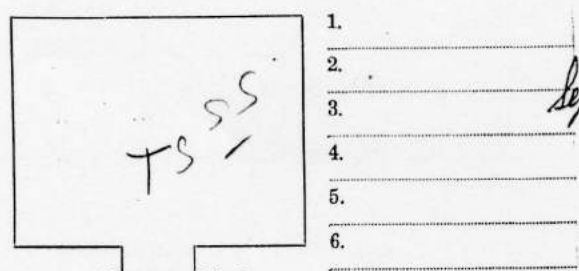
1929
 Color *W*
 75.00
 Fluid)
 75.00
 or below
 50.00

No. _____ Date *Aug 21* 19 *29*
 Name of the Deceased *Pate, John S.* St. *M.* Color *W*
 Charge to *Mrs Pate* Order given by _____

How Secured _____
 Date of Funeral *Aug 21-1929*
 Place of Death *St. Louis, Mo.*
 Funeral Services at *St. Louis + Troy*
 Time of Funeral Services _____
 Clergyman *In charge of Brotherhood & Masons*
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death *Auto accident*
 Date of Death *Aug 17-1929*
 Occupation of the Deceased *Ret engineer*
 Single, Married, Divorced _____ Religion _____
 Aged *79* Years *5* Months *15* Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife *Mary Pate*
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin *Metallic*
Matte half round
 Manufactured by *Mason C. Co.*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *St. Charles* Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin	-\$	
“ Metallic Lining		
“ Outside Box		
“ Grave Vault + service		
“ Burial Robe at Troy		<i>1.50.00</i>
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		<i>150.00</i>
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: *Body shipped by Pate Bros St. Louis Mo*

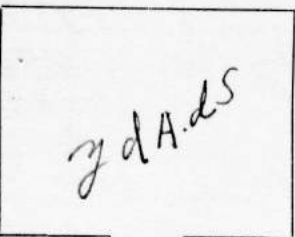
NAMES OF PALLBEARERS _____

Sept 5-29 Credits *B. J. Ch.* *150.00*

Record of Funeral

No. _____ Date Aug. 24-1929 19__
 Name of the Deceased Duncan Ora Sex F Color W
 Charge to D.M. Duncan Order given by _____

How Secured _____
 Date of Funeral Aug 25-1929
 Place of Death Home N.E. of Troy
 Funeral Services at Home
 Time of Funeral Services 2 P.M.
 Clergyman Friech
 Certifying Physician Dr. Cardonier
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Aug 22-1929
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 71 Years, 3 Months, 22 Days
 Birth Place Troy Kansas
 Father Daniel Miller
 Birth Place Pittsburg Pa.
 Maiden Name of Mother Lydla Garhart
 Birth Place Kusswille Ohio
 Name of Husband D.M. Duncan
 Name of Wife _____
 Informant Mrs Perry M. Duncan
 Address Troy Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin #807 Stet
half comb
 Manufactured by Pex
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Belmont Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin <u>Funeral</u>	\$	
" <u>Metallic Lining</u> <u>englely</u>		265.00
" Outside Box		
" Grave Vault	1.00	00
" Burial Robe <u>Dress</u>		750.00
" Burial Slippers and Hose <u>hose</u>		1.50
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		10.00
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		

Total Footing of Bill		
By Amount Paid in Advance	401.50	
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$

Aug 27 Credit By Cash 401.50

[Handwritten signature]

ORVILLE M 7-28200

Record of Funeral

No. _____ Date Aug 27 1929
 Name of the Deceased Leekin Serman Sex M. Color bl
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Aug. 27-1929
 Place of Death Nathena Kansas
 Funeral Services at Nathena Catholic Church
 Time of Funeral Services 9 a.m.
 Clergyman Rev. Father Eiker
 Certifying Physician Dr. Smith
 His Residence Nathena Kansas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Aug. 25-1929
 Occupation of the Deceased ret. farmer
 Single, Married, Divorced _____ Religion _____
 Aged 74 Years, 9 Months, 17 Days
 Birth Place Germany
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Am Sukin

Address Nathena
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 872 St. Br
each half ranch state
 Manufactured by Gateway
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Nathena Catholic 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 <u>funeral</u>		\$ 300.00
" Metallic Lining <u>complex</u>		100.00
" Outside Box		3.50
" Grave Vault		
" Burial Robe <u>suit</u>		
" 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		7.50

NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		437.50
By Amount Paid in Advance		
Balance		
Entered into Budget Page _____ or below		4.50
Total Debit		\$ 442.00

Sept. 4-1929 Credit By ch. 442.00

265.00
 1.00.00
 7.50.00
 1.50

10.00

401.50

401.50

Record of Funeral

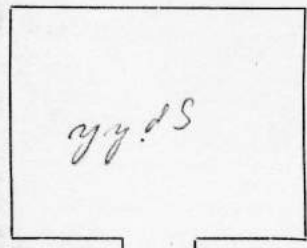
No. _____ Date Sept 4 1929
 Name of the Deceased May Helen De Wayne Sex M. Color W
 Charge Byron Bray Order given by _____

How Secured _____
 Date of Funeral Sept 4-1929
 Place of Death St. Richard, Mathews, N.C.
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician Dr. Swails
 His Residence Mathews, N.C.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Sept 3-1929
 Occupation of the Deceased cult
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years _____ Months 5 Days _____
 Birth Place St. Richard, Mathews, N.C.
 Father Byron De Wayne May
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Byron May
 Address Mathews, N.C.
 Body to be shipped to _____
 Size and Style of Casket or Coffin #180 white
finish
 Manufactured by Rest
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Pickens, N.C. Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES		
Price of Casket or Coffin	<u>complete</u>	<u>35.00</u>
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		
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 35.00
 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 _____

ORVILLE 7-2820

Record of Funeral

19 27
27

No. _____ Date Sept 6 1929
 Name of the Deceased Jack Mrs John Sex F Color Bl
 Charge to John Jacks Order given by _____

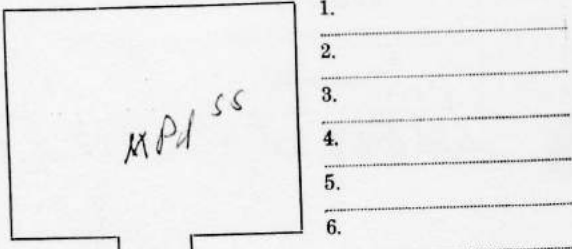
How Secured _____
 Date of Funeral Sept 6 - 1929
 Place of Death 13 1/2 Mile east of Columbus School
 Funeral Services at S.D.S. church
 Time of Funeral Services 1 P.M.
 Clergyman _____
 Certifying Physician Dr. Cardonier
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death T.B.
 Date of Death Sept 4 - 1929
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 55 Years, 6 Months, 29 Days
 Birth Place Near Columbus School
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband John Jacks
 Name of Wife _____
 Informant John Jacks
 Address Mathura Ks
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 215 flush
half round
 Manufactured by not
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Private Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES		
Price of Casket or Coffin	<u>funeral</u>	\$ <u>2.35.00</u>
Metallic Lining	<u>complete</u>	
Outside Box		
Grave Vault		
Burial Robe		
Burial Slippers and Hose		
Engraving Plate		
Embaling 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>235.00</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

235.00 credit by note
 Credits 235.00
See note



(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 _____

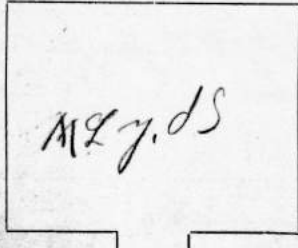
Record of Funeral

No. _____ Date Sept 11-1929
 Name of the Deceased Malone Alice J. Sex F. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Sept 11-1929
 Place of Death Home of Mrs Anne Suthon
 Funeral Services at Parish Funeral Home
 Time of Funeral Services 2 P.M.
 Clergyman Rev Sapp
 Certifying Physician Dr. Condover
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Sept 9-1929
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 85 Years, 8 Months, 28 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Robert H. Malone
St Joseph Mo.
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #206 steel
gray Lamb-half casket
 Manufactured by Ret
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Vincent Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin <u>lined</u>	\$ <u>2.00</u>
Metallic Lining <u>complete</u>	
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	
<u>To section</u>	<u>7.00</u>
Total Footing of Bill	
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: Rev. R.M. Malone
3316 Pennick St
St Joseph Mo.

<u>Sept 26-29</u>	<u>Ch. by F.H. Malone</u>	<u>75.00</u>
<u>Nov. 20-29</u>	<u>Ch. by Katherine's donation</u>	<u>25.00</u>
<u>Feb. 12-30</u>	<u>Ch. by R.W. Malone</u>	<u>25.00</u>
<u>Jan 3-1931</u>	<u>Ch. by G.B. Malone</u>	<u>25.00</u>
<u>1-1-31</u>	<u>Transf. ch. page 1018</u>	<u>107.00</u>
		<u>207.00</u>

cert transferred
to page 1018

NAMES OF PALLBEARERS _____

MORILL 7-28200

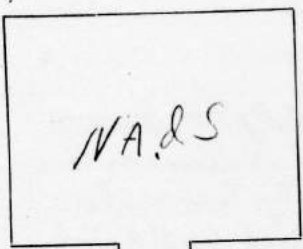
Record of Funeral

1979
Color *W*

No. _____ Date Sept 17-1979
Name of the Deceased Young Leo Sex M Color W
Charge to _____ Order given by _____

ARGES
\$ 200.00
Fluid)
@ \$
spapers
APERS
or below
\$

How Secured _____
Date of Funeral Sept 17-1979
Place of Death St Joseph Mo
Funeral Services at Kahn Funeral Home
Time of Funeral Services 2 P.M.
Clergyman _____
Certifying Physician _____
His Residence _____
Number of Burial Certificate _____
Cause of Death _____
Date of Death Sept. 18-1979
Occupation of the Deceased _____
Single, Married, Divorced _____ Religion _____
Aged 21 Years, 6 Months, 21 Days
Birth Place King Kansas
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife _____
Informant Mrs Mills
St Joseph Mo
Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin #130 steel
gl w/pe
Manufactured by Rx
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 <u>funeral</u>	\$ 135.00
“ Metallic Lining <u>complete</u>	135.00
“ 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	5.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	140.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

Sept. 11-29 Credits by <u>Wm Young</u>	25.00
Sept. 11-29 Cash " "	75.00
Oct 4. By cash	5.00
Payment's to Bal	85.00
	140.00

H. Malone 25.00
L. Malone 25.00
W. Malone 25.00
by L.B. Malone 25.00
107.00
207.00

referred
10/18

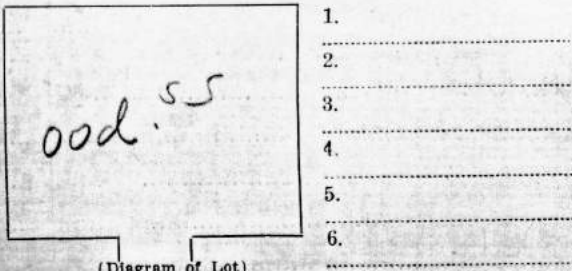
Record of Funeral

No. _____ Date Sept 14 1929
 Name of the Deceased Ramsel Chester Anthony Sex M Color W
 Charge to Pete Ramsel Order given by _____

How Secured _____
 Date of Funeral Sept. 14-1929
 Place of Death Whitehurst of Katheryn
 Funeral Services at Madonna Catholic Church
 Time of Funeral Services 9 A.M.
 Clergyman Father Corrier
 Certifying Physician Coroner
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Auto accident
 Date of Death Sept 11-1929
 Occupation of the Deceased in school
 Single, Married, Divorced _____ Religion _____
 Aged 16 Years, 3 Months, 12 Days
 Birth Place Blair Kansas
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. Pete Ramsel
Blair Mo.
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 817 hi pile
Ottawa Pass Overns sat - later
 Manufactured by Star Wash Ref.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. Calvary Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin <u>7 funeral</u>	\$
Metallie Lining <u>complete</u>	400.00
Outside Box	
Grave Vault	100.00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>underwear</u>	1.50
<u>socks</u>	.50
Total Footing of Bill	502.00
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 _____

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

QUILL 7-28200

Record of Funeral

No. _____ Date Sept 25 1929
 Name of the Deceased Hughes Jennil Sex F Color Negro
 Charge to Dora Lee for Eastern Star Order given by Dora Lee

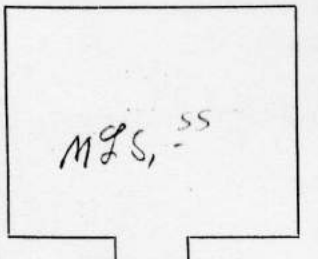
ITEMIZED CHARGES

How Secured _____
 Date of Funeral Sept 25-1929
 Place of Death Proy Kansas
 Funeral Services at A.M. & Church
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Wilson
 Certifying Physician Dr. Cordamer
 His Residence Proy Kansas
 Number of Burial Certificate _____
 Cause of Death gangrene of foot
 Date of Death _____
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years _____ Months _____ Days _____
 Birth Place Highhill Mo
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Sam Hughes
 Name of Wife _____
 Informant Dora Lee
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin 206 Rose road
half couch
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at MA Olive Cemetery
 Lot or Grave No. _____ Section No. _____

Price of Casket or Coffin <u>funeral</u>	\$ 2.00.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	_____
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS

Flowers <u>Mar</u>	5.00
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	205.00
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 _____

Nov. 5-29 Credits Pearl Hughes	cash 19.00
Nov. 23-29 Ch. By O.E.S. Inc	75.00
Nov. 23-29 Ch. By Paul Martin	31.25
Nov. 23-29 Ch. by Alpha Kappa	31.25
Nov. 26-29 Cash Jennil Brown	10.00
1-31 Interest to Jan 10 1929	27.50
	200.00

Acct transferred to page 1019

19 29
 Color Negro
 Charges
 400.00
 100.00

Fluid)
 1.50
 50
 502.00

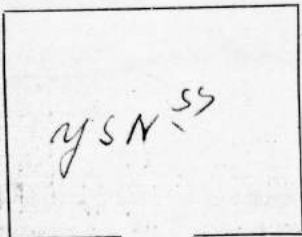
502.00

Record of Funeral

No. _____ Date Sept 30-1929
 Name of the Deceased Sallee Joseph H. Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Oct. 2-1929
 Place of Death Home of Mrs. Sallee
 Funeral Services at New Hope Church
 Time of Funeral Services 1 P.M.
 Clergyman Rev. F. Smith
 Certifying Physician Dr. Walker
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death Endocarditis
 Date of Death Sept 30-1929
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 79 Years 10 Months 17 Days
 Birth Place Savannah Mo.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. Sallee

Address Troy Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin 807 state
half casket
 Manufactured by Rex
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Ashland Cemetery
 Lot or Grave No. _____ Section No. _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES	
Price of Casket or Coffin <u>Funeral</u>	
" Metallic Lining <u>complete</u>	<u>265.00</u>
" Outside Box	
" Grave Vault	
" Burial Robe	<u>20.00</u>
" 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	

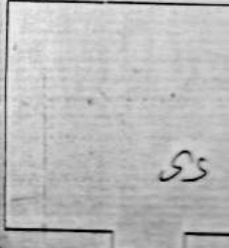
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	<u>285.00</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

10-1-29 Ac. credit by note
 Oct. 26-29 Credit by note 100.00
 1-1-31 Bal. by check 1020.85
285.00

Transferred by page 1020
(See note)

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 47 Years
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

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



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

Remarks: _____

NAMES OF PALLBEARERS _____

QUILL 7-28200

Record of Funeral

929 19
Color *W*

No. _____ Date *Oct 11* 19*29*
Name of the Deceased *President Gertrude* Sex _____ Color _____
Charge to _____ Order given by _____

GES
265.00
70.00

How Secured _____
Date of Funeral *no funeral*
Place of Death *Topham Ho.*
Funeral Services at _____
Time of Funeral Services _____
Clergyman _____
Certifying Physician _____
His Residence _____
Number of Burial Certificate _____
Cause of Death *Pulmonary T.B.*
Date of Death _____
Occupation of the Deceased _____
Single, Married, Divorced _____ Religion _____
Aged *47* Years, *10* Months, *25* Days
Birth Place _____
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife _____
Informant _____
Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin _____
Manufactured by _____
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *Mt Olive* Cemetery
Lot or Grave No. _____ Section No. _____

Fluid)

papers

ERS

or below

note 100
note 100
1020 185.00
285.00

1020

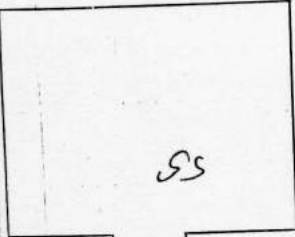
note

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 - - - -
Wagon Deliveries - - - -
Death Notices in _____ Newspapers

NAMES OF NEWSPAPERS

Flowers - - - -
Outlay for Lot - - - -
Opening Grave - - - -
Lining Grave - - - -
Shipping Charges, prepaid -
Removal Charges - - - -
Cremation Charges - - - -
Direct from train
to cemetery in service
Total Footing of Bill _____ *5.00*
By Amount Paid in Advance _____
Balance _____
Entered into Ledger, page _____ or below
Total Debit - - - - \$ *5.00*



(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: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Oct. 18-1929 19____
 Name of the Deceased Jummerman William Walton Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Oct. 18-1929
 Place of Death Mo. Kansas
 Funeral Services at Jummerman Home
 Time of Funeral Services 2 P. M.
 Clergyman Rev. Peterson
 Certifying Physician Dr. Haller
 His Residence Mo. Mo.
 Number of Burial Certificate _____
 Cause of Death Cancer
 Date of Death Oct. 16-1929
 Occupation of the Deceased Ret farmer
 Single, Married, Divorced _____ Religion _____
 Aged 77 Years, 10 Months, 21 Days
 Birth Place Creager Town Mo.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Cyrus Jummerman

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 807
2 Co. in stock
 Manufactured by Ry
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at W. Ave 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 <u>funeral</u>	\$ 265.00
“ Metallic Lining <u>complete</u>	“
“ Outside Box	“
“ Grave Vault	1.00.00
“ Burial Robe	“
“ Burial Slippers and Hose	“
Engraving Plate	“
Embalming Body (with _____ Fluid)	“
Washing and Dressing	“
Shaving	“
Disinfecting Rooms	“
Use of Catafalque and Drapery	“
Use of Folding Chairs	“
Use of Candelabrum	“
Candles	“
Gloves	“
Crepe	“
Telephone	“
Telegraph	“
Number of Carriages @ \$ _____	“
Hearse	“
Wagon Deliveries	“
Death Notices in _____ Newspapers	1.50

NAMES OF NEWSPAPERS	
Flowers	“
Outlay for Lot	“
Opening Grave	“
Lining Grave	“
Shipping Charges, prepaid	“
Removal Charges	“
Cremation Charges	“
Total Footing of Bill	366.50
By Amount Paid in Advance	“
Balance	“
Entered into Ledger, page _____ or below	“
Total Debit	\$ _____

Oct. 24. 28 Credits By Ch 366.50

M 7-28200

Record of Funeral

1919
Color *W*

No. _____ Date *Oct. 22-1919* 19_____
Name of the Deceased *Reeder Laura V.* Sex _____ Color _____
Charge to _____ Order given by _____

ARGES

265.00

100.00

Fluid)

1.50

papers

ERS

366.50

or below

366.50

How Secured _____

Date of Funeral *Oct 22-1919*

Place of Death *Near Perry Kansas*

Funeral Services at *Kennel Funeral Home*

Time of Funeral Services *2 P. M.*

Clergyman *Rev. Finch*

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death *Auto Accident*

Date of Death *Oct. 1919*

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged *93* Years, *11* Months, *5* Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant *Chas Reeder*

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin _____

Manufactured by _____

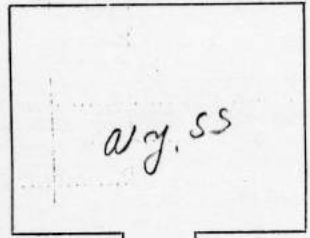
Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at *Mt Olive* Cemetery

Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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	_____		<i>100.00</i>
" 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

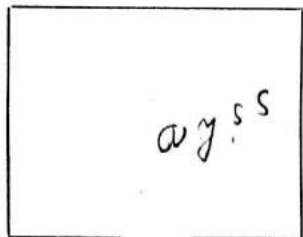
Flowers	_____		_____
Outlay for Lot	_____		_____
Opening Grave	_____		_____
Lining Grave	_____		_____
Shipping Charges, prepaid	_____		_____
Removal Charges	_____		_____
Cremation Charges	_____		_____
<i>grave monument</i>	_____		<i>25.00</i>
<i>Permit services</i>	_____		<i>175.00</i>
Total Footing of Bill	_____		_____
By Amount Paid in Advance	_____		_____
Balance	_____		_____
Entered into Ledger, page _____ or below	_____		_____
Total Debit	_____	\$	_____

Nov. 19-29 Chas By C. W. Reeder 175.00

Record of Funeral

No. _____ Date Oct. 22 - 1929 19____
 Name of the Deceased Jagner Mary R. Sex _____ Color _____
 Charge to _____ Order given by _____

How Secured Henry M. Jagner
 Date of Funeral Oct. 22 - 1929
 Place of Death Near Perry Home
 Funeral Services at First Funeral Home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Finch
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Auto accident
 Date of Death Oct. 19 - 1929
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 53 Years, 11 Months, 15 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Henry M. Jagner
1417 Topeka Blvd.
Topeka Kansas
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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	- - - - -	100.00
" Burial Robe	- - - - -	
" Burial Slippers and Hose	- - - - -	
Engraving Plate	- - - - -	
Embalming Body (with _____ Fluid)	- - - - -	
Washing and Dressing	- - - - -	
Shaving	- - - - -	
Disinfecting Rooms	- - - - -	
Use of Catafalque and Drapery	- - - - -	
Use of Folding Chairs	- - - - -	
Use of Candelabrum	- - - - -	
Candles	- - - - -	
Gloves	- - - - -	
Crepe	- - - - -	
Telephone	- - - - -	
Telegraph	- - - - -	
Number of Carriages @ \$ _____	- - - - -	
Hearse	- - - - -	
Wagon Deliveries	- - - - -	
Death Notices in _____ Newspapers	- - - - -	

NAMES OF NEWSPAPERS		
Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	
Lining Grave	- - - - -	
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	
<u>Heard, grave decoration</u>	- - - - -	25.00
<u>Funeral services</u>	- - - - -	125.00
Total Footing of Bill	- - - - -	125.00
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	
Total Debit	- - - - -	\$

Nov. 1929 Cr. By C. H. Reed. 125.00

[Large handwritten signature]

QUILL M 7-28200

Record of Funeral

1979 19
Color

No. _____ Date Oct. 24-1979 19____
Name of the Deceased Muse Howard Sex M. Color N
Charge to Isaac Muse Order given by _____

GES
\$
100.00
Fluid)
25.00
175.00
or below
\$
Paid 175.00

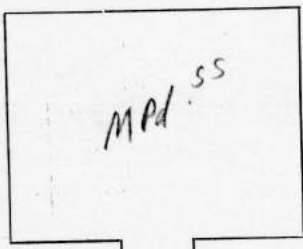
How Secured _____
Date of Funeral Oct. 25-1979
Place of Death Noyes Baptist Hosp. St. Joseph
Funeral Services at Sparks Christia. Church
Time of Funeral Services 2 P.M.
Clergyman Rev. Carter
Certifying Physician Dr. Cook
His Residence St. Joseph Mo.
Number of Burial Certificate _____
Cause of Death _____
Date of Death Oct. 23-1979
Occupation of the Deceased Armon Packing Co.
Single, Married, Divorced _____ Religion _____
Aged 20 Years, 8 Months, 7 Days
Birth Place Sparks Kansas
Father Isaac Muse
Birth Place Fardesul Mo.
Maiden Name of Mother Mary Guilette
Birth Place Vesta Nev.
Name of Husband _____
Name of Wife _____
Informant Isaac Muse
Address Elwood Ks.
Body to be shipped to _____
Size and Style of Casket or Coffin # 715 half
Couch
Manufactured by RY
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at Golca Cemetery
Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin Funeral \$
Metallic Lining conple 235.00
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 _____
Condemean + home 2.00
Total Footing of Bill 237.00
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

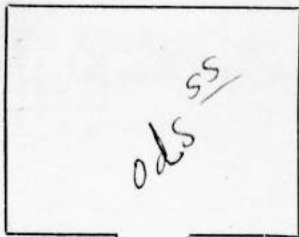
Oct 24 29 Credits
Nov 9 29 By cash paid 237.00

Large handwritten signature or initials.

Record of Funeral

No. _____ Date Oct. 28-1929 19
 Name of the Deceased Rutznike Ida Sex F Color W
 Charge to Aug. Rutznike Sr. Order given by _____

How Secured _____
 Date of Funeral Oct. 29-1929
 Place of Death Troy Kansas
 Funeral Services at Lutheran Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Ruff
 Certifying Physician W. C. Lidner
 His Residence Troy Mo.
 Number of Burial Certificate _____
 Cause of Death Paroxysm with effusion
 Date of Death Oct. 25-1929
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 73 Years, 1 Months, 10 Days
 Birth Place Germany
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Aug. Rutznike Sr.
 Name of Wife _____
 Informant Aug. Rutznike Sr.
 Address Troy Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin 817 tan hi top velvet top with satin interior
 Manufactured by Rex
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Lutheran Cemetery
 Lot or Grave No. _____ Section No. _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 400.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	100.00
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	_____
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

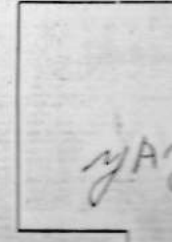
NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Reinforcing Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill	500.00
By Amount Paid in Advance <u>less bill</u>	10
Balance <u>total</u>	490.00
Entered into Ledger, page _____ or below	_____

Total Debit \$ _____
 Nov 5 Credits By check \$490.00

No. _____
 Name of the Deceased _____
 Charge to Ca
 How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____
 Clergyman R
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 68 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin half C
 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 _____

ORQUILL 7-28200

Record of Funeral

1979 19
Color *W*

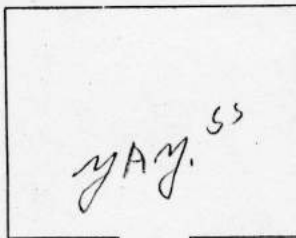
No. _____ Date *October 31* 19*79*
Name of the Deceased *Stewart Chas Walter* Sex *M* Color *W*
Charge to *East Merrill* Order given by _____

CHARGES

\$ *400.00*
100.00
Fluid)
@ \$
papers
PERS
500.00
10
490.00
or below

How Secured _____
Date of Funeral *Nov. 1-1979*
Place of Death *Nathana Kans.*
Funeral Services at *Mc. Church Nathana*
Time of Funeral Services *2:30 P.M.*
Clergyman *Rev. Fowler*
Certifying Physician *Dr. Swails*
His Residence *Nathana Kans*
Number of Burial Certificate _____
Cause of Death *Dropsy*
Date of Death *Oct 30-1979*
Occupation of the Deceased *Ret farmer*
Single, Married, Divorced _____ Religion _____
Aged *68* Years, *4* 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 *# 806 state half Couch*
Manufactured by *Rx*
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *M. Church* 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>funeral</i>	\$	
" Metallic Lining <i>complete</i>		<i>285.00</i>
" Outside Box		
" Grave Vault		<i>100.00</i>
" 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>1.75</i>

NAMES OF NEWSPAPERS

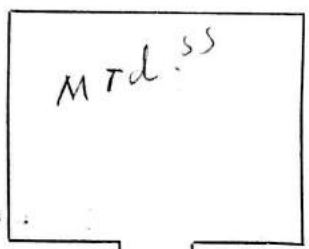
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
<i>Am. funeral cleaning + pressing suit</i>		<i>1.50</i>
Total Footing of Bill		<i>389.25</i>
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		

11-15-79 Credits *By Check* *389.50*

Record of Funeral

No. _____ Date Nov. 18 1929
 Name of the Deceased Nelson Eula Pearl Sex F Color D
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Nov. 19-1929
 Place of Death Troy Kansas
 Funeral Services at Christian Church
 Time of Funeral Services 7 P.M.
 Clergyman Rev. Sapp
 Certifying Physician W. Haller
 His Residence Troy Kan
 Number of Burial Certificate _____
 Cause of Death Bronchitis Pneumonia
 Date of Death Nov. 17-1929
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 25 Years, 1 Months, 28 Days
 Birth Place Christian County Mo
 Father S.B. Hanks
 Birth Place Christian County Mo
 Maiden Name of Mother Rosal Bryant
 Birth Place Christian County Mo
 Name of Husband Paul Nelson
 Name of Wife _____
 Informant Paul Nelson
 Address Troy
 Body to be shipped to Springfield Mo
 Size and Style of Casket or Coffin # 807 state
half court
 Manufactured by Rex
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Ozark 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	\$ 265.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe <u>dress</u>	15.00
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	_____
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS	
Flowers	7.50
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	287.50
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

11.19.29 By note Credits 287.50
 no credits on note

Transferred to page 10-1
 see note

QUILL 7-28200

Record of Funeral

No. _____ Date Dec. 20 1929
 Name of the Deceased Kaelin Josephine Sex F Color R
 Charge to O. L. Kaelin Order given by _____

ITEMIZED CHARGES

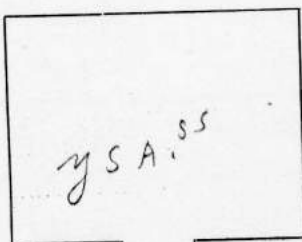
How Secured _____
 Date of Funeral Dec. 20 - 1929
 Place of Death Sisters Hosp
 Funeral Services at Stathena Catholic Church
 Time of Funeral Services 9 A.M.
 Clergyman Father Eiker
 Certifying Physician F. X. Hartigan
 His Residence St Joseph Mo.
 Number of Burial Certificate _____
 Cause of Death Septicemia
 Date of Death Dec 17 - 1929
 Occupation of the Deceased child in school
 Single, Married, Divorced _____ Religion _____
 Aged 15 Years, 1 Months, 28 Days
 Birth Place Stathena, Kansas
 Father Oscar L. Kaelin
 Birth Place St Joseph Mo
 Maiden Name of Mother Katilda Boeh
 Birth Place Stathena Kans
 Name of Husband _____
 Name of Wife _____
 Informant O. L. Kaelin
 Address Stathena Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 215 half
rough
 Manufactured by Ref
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt Calvary Cemetery
 Lot or Grave No. _____ Section No. _____

Price of Casket or Coffin + funeral	\$ 2.35.00
“ Metallic Lining - <u>complete</u>	1.00.00
“ 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	335.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

June 9.30 credit By Cash 200.00
 9.30 " check 60.00
 Sept 27.30 " cash 75.00
 335.00



(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: _____

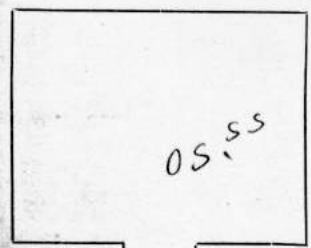
NAMES OF PALLBEARERS _____

Color 1929
 \$ 265.00
 15.00
 Fluid)
 7.50
 287.50
 note
 1/2
 1

Record of Funeral

No. _____ Date Dec. 21 1929
 Name of the Deceased Kimbead Oscar E. Sex M. Color W.
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec. 22-1929
 Place of Death Norton Kans.
 Funeral Services at St. Charles Church
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Lawrence Phis
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Consumption A.B.
 Date of Death Dec 19-1929
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years _____ Months _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Anne Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES	
Price of Casket or Coffin \$
" Metallic Lining	.....
" Outside Box	.....
" Grave Vault	.....
" Burial Robe	.....
" Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with _____ Fluid)	.....
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$	.....
Hearse	..... 1.50
Wagon Deliveries <u>Magage Coast</u>	..... 1.00
Death Notices in _____ Newspapers	.....

NAMES OF NEWSPAPERS	
Flowers	.....
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	..... 5.00
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
<u>Personal services</u>	..... 2.50
Total Footing of Bill	..... 46.00
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....
Total Debit \$

Jan. 2-1930 Credit By Ch. 46.00

[Large handwritten signature]

M 7-28200

Record of Funeral

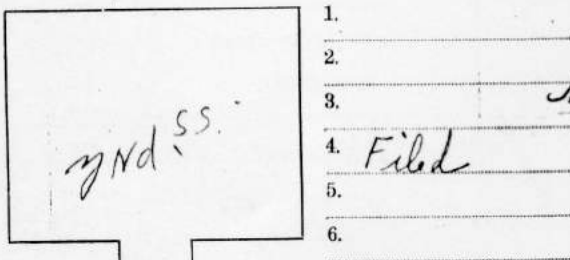
247

No. _____ Date Dec 26 1929
 Name of the Deceased Hedrick Andrew Jackson Sex M. Color W
 Charge to _____ Order given by _____

CHARGES	AMOUNT
Fluid)	
	15.00
	1.00
	5.00
	25.00
	46.00
	46.00

How Secured _____
 Date of Funeral Dec. 26-1929
 Place of Death 1/2 mile south of Sparks
 Funeral Services at his home
 Time of Funeral Services 7:30 P.M.
 Clergyman Rev. G. W. Smyth
 Certifying Physician Dr. Cardonier
 His Residence 907 15.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Dec. 24-1929
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 81 Years, 10 Months, 2 Days
 Birth Place Missouri
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 20 x elliptic half casket steel gr B.C.
 Manufactured by Rev
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____ Cemetery

ITEMIZED CHARGES	
Price of Casket or Coffin <u>funeral</u>	\$ 350.00
Metallic Lining <u>complets</u>	350.00
Outside Box	
Grave Vault	
Burial Robe <u>suit</u>	37.50
Burial Slippers and Hose <u>hose</u>	50
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	150
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>tie shirt</u>	1.00
	150
Total Footing of Bill	392.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ 392.00



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 _____

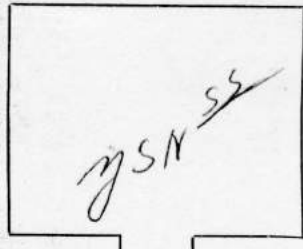
March 8, 1930 Credits By ch. 392.00

Record of Funeral

No. _____ Date Dec. 30-1979 19____
 Name of the Deceased Baldwin James W. Sex M. Color W
 Charge to Mrs Baldwin Order given by _____

How Secured _____
 Date of Funeral Dec. 30-1979
 Place of Death Tray, Mo.
 Funeral Services at Karr Funeral Home
 Time of Funeral Services 7 P.M.
 Clergyman Rev. Finch
 Certifying Physician Ed. Karr, Coroner
 His Residence Tray, Mo.
 Number of Burial Certificate _____
 Cause of Death Cancer
 Date of Death Dec 28, 1979
 Occupation of the Deceased ret. farmer
 Single, Married, Divorced _____ Religion _____
 Aged 73 Years, 7 Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. Baldwin
 Address Tray, Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin #807
Subgr. flush.
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at W. Hill Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin + funeral	\$ 265.00
" Metallic Lining <u>complete</u>	
" Outside Box	
" Grave Vault	
" Burial Robe	20.00
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	
<u>Undeclared + hose</u>	70.00
NAMES OF NEWSPAPERS	
Flowers	10.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>heavy boards for top</u>	7.50
Total Footing of Bill	299.50
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 _____

July 3-30	Credits	By check	60.00
Sept 4-30		By check	60.00
Oct 4-30		" "	60.00
Dec 12-30		" "	60.00
Dec 17-30		" "	59.50
			<u>299.50</u>

M 7-28200

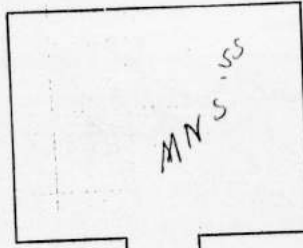
Record of Funeral

No. _____ Date Jan. 21 - 1930 19
 Name of the Deceased Henry Allen Simpson Sex M Color D
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Jan 22 - 1930
 Place of Death Stranatha Kans.
 Funeral Services by Sparks Christian Ch.
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Clark
 Certifying Physician Dr. Nichols
 His Residence Stranatha Ks.
 Number of Burial Certificate _____
 Cause of Death Carcinoma of Stomach
 Date of Death Jan 17 - 1930
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 77 Years, 8 Months, 17 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 215 Octagon
half Couch
 Manufactured by Rt
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Sola Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES		
Price of Casket or Coffin	Funeral	\$ 250.00
"	Metallic Lining	
"	Outside Box	
"	Grave Vault	
"	Burial Robe	
"	Burial Slippers and Hose	
	Engraving Plate	
	Embalming Body (with _____ Fluid)	
	Washing and Dressing	
	Shaving	
	Disinfecting Rooms	
	Use of Catafalque and Drapery	
	Use of Folding Chairs	
	Use of Candelabrum	
	Candles	
	Gloves	
	Crepe	
	Telephone	
	Telegraph	
	Number of Carriages @ \$	
	Hearse	
	Wagon Deliveries	
	Death Notices in _____ Newspapers	
	<u>shirt 1.50 tie 1.00</u>	2.50

NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges <u>1.00</u>	<u>50</u>	1.50
<u>underwear socks</u>		
Total Footing of Bill		254.00
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: See Joe Simpson at Sparks
Phone 1422 Highland

NAMES OF PALLBEARERS John H. Simpson Adm.

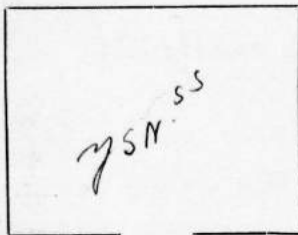
79 19
 265.00
 20.00
 20.00
 20.00
 10.00
 25.00
 299.50
 60.00
 60.00
 60.00
 60.00
 59.50
 299.50

June 3-30 By Ch. 254.00

Record of Funeral

No. _____ Date Jan. 21 1930
 Name of the Deceased Elyah N. Hull Sex M. Color R
 Charge to Bert Hull Order given by _____

How Seeced _____
 Date of Funeral Jan. 21 - 1930
 Place of Death North of Farmington
 Funeral Services at First Christian Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Walter Myers
 Certifying Physician Dr. Walter
 His Residence Troy Tenn.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Jan 18 - 1930
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 87 Years, 10 Months, 18 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Bert Hull
 Address Sparks St.
 Body to be shipped to _____
 Size and Style of Casket or Coffin #807
state half ch.
 Manufactured by PR
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Jola Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin <u>funeral</u>	\$ 265.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial <u>robe suit</u>	21.50
“ 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 <u>artificial wreath</u>	5.00
Outlay for Lot <u>flowers</u>	2.00
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill 295.50

By Amount Paid in Advance _____

Balance _____

Entered into Ledger, page _____ or below _____

Total Debit _____ \$ _____

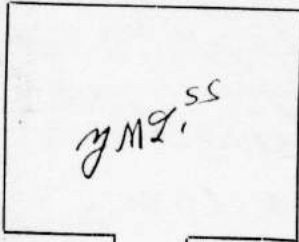
Jan 25 30 Paid by cb 295.50

QUILL 7-28208

Record of Funeral

No. _____ Date Feb. 4-1930 19____
 Name of the Deceased Anderson Simon A. Sex M. Color W
 Charge to Wm Anderson Order given by _____

How Secured _____
 Date of Funeral Feb. 4-1930
 Place of Death Bendena, Kansas
 Funeral Services at Lutheran Ch. Bendena
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Peterson
 Certifying Physician Dr. Cordonier
 His Residence Troy Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Feb. 2-1930
 Occupation of the Deceased Rt farmer
 Single, Married, Divorced _____ Religion _____
 Aged 76 Years, 9 Months, 7 Days
 Birth Place Norway
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Wm Anderson
 Address Troy Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 807 slab
half couch
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Moray Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin & funeral	
" Metallic Lining <u>complete</u>	2.65.00
" Outside Box	
" Grave Vault	
" Burial Robe <u>suit</u>	3.5.00
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	1.00

NAMES OF NEWSPAPERS

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

Total Footing of Bill	3.01.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

1-1-31 7. Credits 1022 20.00

Transferred to page 1072

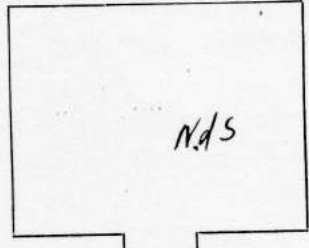
QUILL 7-28200

Record of Funeral

No. _____ Date Feb. 5-1930 19__
 Name of the Deceased Monroe Norma Jean Sex F Color W
 Charge to Alfred Monroe Order given by _____

How Secured _____
 Date of Funeral Feb. 5-1930
 Place of Death Troy Kans
 Funeral Services at none
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician Dr. Cardonier
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Stillborn
 Date of Death Feb 5-1930
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged Stillborn Years, _____ Months, _____ Days
 Birth Place _____
 Father Alfred Monroe
 Birth Place Troy Kansas
 Maiden Name of Mother Jeanette Robinson
 Birth Place Troy Mo.
 Name of Husband _____
 Name of Wife _____
 Informant Alfred Monroe
 Address Troy Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 100
White Laurel
 Manufactured by W. P. Gateway
 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 <u>Complete</u>	\$ 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	\$ _____



(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 _____

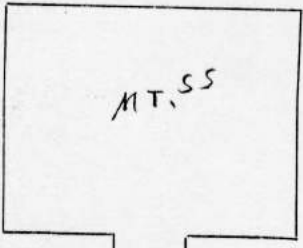
1-1-31 Credits 1023 1500
Transferred
to page 1023

Record of Funeral

No. _____ Date Feb. 22-1930 19
 Name of the Deceased Sturgis Walter Wood Sex M. Color W.
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Feb. 22-1930
 Place of Death Dallas Texas
 Funeral Services at Karr Funeral Home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Finich
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Cancer throat
 Date of Death Feb. 14-1930
 Occupation of the Deceased show business
 Single, Married, Divorced _____ Religion _____
 Aged 63 Years, 11 Months, 17 Days
 Birth Place Gray Kansas
 Father Ross Sturgis
 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
til grey. B.C. single panel style
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



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

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$
“ Metallic Lining	.....
“ Outside Box	.....
“ Grave Vault	.....
“ Burial Robe	.....
“ Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with _____ Fluid)	.....
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$	.....
Hearse <u>4 new complete</u>	<u>35.00</u>
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....

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

Total Footing of Bill	.....
By Amount Paid in Advance	<u>41.00</u>
Balance	.....
Entered into Ledger, page _____ or below	.....
Total Debit	\$
<u>Feb. 26-30 Credits By Ch.</u>	<u>41.00</u>

[Large handwritten signature or initials]

M 7-28200

Record of Funeral

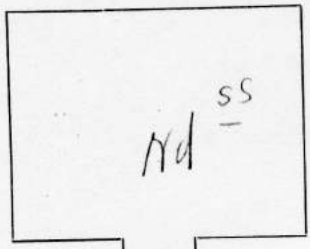
No. _____ Date Feb. 26 1930
 Name of the Deceased Guy Mary A. Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Feb. 26-1930
 Place of Death St Joseph Mo
 Funeral Services at St. Patrick's Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Myers
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Lobar Pneumonia
 Date of Death Feb. 24-1930
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 83 Years 7 Months _____ Days
 Birth Place Kentucky
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Emeret Guy
1118 N. 3rd St
 Address St Joseph Mo
 Body to be shipped to _____
 Size and Style of Casket or Coffin #130 steel
grey crepe
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Sola Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES		
Price of Casket or Coffin	<u>135.00</u>	
" Metallic Lining <u>complete</u>		
" 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 135.00
 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 _____

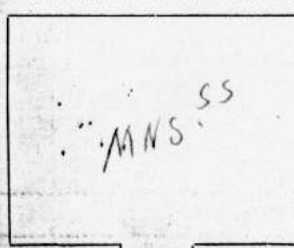
11-31 Credits to page 1024 135.00
See Note
Transferred
to page 1024
(also see note)

Record of Funeral

No. _____ Date March 7, 1930
 Name of the Deceased Reeder Rebecca Sex F Color W
 Charge to John Fullbright Order given by _____

How Secured _____
 Date of Funeral _____
 Place of Death John Fullbright home
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician Dr. Haller
 His Residence Wray, Mo.
 Number of Burial Certificate _____
 Cause of Death indocarditis
 Date of Death March 7, 1930
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 87 Years, 4 Months, 7 Days
 Birth Place Germany
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant John Fullbright

Address _____
 Body to be shipped to St. Edwards Vel
 Size and Style of Casket or Coffin # 207
 Manufactured by R+
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Edwards Vel 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: Body shipped from St. Joseph, Mo.

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES		
Price of Casket or Coffin	<u>Funeral</u>	\$
Metallic Lining	<u>Complete</u>	245.00
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		245.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

Total Debit _____
 Credits by Cash March 11-30 245.00

Record of Funeral

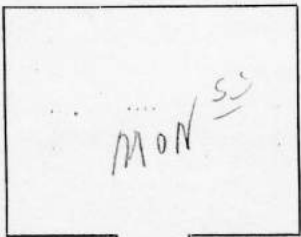
No. _____ Date March 14 1930
 Name of the Deceased Andrew Emma Florence Sex F Color d
 Charge to Joel Andrew Order given by _____

How Secured _____
 Date of Funeral March 14-1930
 Place of Death Moray Kansas
 Funeral Services at Moray Cemetery
 Time of Funeral Services 11 A.M.
 Clergyman _____
 Certifying Physician Dr. Chute
 His Residence Bendona Kans
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death March 12-1930
 Occupation of the Deceased at home
 Single, Married, Divorced _____ Religion _____
 Aged 19 Years, 2 Months, 18 Days
 Birth Place Denton Kans
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Joel Andrew
 Address St. Joseph Mo
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 706
 Manufactured by Ry
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Moray Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin + funeral	2.00.00
" Metallic Lining complete	2.00.00
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with <input checked="" type="checkbox"/> 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	2.00.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

Mar 27	Credits	By ch	75.00
"	"	By cash	50.00
May 2-30			75.00
			200.00



(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: _____

NAMES OF PALLBEARERS _____

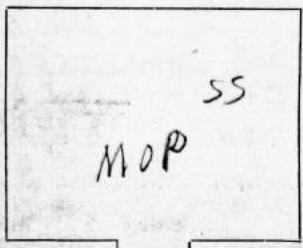
Record of Funeral

No. _____ Date March 14 1930
 Name of the Deceased Leabtree Maddison Sex M. Color C
 Charge to Mrs Mary Guthery Order given by _____

How Secured _____
 Date of Funeral March 14-1930
 Place of Death Home of Mary Guthery
 Funeral Services at Kahn Funeral Home
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev Carter
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death March 14-1930
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 77 Years _____ Months _____ Days _____
 Birth Place Ohio
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs Mary Guthery
 Address Troy Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin Rectangular flush lift funeral
 Manufactured by Walter
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Center Cemetery _____
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin <u>4 funeral</u>	
Metallie Lining <u>complete</u>	
Outside Box <u>including</u>	
Grave Vault <u>suit</u>	
Burial Robe	<u>2.00</u>
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 <u>by Stella</u>	<u>3.50</u>
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	<u>203.50</u>
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: Relatives Mrs E. R. Murphy
Arthur's. Nebraska
Box 473

NAMES OF PALLBEARERS _____

1-31 D. Credits page 1025 203.50

Transferred to page 1025

Record of Funeral

1930
Color *W*

No. _____ Date *March 17* 19*30*
Name of the Deceased *Miller David H.* Sex *M.* Color *W*
Charge to *Douglas County* Order given by *Mrs Lizzie Clary*

ARGES
200.00

How Secured _____
Date of Funeral *March 17-1930*
Place of Death *Troy Junction*
Funeral Services at *Harr Funeral Home*
Time of Funeral Services *2 P.M.*
Clergyman *Rev. Stadley*
Certifying Physician *Dr. Walker*
His Residence _____
Number of Burial Certificate _____

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

Fluid)

Cause of Death _____
Date of Death *March 16-1930*
Occupation of the Deceased *farmer*
Single, Married, Divorced _____ Religion _____
Aged *76* Years, *1* Months, *7* Days
Birth Place *Troy Kansas*
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____

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

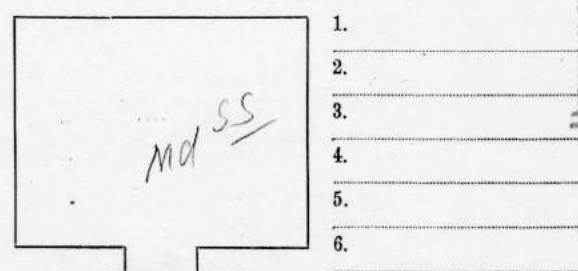
apers

Name of Wife _____
Informant *Mrs. Lizzie Clary*
Address *Troy Kan.*
Body to be shipped to _____
Size and Style of Casket or Coffin *# 51 Beta Crest*

Total Footing of Bill	<i>50.00</i>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

RS *3.50*

Manufactured by *Rx*
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *Courter* Cemetery
Lot or Grave No. _____ Section No. _____



April 12 - 30 ch. Doug. County 50.00

203.50

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

d h
75

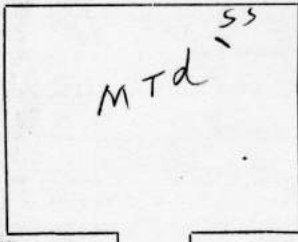
Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date March 77 1930
 Name of the Deceased Joseph V. Heber Sex M. Color W
 Charge to Wm Strahan, Adm. Order given by _____

How Secured _____
 Date of Funeral March 77-1930
 Place of Death Home of Mrs Dennis, St Joseph Mo
 Funeral Services at St Josephs Cathedral
 Time of Funeral Services 8 A.M.
 Clergyman Father Buddy
 Certifying Physician Dr M.G. Law
 His Residence St Joseph Mo.
 Number of Burial Certificate _____
 Cause of Death Mitral Stenosis
 Date of Death March 19-1930
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 63 Years 6 Months 9 Days
 Birth Place Switzerland
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Wm Strahan
 Address Troy Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 806
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at New Hope Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 260.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	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	
Ministers Care	15.00
Total Footing of Bill	315.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit \$ _____

1-1-31 Credits to page 1026 315.00

Transferred to page 1026

Paid in full March 7-1935

No. _____
 Name of the D _____
 Charge to _____
 How Secured _____
 Date of Fun _____
 Place of Dea _____
 Funeral Serv _____
 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 W _____
 Informant _____

Address _____
 Body to be s _____
 Size and Sty _____
 Manufactur _____
 Metallic Lin _____
 Outside Box _____
 Number of _____
 Interment a _____
 Lot or Grav _____

Designate a mark space for this Funeral with a cross (+).
 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 O _____

QUILL M 7-28200

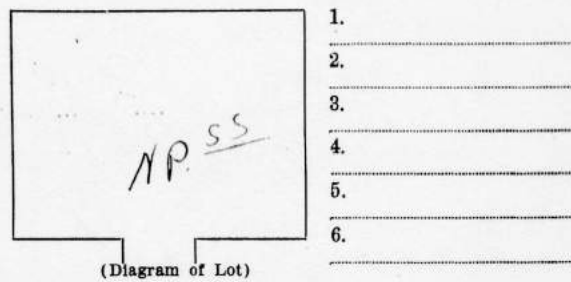
Record of Funeral

No. _____ Date March 28 1930
 Name of the Deceased M^{rs} Lira Canna Sex F Color W
 Charge to Frank + Mike M^c Lira Order given by _____

How Secured _____
 Date of Funeral March 28-1930
 Place of Death Troy Kansas
 Funeral Services at M^{rs} Lira home
 Time of Funeral Services 1 P.M.
 Clergyman Rev H.S. Parker
 Certifying Physician E.F. Kaul Coronel
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death Apoplexy
 Date of Death March 26 1930
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 52 Years, 11 Months, _____ Days
 Birth Place Springfield Mo
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Frank M^c Lira
 Address Troy Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin #130 steel grey crepe
 Manufactured by Re
 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 <u>funeral</u>	\$ _____
" Metallic Lining <u>complete</u>	\$ <u>135.00</u>
" 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>135.00</u>
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

April 12	By check	10.00	20.00	30.00
April 21	" cash			7.00
May 1	" cash			6.00
May 10	" check			10.00
May 28	" "			12.00
June 4	" "			8.00
July 12	" "			62.00
				<u>135.00</u>

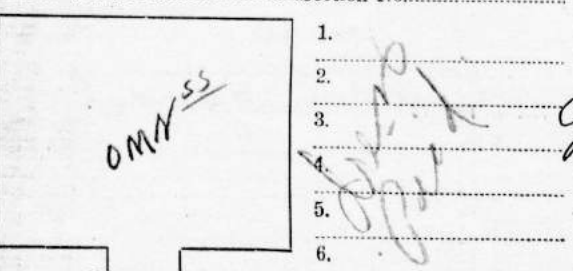
Record of Funeral

No. _____ Date March 28 1930
 Name of the Deceased Randall Sarah Francis Sex F Color W
 Charge to Mrs C. E. Howland Order given by _____

How Secured _____
 Date of Funeral March 28-1930
 Place of Death Troy Kansas
 Funeral Services at Karr Funeral Home
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Walter Myers
 Certifying Physician Dr. Keller
 His Residence Troy Kansas
 Number of Burial Certificate _____

Cause of Death _____
 Date of Death March 26-1930
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 85 Years 9 Months 25 Days
 Birth Place Marion County Mo.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Fred Randall
 Name of Wife _____
 Informant Mrs C. E. Howland

Address Troy. Kans.
 Body to be shipped to _____
 Size and Style of Casket or Coffin #244 metal half Couch
 Manufactured by Belmont
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Meray Cemetery
 Lot or Grave No. _____ Section No. _____



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

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES	
Price of Casket or Coffin + <u>funeral</u>	
" Metallic Lining <u>comfort.</u>	4.25.00
" Outside Box	
" Grave Vault	
" Burial Robe <u>dress</u>	2.7.50
" 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>Anderson & Sons</u>	3.0.0.

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>heavy lumber for over box</u>	3.60
Total Footing of Bill	4.5.9.1.0
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit _____ \$
19.30
 April 12 Credits By Ch. & Co. 4.59.10

Record of Funeral

28 1930
Color *W*

No. _____ Date *March 3 - 1930*
Name of the Deceased *Morehead Sarah Ester* Sex *F* Color *W*
Charge to *paid* Order given by _____

CHARGES

Funeral	4.25.00
Flower	2.75.00
Fluid	
Embalming	
Washing	
Shaving	
Disinfecting	
Catafalque	
Folding Chairs	
Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Carriages	
Hearse & services	20.00
Wagon Deliveries	1.50
Death Notices	
Newspapers	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges	
Removal Charges	
Cremation Charges	
Total Footing of Bill	21.50
By Amount Paid in Advance	
Balance	
Entered into Ledger	
Total Debit	

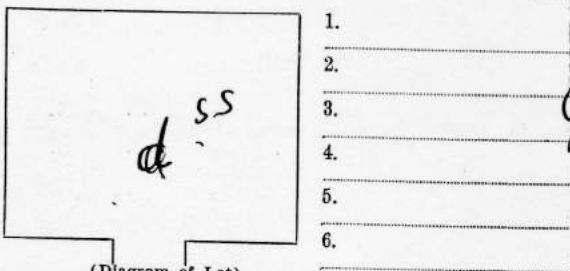
How Secured _____
 Date of Funeral *April 3 - 1930*
 Place of Death *Shedee Oklahoma*
 Funeral Services at *Shedee Okla.*
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death *March 28 - 1930*
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged *54* Years, *2* Months, *7* Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband *Albert Morehead*
 Name of Wife _____
 Informant *Albert Morehead*
 Address *Shedee, Okla.*
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *Mt Olive* Cemetery
 Lot or Grave No. _____ Section No. _____

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 & services	20.00
Wagon Deliveries	1.50
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	21.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	



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

Remarks: _____

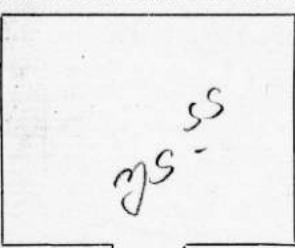
NAMES OF PALLBEARERS _____

April 3 Credit *By cash* 21.00

Record of Funeral

No. _____ Date April 5 - 1930 19
 Name of the Deceased Cornell Edwin Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral _____
 Place of Death County farm
 Funeral Services at Padonia H.
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Acute Bright's Disease
 Date of Death April 5 - 1930
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 48 Years 9 Months 5 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Padonia H. Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body	(with <u>J. S. Meek</u>)		<u>25.00</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	@ \$		
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	- - - - -	\$	

4-630 Credit Ch. By Meek 25.00

[Large handwritten signature or scribble]

QUILL M 7-28200

Record of Funeral

1930 19
Color *W*

No. _____ Date *April 9-30* 19____
Name of the Deceased *Montgomery Wm Henry* Sex *M.* Color *W*
Charge to _____ Order given by *Wm Surwell*

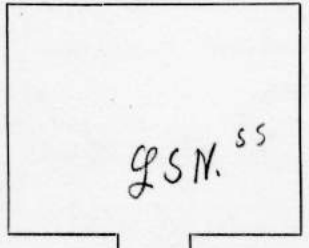
REGES
\$
Meals *75.00*

How Secured _____
Date of Funeral *April 9-1930*
Place of Death *Home of Wm Surwell*
Funeral Services at *Karr Funeral Home*
Time of Funeral Services *2 P.M.*
Clergyman *Rev. Fusch*
Certifying Physician *E.P. Kaw Coroner*
His Residence *Troy Kans.*
Number of Burial Certificate _____
Cause of Death *gun shot wound in head*
Date of Death *April 5-1930*
Occupation of the Deceased *ret farmer*
Single, Married, Divorced _____ Religion _____
Aged *54* Years, *10* Months, *28* Days
Birth Place *Troy Kansas*
Father *Robt. W. Montgomery*
Birth Place *Indiana*
Maiden Name of Mother *Mary Brock*
Birth Place *Missouri*
Name of Husband _____
Name of Wife _____
Informant *Wm Surwell*
Address *Troy Kans.*
Body to be shipped to _____
Size and Style of Casket or Coffin *# 319 metal half rough*
Manufactured by *Coble Casket Co.*
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *Mt Olive* Cemetery
Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin <i>Funeral</i>	\$	
Metallie Lining <i>complete</i>		475 00
Outside Box		
Grave Vault		100 00
Burial Robe <i>suit</i>		40 00
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		2 45
Telegraph		
Number of Carriages @ \$ _____		
Hearse		
Wagon Deliveries		
Death Notices in _____ Newspapers		2 00
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
<i>Funeral notes</i>		1 75
<i>insister</i>		5 00
Total Footing of Bill		576 20
By Amount Paid in Advance <i>flowers</i>		5 00
Balance <i>(unpaid)</i>		581 20
Entered into Ledger, page _____ or below _____		
Total Debit	\$	

Meals *25.00*



(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.

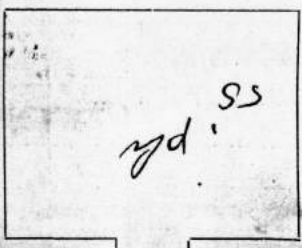
Remarks: *Filed 4-17-1930*

NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date April 7-1930 19____
 Name of the Deceased Hogan J.S. Sex M. Color W
 Charge to _____ Order given by Chas Kibler Jr.

How Secured _____
 Date of Funeral Burial May 1-1930
 Place of Death Memore Boro & South of Pelamores
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician E.F. Kerr - Coroner
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Apoplexy
 Date of Death April 7-1930
 Occupation of the Deceased laborer
 Single, Married, Divorced _____ Religion _____
 Aged 50 Years, _____ Months, 20 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant From note book he carried
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 51 Blk
Crate
 Manufactured by Ry
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at County farm 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: claim filed 5-3-30

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 50. ⁰⁰
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

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

May 10-30 Chas By Don Conty 50.⁰⁰

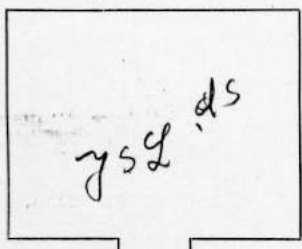
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date April 11-1930 19____
 Name of the Deceased Sinclair Frank Melvick Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral April 11-1930
 Place of Death his home N.W. of Seneca
 Funeral Services at M.E. Church Seneca
 Time of Funeral Services 7 P.M.
 Clergyman Rev. Hubbard
 Certifying Physician E.F. Karr Coroner
 His Residence Troy Mo.
 Number of Burial Certificate _____
 Cause of Death Carbolic acid from suicide
 Date of Death April 9-1930
 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 _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 206
steel gr emb. dol
 Manufactured by Ry
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Oline Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin <u>funeral</u>	\$ 2.00 ⁰⁰
Metallic Lining <u>complete</u>	1.00 ⁰⁰
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>shirt and under suit tie</u>	4.50
NAMES OF NEWSPAPERS	
Flowers	5.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	30.9 ⁵⁰
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ 30.9 ⁵⁰



(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 April 17-1930 19
 Name of the Deceased Clary Alice May Sex F Color W
 Charge to J.S. Clary Order given by _____

How Secured _____
 Date of Funeral April 13-1930
 Place of Death her home, North of Troy
 Funeral Services at Baptist Church, Troy
 Time of Funeral Services _____
 Clergyman Rev. Hadley
 Certifying Physician Dr. Cordover
 His Residence Troy, Kans.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death April 11-1930
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 60 Years, 1 Months, 20 Days
 Birth Place Near Troy, Kansas
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Isaac S. Clary
 Name of Wife _____
 Informant J.S. Clary
 Address Troy, Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 807
 Manufactured by Rut
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt Olive Cemetery
 Lot or Grave No. _____ Section No. _____

1. MTd SS
 2. MTd SS
 3. MTd SS
 4. MTd SS
 5. MTd SS
 6. MTd SS

(Diagram of Lot)

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

Remarks: _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 265.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	265.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

May 1-30	Credit By cash	100.00
Nov. 10-30	"	50.00
-1-31	Both pages	1027.11
		265.00

Transferred to page 1027

NAMES OF PALLBEARERS _____

QUILL M 7-28200

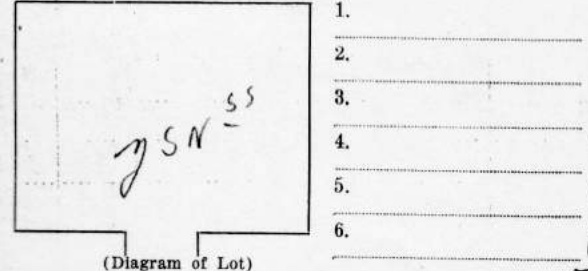
Record of Funeral

No. _____ Date April 17 1930
 Name of the Deceased Stannard B.S. Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral April 17-1930
 Place of Death Troy Kans
 Funeral Services at Karr Funeral Home
 Time of Funeral Services 11 a.m.
 Clergyman Rev. Sapp
 Certifying Physician Dr. Staller
 His Residence Troy Kans
 Number of Burial Certificate _____
 Cause of Death Acute Myocarditis
 Date of Death April 17-1930
 Occupation of the Deceased Plumber
 Single, Married, Divorced _____ Religion _____
 Aged 69 Years, _____ Months, 8 Days
 Birth Place New York
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Bessie Stannard
 Address Troy Kans
 Body to be shipped to _____
 Size and Style of Casket or Coffin #806
 Manufactured by Ref
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. Hill Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin <u>Funeral</u>	
“ Metallic Lining <u>complete</u>	285.00
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalmng 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	10.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	295.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	



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

Remarks: _____

Total Debit	
See note	
Credits	
April 25 By check "Boots"	75.00
May 7 By check "Boots"	30.20
May 19-30 By check "Boots"	45.00
June 30 By check "Boots"	69.80
	295.00

NAMES OF PALLBEARERS _____

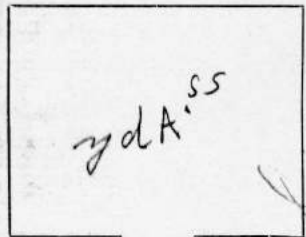
1930
 Color W
 RGES
 \$ 265.00
 Fluid)
 \$ 265.00
 or below
 \$
 100.00
 50.00
 1027 11.00
 265.00
 1027

Record of Funeral

No. _____ Date April 23-1930
 Name of the Deceased Abbett Sarah Elizabeth Sex F. Color R
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral April 23-1930
 Place of Death _____
 Funeral Services at her home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. French
 Certifying Physician Cordover
 His Residence 1107 15.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death April 27-1930
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 76 Years, _____ Months, 10 Days
 Birth Place Charm de Jonca
 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 # 806
 Manufactured by Rex
 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: \$10 paid to H&H on de

ITEMIZED CHARGES	
Price of Casket or Coffin <u>funeral</u>	\$ 265.00
“ Metallic Lining <u>complete</u>	1.00.00
“ Outside Box	1.00.00
“ Grave Vault	1.50.00
“ Burial Robe <u>dress</u>	1.00.00
“ Burial Slippers and Hose <u>house</u>	1.00.00
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	7.50
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill 388.50
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below _____

Total Debit	(see note)
Credits	see note for Credits
	1-1-31 Bal to page 1028 388.50

Transferred to Page 1028
(also see note)

NAMES OF PALLBEARERS _____

QUILL 7-28200

Record of Funeral

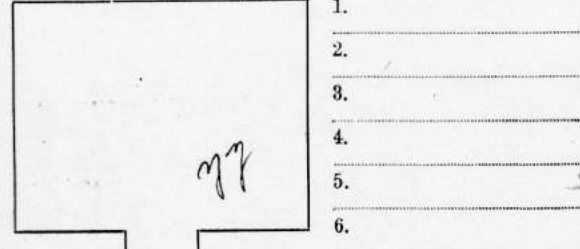
No. _____ Date May 2 - 30 1919
 Name of the Deceased John Marcum Sex M. Color W
 Charge to _____ Order given by _____

ARGES
 1930
 Color W
 Fluid)
 2.65.00
 1.00.00
 1.50.00
 1.00.00
 7.50
 3.00.50
 or below

How Secured _____
 Date of Funeral May 2 - 1930
 Place of Death his home
 Funeral Services at Karr Funeral Home
 Time of Funeral Services 4 P.M.
 Clergyman Rev. Carter
 Certifying Physician Dr. Haller
 His Residence Troy Kas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death April 30 - 1930
 Occupation of the Deceased Blacksmith
 Single, Married, Divorced _____ Religion _____
 Aged 75 Years, 1 Months, 3 Days
 Birth Place Kentucky
 Father James Marcum
 Birth Place _____
 Maiden Name of Mother Margaret Nes
 Birth Place _____
 Name of Husband _____
 Name of Wife Jane Marcum
 Informant Jane Marcum
 Address Troy Mo
 Body to be shipped to _____
 Size and Style of Casket or Coffin 51 blk crepe
 Manufactured by RH
 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 <u>Casket</u>	\$ <u>50.00</u>
“ Metallic Lining	_____
“ Outside Box	_____
Grave Vault	_____
“ Burial Robe	<u>10.00</u>
“ 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	<u>60.00</u>
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: filed June 4 - 30

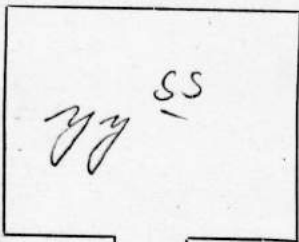
NAMES OF PALLBEARERS _____

6-15-30 By Cash Dow County 50.00
 6-23-30 Chk. by Mrs. Marcum 10.00
60.00

Record of Funeral

No. _____ Date May 19-1930 19
 Name of the Deceased Rendall Fred. Sex M. Color W
 Charge to Southern Co. Order given by _____

How Secured _____
 Date of Funeral May 19-1930
 Place of Death Tracy Kansas
 Funeral Services at _____
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Finch
 Certifying Physician Dr. Miller
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death May 18-1930
 Occupation of the Deceased laborer
 Single, Married, Divorced _____ Religion _____
 Aged 65 Years _____ Months 2 Days _____
 Birth Place Kodaway County Mo
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs C.E. Stouland
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 51 db
Crepe
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Maray Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS filed June 6-30

ITEMIZED CHARGES

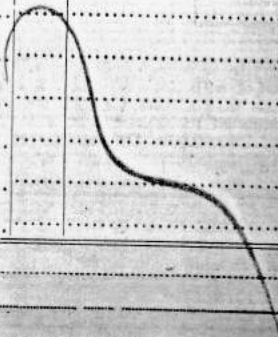
Price of Casket or Coffin <u>4 crepe</u>	\$	50.00
“ Metallic Lining		
“ Outside Box		
“ Grave Vault		
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding 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		
By Amount Paid in Advance		50.00
Balance		
Entered into Ledger, page _____ or below		
Total Debit		

6-15-30 By Cal. Don. Co. 50.00



QUILL M. 7-28200

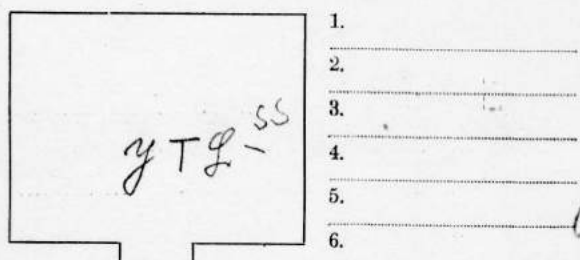
Record of Funeral

1930
Color *W*

No. _____ Date *June 21 - 1930*
Name of the Deceased *John H. Jones* Sex *M* Color *W*
Charge to *Costa* Order given by _____

CHARGES
50.00

How Secured _____
Date of Funeral *June 22 - 1930*
Place of Death *Troy Kansas*
Funeral Services at *Karr Funeral Home*
Time of Funeral Services *2:30 P.M.*
Clergyman *Rev. Sapp*
Certifying Physician *Dr. Cordonier*
His Residence *Troy Kans*
Number of Burial Certificate _____
Cause of Death _____
Date of Death *June 19 - 1930*
Occupation of the Deceased *ret farmer*
Single, Married, Divorced _____ Religion _____
Aged *84* Years *6* Months *28* Days
Birth Place *Hudson Ill.*
Father *Noah Jones*
Birth Place *Illinois*
Maiden Name of Mother *Jane Menden*
Birth Place *Virginia*
Name of Husband _____
Name of Wife *Lucetta Jones*
Informant *Mrs. Nettie Slaughter*
Chicago Ill.
Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin *#806*
Manufactured by *Rx*
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: *Filed 7-10-30*

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin <i>funeral</i>	\$	
“ Metallic Lining <i>complete</i>		<i>300.00</i>
“ Outside Box		
“ Grave Vault		<i>100.00</i>
“ 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		<i>7.20</i>
Number of Carriages @ \$		
Hearse		
Wagon Deliveries		
Death Notices in _____ Newspapers		<i>1.75</i>
<i>shirt 2.50 hose 50</i>		<i>3.00</i>
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
<i>no minister</i>		<i>10.00</i>
<i>hearse car</i>		<i>5.00</i>
Total Footing of Bill <i>Cash P. R. Sapp</i>		<i>420.95</i>
By Amount Paid in Advance		<i>10.00</i>
Balance - <i>Balance</i>		<i>410.95</i>
Entered into Ledger, page _____ or below		
Total Debit	\$	

1-6-31 Credits page 1079 410.95

Transferred to page 1079

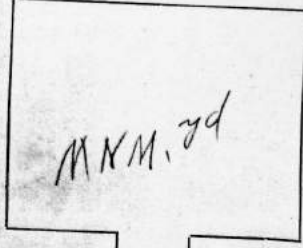
50.00

Conty 50.00

Record of Funeral

No. _____ Date June 21-1930
 Name of the Deceased Hargis Isaac Franklin Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral June 22-1930
 Place of Death Troy Kans
 Funeral Services at Christman Church
 Time of Funeral Services 4.30 P.M.
 Clergyman Rev. Sapp
 Certifying Physician Dr. Cordonia
 His Residence Troy Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death June 20-1930
 Occupation of the Deceased Farmer Ret
 Single, Married, Divorced _____ Religion _____
 Aged 74 Years, 7 Months, 6 Days
 Birth Place Lynn County Kans
 Father Warren C Hargis
 Birth Place Milled County Mo.
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Sarah Hargis
 Informant Mrs. E. P. Hargis
 Address Troy Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 207
 Manufactured by Rx
 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 & funeral	
“ Metallic Lining complete	245.00
“ 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	2.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	247.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	

July 22 1930 Credits By Check 247.00

Record of Funeral

2-1-1930
Color *W*

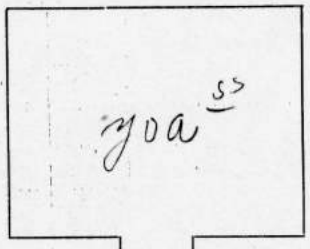
No. _____ Date *June 23-30, 19*
Name of the Deceased *Boeh Leo A.* Sex *M.* Color *W*
Charge to _____ Order given by _____

CHARGES	
Funeral	245.00
Met.	
Fluid	
Papers	2.00
Other	
Total	247.00

How Secured _____
 Date of Funeral *June 23-1930*
 Place of Death *Home of Mrs M. Boeh*
 Funeral Services at *St Josephs Catholic Church*
 Time of Funeral Services *9 A.M.*
 Clergyman *Rev. Fisher Eiker*
 Certifying Physician *W. Snails*
 His Residence *Mathusa Kans*
 Number of Burial Certificate _____
 Cause of Death *Valvular heart disease*
 Date of Death *June 21-1930*
 Occupation of the Deceased *Truck driver*
 Single, Married, Divorced _____ Religion _____
 Aged *36* Years *10* Months *3* Days
 Birth Place *Mathusa Kans*
 Father *Michael Boeh*
 Birth Place *Pa.*
 Maiden Name of Mother *Julius Neugniot*
 Birth Place *Mathusa Kans*
 Name of Husband _____
 Name of Wife *Pearl Boeh*
 Informant *Benjamin Boeh*
 Address *Atchison Kans*
 Body to be shipped to _____
 Size and Style of Casket or Coffin *#807*
 Manufactured by *Ry*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *Mathusa Catholic Cemetery*
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin ^{2.15} <i>+ funeral</i>	\$
Metallic Lining <i>complete</i>	265.00
Outside Box	100.00
Grave Vault <i>100</i>	100.00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse <i>15</i>	
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave <i>3.00</i>	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<i>flag 7.00</i>	
Total Footing of Bill	365.00
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 _____

12-29-30 *By Post Check* 107.00
 12-31-30 *ck By 79th edn* 258.00
365.00

E. F. KARR
FUNERAL DIRECTOR

Troy, Kansas

Date *June 23 1930*

Funeral of *Leo A Boeh*

Charge to _____

QUILL M 7-28200

Embalming	25 00
Casket and Services	215 00
Outside Box or Vault	100 00
Hearse	15 00
Personal Services	
Burial Garment	
Underwear, Hose, Etc.	
Flowers	
Grave Lining	3 00
Carriages or Cars	
Delivery Charges	
Chairs	
Telephone	
Telegrams	
Express	
Other Charges <i>flag</i>	7 00
TOTAL	365 00

*as filed with
Government Claims.*

Record of Funeral

No. _____ Date 6-24-30 19____
 Name of the Deceased Katie Shane Sex _____ Color _____
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral June 26-1930
 Place of Death Home of Geo. Pennel
 Funeral Services at Nathena
 Time of Funeral Services 2 P.M.

Clergyman _____
 Certifying Physician Dr. Cordover
 His Residence Troy 16
 Number of Burial Certificate _____
 Cause of Death _____

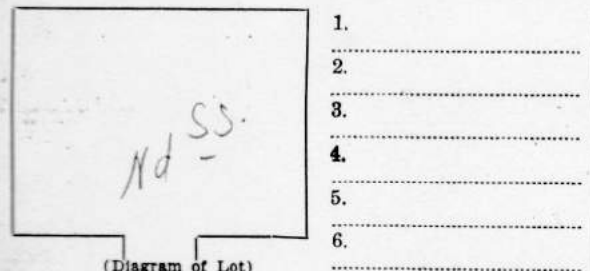
Date of Death June 23-1930
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 50 Years 3 Months 18 Days
 Birth Place Nathena Kans

Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband William C. Shane
 Name of Wife _____

Informant Wm Shane
 Address Nathena
 Body to be shipped to _____

Size and Style of Casket or Coffin #130
steel w crepe
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____

Number of Handles _____
 Interment at Belmont Cemetery
 Lot or Grave No. _____ Section No. _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin <u>7-lined</u>	
“ Metallic Lining <u>complete</u>	135.00
“ 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	135.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

6-24-30 Note by Geo Pennel 104.00
6-25-30 Cash Wm Shane 31.00
135.00

[Large handwritten signature]

No. _____
 Name of the Deceased _____
 Charge to Case

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Ser _____

Clergyman Rw
 Certifying Physician _____
 His Residence _____
 Number of Burial Ce _____

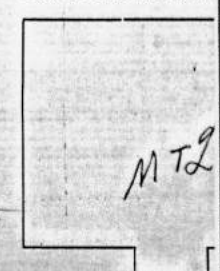
Cause of Death _____
 Date of Death _____
 Occupation of the D _____
 Single, Married, Di _____
 Aged 32

Birth Place _____
 Father Albert
 Birth Place _____
 Maiden Name of M _____
 Birth Place _____

Name of Husband _____
 Name of Wife _____
 Informant Case

Address _____
 Body to be shipped t _____
 Size and Style of Ca _____
light ste
 Manufactured by _____

Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____



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

Remarks Paul

NAMES OF PALI _____

Record of Funeral

No. 30 19
 Color _____

Date July 2 - 1930 19
 Name of the Deceased Rhodes Viola May Sex F Color W
 Charge to Carroll Rhodes Order given by _____

ITEMIZED CHARGES
 Funeral complete \$ 135.00

How Secured _____
 Date of Funeral July 2 - 1930
 Place of Death Chicago Kansas
 Funeral Services at Rhodes Home
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Fowley
 Certifying Physician Dr. W. D. Webb
 His Residence St. Joseph Mo.
 Number of Burial Certificate _____
 Cause of Death acute dilation of heart
 Date of Death June 30 - 1930
 Occupation of the Deceased housewife
 Single, Married, Divorced _____ Religion _____
 Aged 32 Years, _____ Months, 29 Days
 Birth Place St. Joseph Mo.
 Father Albert Anderson
 Birth Place Illinois
 Maiden Name of Mother Jessie Wilson
 Birth Place Kansas
 Name of Husband Clarence Rhodes
 Name of Wife _____
 Informant Clarence Rhodes
Elmer Rhodes

ITEMIZED CHARGES
 Price of Casket or Coffin of funeral \$ _____
 " Metallic Lining complete \$ 265
 " Outside Box _____
 " Grave Vault _____
 " Burial Robe + w. mail \$ 19.00
 " Burial Slippers and Hose _____
 Engraving Plate _____
 Embalming Body (with _____ Fluid) _____
 Washing and Dressing _____
 Shaving _____
 Disinfecting Rooms _____
 Use of Catafalque and Drapery _____
 Use of Folding Chairs _____
 Use of Candelabrum _____
 Candles _____
 Gloves _____
 Crepe _____
 Telephone _____
 Telegraph _____
 Number of Carriages @ \$ _____
 Hearse _____
 Wagon Deliveries _____
 Death Notices in _____ Newspapers _____

Hose _____
 Fluid) _____

apery _____

@ \$ _____

Newspapers _____

WSPAPERS _____

aid _____

vance _____

ge _____ or below _____

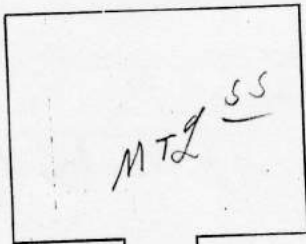
by Rev. Fowley 1.04.00

Mr. Shane 31.00

135.00

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin 7 807
light steel slab bag comb
 Manufactured by Rx

Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Belmont 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 Paul 1900 for Mrs. +
W. W. Holley

NAMES OF PALLBEARERS _____

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

Total Footing of Bill _____ 284
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below _____
 Total Debit _____ \$ _____

July 28 1930 Credits By Ch 284

Record of Funeral

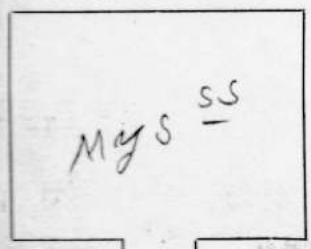
No. _____ Date July 7 - 1930
 Name of the Deceased Sodoyosky Amanda Sex F Color N
 Charge to Mrs Anna Sharp Order given by _____
Omaha Neb.

How Secured _____
 Date of Funeral July 7 - 1930
 Place of Death Home of Mrs Lee N. of Dan
 Funeral Services at Evangelical Church
 Time of Funeral Services 10:30 AM
 Clergyman Rev. J. J. Joseph
 Certifying Physician Dr. Spauls
 His Residence Nathana Kans
 Number of Burial Certificate _____
 Cause of Death Asphyx
 Date of Death July 4 - 1930
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 69 Years 7 Months 28 Days
 Birth Place Gower Mo
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs John Lee
 Address Nathana Kans Rd
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 733
lift panel black
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Oakland - St. Joseph's Mo Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES		
Price of Casket or Coffin	<u>Funeral</u>	
Metallic Lining	<u>Complete</u>	175.00
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		175.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$ _____

Aug. 19. 30 credits By Check 175.00



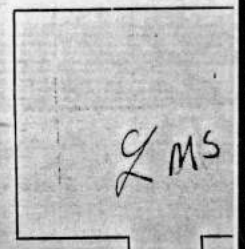
(Diagram of Lot)
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: Mrs O. O. Sharpe
3922 N. St.
South Omaha Neb.

NAMES OF PALLBEARERS _____

No. _____
 Name of the Deceased Wm
 Charge to J. F. Ash

How Secured _____
 Date of Funeral July
 Place of Death Tho
 Funeral Services at M
 Time of Funeral Services _____
 Clergyman Rev. J
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death As
 Date of Death Jul
 Occupation of the Decea _____
 Single, Married, Divore _____
 Aged 68 Year _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mothe _____
 Birth Place _____
 Name of Husband J
 Name of Wife J. F.
 Informant J. F.
 Address Th
 Body to be shipped to _____
 Size and Style of Casket Angas Panel
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M
 Lot or Grave No. _____



(Diagram of L
 Designate all Graves in mark space for this Fune
 Designate place for Mc
 Use space to the right in Lot.

Remarks: Mrs

NAMES OF PALLB _____

Record of Funeral

7-1930
 Color W 19

No. _____ Date July 15-1930 19
 Name of the Deceased Whittaker Charlotte Ann Sex F Color W
 Charge to J. F. Whittaker Order given by _____

ADDED CHARGES

Funeral complete 1.75⁰⁰

and Hose _____
 Fluid) _____

Drapery _____

Newspapers _____

NEWSPAPERS

paid _____

advance 1.75⁰⁰

page _____ or below _____

By check 1.75⁰⁰

How Secured _____

Date of Funeral July 15-1930

Place of Death Tracy, Kansas

Funeral Services at M.E. Church

Time of Funeral Services 2.30 P.M.

Clergyman Rev. French

Certifying Physician Dr. Cordonier

His Residence _____

Number of Burial Certificate _____

Cause of Death Apoplexy

Date of Death July 13th 1930

Occupation of the Deceased housewife

Single, Married, Divorced _____ Religion _____

Aged 68 Years, _____ Months, 1 Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband J. F. Whittaker

Name of Wife J. F. Whittaker

Informant J. F. Whittaker

Address Tracy, Kansas

Body to be shipped to _____

Size and Style of Casket or Coffin # 817, Tan

Tragus, Tan, Open, Interior

Manufactured by RY

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at M. Olive Cemetery

Lot or Grave No. _____ Section No. _____

1. _____

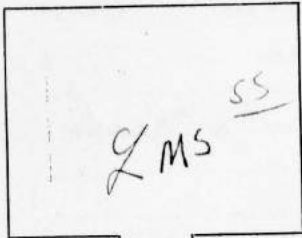
2. _____

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: Mrs. H. was paid for dress 7-19-30

NAMES OF PALLBEARERS

ITEMIZED CHARGES

Price of Casket or Coffin Funeral complete \$ 4.50
 " Metallic Lining complete 1.00
 " Outside Box _____ 2.20
 " Grave Vault _____
 " Burial Robe dress _____
 " Burial Slippers and Hose 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 _____ 57

By Amount Paid in Advance _____

Balance _____

Entered into Ledger, page _____ or below _____

Total Debit _____ \$

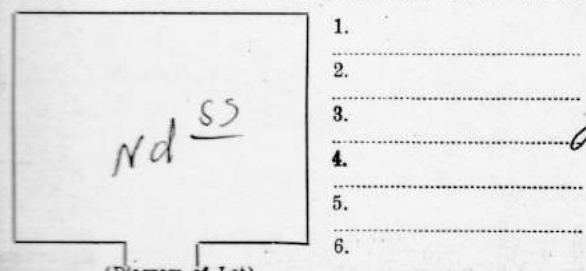
7-19-30 Credit By check 57

Record of Funeral

No. _____ Date July 15-1930
 Name of the Deceased Freelove Marion M. Sex M. Color W
 Charge Mrs Mary Freelove Sparks Kans Order given by _____

How Secured _____
 Date of Funeral July 15-1930
 Place of Death Sparks Kans
 Funeral Services at Sparks Christian Church
 Time of Funeral Services 5 P.M.
 Clergyman Rev. Trembly
 Certifying Physician Dr. M. Gankay
 His Residence White Cloud Ks
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death July 13-1930
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 62 Years, 9 Months, 12 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs Mary Freelove Sparks 15

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #130 steel grey crepe
 Manufactured by Ry
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Old Cemetery
 Lot or Grave No. _____ Section No. _____



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

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES	
Price of Casket or Coffin	* <u>prepaid</u>
“ Metallic Lining	<u>complete</u> 135 ⁰⁰
“ 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	135 ⁰⁰
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit _____ \$
July 18-30 Credits By Check 135⁰⁰

No. _____
 Name of the Deceased In
 Charge to Foster

How Secured _____
 Date of Funeral July
 Place of Death _____
 Funeral Services at # 3
 Time of Funeral Services _____
 Clergyman Rev. Del
 Certifying Physician Dr
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death July
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 5 Years
 Birth Place Blair
 Father Foster I
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Foster

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin H-O White
 Manufactured by R
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M.A.C.
 Lot or Grave No. _____



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

NAMES OF PALLBEARERS _____

Record of Funeral

15-1930
M. Color *W*

No. _____ Date *July 19* 19*30*
 Name of the Deceased *Imlay Faith* Sex *F* Color *W*
 Charge to *Foster Imlay* Order given by _____

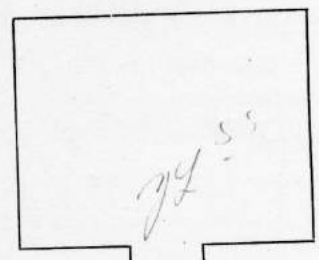
ITEMIZED CHARGES	
Price of Casket or Coffin <i>4 pieces</i>	
" Metallic Lining <i>complete</i>	65.00
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

How Secured _____
 Date of Funeral *July 19-1930*
 Place of Death _____
 Funeral Services at *#30 school house*
 Time of Funeral Services *10 a.m.*
 Clergyman *Rev. Will Bromby*
 Certifying Physician *Dr. Hader*
 His Residence *Troy Kans*
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death *July 17-1930*
 Occupation of the Deceased *child*
 Single, Married, Divorced _____ Religion _____
 Aged *5* Years, *4* Months, *28* Days
 Birth Place *Blair Kansas*
 Father *Foster Imlay*
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant *Foster Imlay*
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin *#150*
H-O White Lamb.
 Manufactured by *Ref.*
 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 <i>4 pieces</i>	
" Metallic Lining <i>complete</i>	65.00
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	65.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

By check 135.00



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: _____

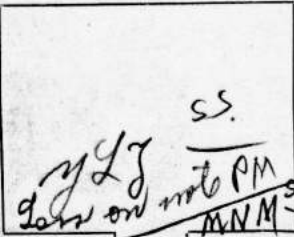
NAMES OF PALLBEARERS _____

July 17 30 Credits *By check* 25.00
 Nov 15 30 *By check* 40.00

Record of Funeral

No. _____ Date August 7 1930
 Name of the Deceased Walton Adeline Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Aug 7-1930
 Place of Death her home
 Funeral Services at Walton Home
 Time of Funeral Services 11 A.M.
 Clergyman Rev. Finch
 Certifying Physician Dr. Karr - Coronado
 His Residence Troy Mo.
 Number of Burial Certificate _____
 Cause of Death Drowning, Suicide
 Date of Death Aug 5-1930
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 31 Years, 8 Months, 21 Days
 Birth Place Troy Kansas
 Father Chas E Walton
 Birth Place LaPorte Ind.
 Maiden Name of Mother Caddie Harding
 Birth Place Mathersa Kansas
 Name of Husband _____
 Name of Wife _____
 Informant Mrs C E Walton
 Address Troy Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 207
Furn Fresh Tan Rubomex
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at MT Olive Cemetery
 Lot or Grave No. _____ Section No. _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin <u>Funeral</u>	
“ Metallic Lining <u>complete</u>	245.00
“ Outside Box	
“ Grave Vault	100.00
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

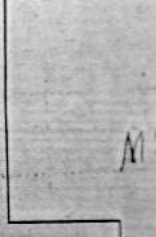
NAMES OF NEWSPAPERS

Flowers <u>Red</u>	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>Underwear</u>	1.50
Total Footing of Bill	346.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Aug 15-30 Credits W. by note 346.50

No. _____
 Name of the Deceased _____
 Charge to _____
 How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 73
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs

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



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

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

L 7 1930
Color *W*

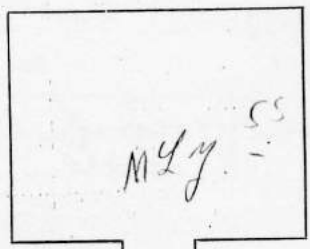
No. _____ Date *Aug 26* 19*30*
Name of the Deceased *White Mrs Bertha* Sex _____ Color _____
Charge to _____ Order given by _____

CHARGES	
<i>Funeral</i>	<i>245.00</i>
<i>Flower</i>	<i>1.00.00</i>
<i>Embalming</i>	
<i>Washing and Dressing</i>	
<i>Shaving</i>	
<i>Disinfecting Rooms</i>	
<i>Use of Catafalque and Drapery</i>	
<i>Use of Folding Chairs</i>	
<i>Use of Candelabrum</i>	
<i>Candles</i>	
<i>Gloves</i>	
<i>Crepe</i>	
<i>Telephone</i>	
<i>Telegraph</i>	
<i>Number of Carriages @ \$</i>	
<i>Hearse</i>	
<i>Wagon Deliveries</i>	
<i>Death Notices in Newspapers</i>	
<i>Flowers</i>	
<i>Outlay for Lot</i>	
<i>Opening Grave</i>	
<i>Lining Grave</i>	
<i>Shipping Charges, prepaid</i>	
<i>Removal Charges</i>	
<i>Cremation Charges</i>	
<i>Total Footing of Bill</i>	<i>200.00</i>
<i>By Amount Paid in Advance</i>	
<i>Balance</i>	
<i>Entered into Ledger, page _____ or below</i>	
<i>Total Debit</i>	<i>200.00</i>

How Secured _____
 Date of Funeral *Aug 27-1930*
 Place of Death *Moynihan*
 Funeral Services at *her home*
 Time of Funeral Services *2 P.M.*
 Clergyman *Rev. Finck*
 Certifying Physician *Dr. Haller*
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death *Aug 24-1930*
 Occupation of the Deceased *housewife*
 Single, Married, Divorced _____ Religion _____
 Aged *73* Years, *3* Months, *3* Days
 Birth Place *St Louis Mo.*
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant *Mrs Jessie Rose*
 Address *St Joseph Mo.*
 Body to be shipped to _____
 Size and Style of Casket or Coffin *# 206*
shel gr doe
 Manufactured by *Rx*
 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	<i>Funeral</i>
“ Metallic Lining	<i>complete</i> 200.00
“ 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	



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

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

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Aug 30 1930
 Name of the Deceased Throckmorton Lewis Sex M. Color W
 Charge to _____ Order given by _____

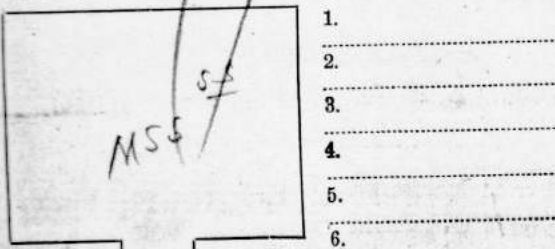
How Secured _____
 Date of Funeral Aug Sept. 1-1930
 Place of Death Elwood Ky
 Funeral Services at Elwood Baptist Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Carter
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Bronch. Pneumonia
 Date of Death Aug 30-1930
 Occupation of the Deceased ret. farmer
 Single, Married, Divorced _____ Religion _____
 Aged 84 Years, 8 Months, 12 Days
 Birth Place Jackson Co Ohio
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Wm Throckmorton
 Address Elwood Ohio
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 130
Steel gr. Crepe
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olive Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin <u>V. finished</u>	
" Metallic Lining <u>Complete</u>	1.35 00
" Outside Box	
" Grave Vault	
" Burial Robe	25 00
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
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	1.60 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit \$ _____
Sept 13 1930 By cash 100 00
note 60 00
160 00
note paid in full

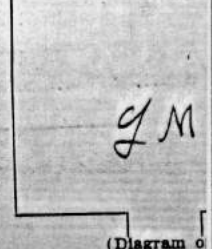
No. _____
 Name of the Deceased W
 Charge to _____
 How Secured _____
 Date of Funeral Sept
 Place of Death 4 1/2 s
 Funeral Services at the
 Time of Funeral Service _____
 Clergyman Rev.
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Ca
 Date of Death Aug
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 67 Years _____
 Birth Place Ch
 Father Joseph
 Birth Place Pa
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Je
 Informant Wm
 Address _____
 Body to be shipped to _____
 Size and Style of Casket _____
Van Doga
 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 _____



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

Remarks: _____

NAMES OF PAL _____

Record of Funeral

No. _____ Date Aug 31 1930
 Name of the Deceased Klaus Fred Williams Sex M. Color W
 Charge to _____ Order given by _____

30 1930
 Color W

CHARGES
 Funeral complete 135.00
 25.00
 Fluid)
 Newspapers
 Newspapers
 160.00
 or below
 \$
 100.00
 note 60.00
 160.00
 paid in full

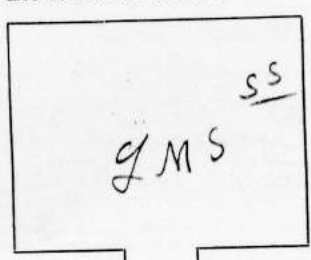
How Secured _____
 Date of Funeral Sept 2 - 1930
 Place of Death 4 1/2 mi S.E. of Bendersa
 Funeral Services at Lutheran Church, Bendersa
 Time of Funeral Services 7:30 P.M.
 Clergyman Rev. Peterson
 Certifying Physician Dr. Clutz
 His Residence Bendersa Kans.
 Number of Burial Certificate _____
 Cause of Death Cancer of Stomach
 Date of Death Aug 31 - 1930
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 67 Years 9 Months 28 Days
 Birth Place Germany Ill.
 Father Jacob Klaus
 Birth Place Germany
 Maiden Name of Mother Mary Widman
 Birth Place Germany
 Name of Husband _____
 Name of Wife Jessie Klaus
 Informant Mrs. Jessie Klaus
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin 817
Pan Am State Pan Am cat
 Manufactured by Rx
 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 <u>Funeral</u>	\$ 450.00
“ Metallic Lining <u>complete</u>	100.00
“ Outside Box	
“ Grave Vault	100.00
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	X
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	565.00
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

Sept 23 Credit By Check 565.00

Record of Funeral

No. _____ Date Sept 16 - 1930
 Name of the Deceased Scarborough Dona Mary Sex F. Color W
 Charge to Erno Scarborough Order given by _____

No. _____
 Name of the Deceased Fah
 Charge to _____

How Secured _____
 Date of Funeral Sept 16 - 1930
 Place of Death 707 Baptist Hosp.
 Funeral Services at Christian Church
 Time of Funeral Services 7 P.M.
 Clergyman Rev. J. J. Murphy
 Certifying Physician Dr. F. J. Ferguson
 His Residence St. Joseph's
 Number of Burial Certificate _____
 Cause of Death Peritonitis
 Date of Death Sept 14 - 1930
 Occupation of the Deceased child school
 Single, Married, Divorced _____ Religion _____
 Aged 10 Years, 8 Months, 17 Days
 Birth Place Proy Kansas
 Father Erno Scarborough
 Birth Place _____
 Maiden Name of Mother Mary Blanton
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. Erno Scarborough

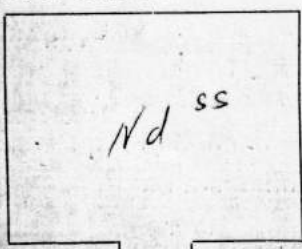
ITEMIZED CHARGES	
Price of Casket or Coffin <u>4 funeral</u>	
“ Metallic Lining <u>complete</u>	160.00
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	1.50

How Secured _____
 Date of Funeral Sept
 Place of Death 707
 Funeral Services at Mathe
 Time of Funeral Services _____
 Clergyman Rev. Fath
 Certifying Physician Dr.
 His Residence Pr
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Sept
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 37 Years
 Birth Place Mojetta
 Father Jan Fah
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs. Jan

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 707
Architect flush w. oak
 Manufactured by Pr
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. Hill Cemetery
 Lot or Grave No. _____ Section No. _____

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	161.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Address 910
 Body to be shipped to _____
 Size and Style of Casket or _____
 Manufactured by Pr
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. Hill
 Lot or Grave No. _____



(Diagram of Lot)

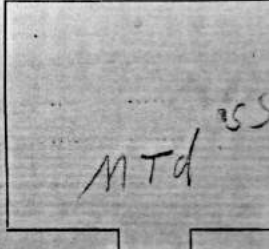
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Sept 23	Credits By check	420.00
1-1-31	Bal. F. page 1030	41.50
		161.50

Transferred to page 1030



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

6-1930
Color *W*

No. _____ Date Sept 17-1930 1930
 Name of the Deceased Fahay Thomas Joseph Sex M. Color W
 Charge to _____ Order given by _____

ITEMIZED CHARGES
 Funeral complete 160.00

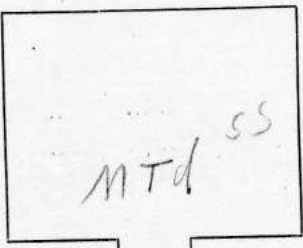
How Secured _____
 Date of Funeral Sept 17-1930
 Place of Death Proy Kans
 Funeral Services Stathena Catholic Church
 Time of Funeral Services 10 A.M.
 Clergyman Rev. Father Edward Hall
 Certifying Physician Dr. Miller
 His Residence Proy Kansas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Sept 15-1930
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 37 Years, 7 Months, 10 Days
 Birth Place Mozetta Kansas
 Father Joe Fahay
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mrs James Fahay
 Address Proy Kansas
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 807
 Manufactured by Ret
 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	\$ 265.00
“ Metallic Lining	complete
“ 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	

1.50

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	1.50
	1.00
Total Footing of Bill	
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	267.50

161.50



- 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.

check 920.00
 1030 41.50
 161.50

covered to
 1030

Remarks: _____

NAMES OF PALLBEARERS _____

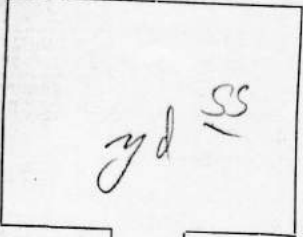
Oct. 17-30 credits by note 267.50

Record of Funeral

No. _____ Date Sept 20 1930
 Name of the Deceased Shaw John Sex M. Color negro
 Charge to Don Co. Order given by _____

How Secured _____
 Date of Funeral Sept 20-1930
 Place of Death Troy Kansas
 Funeral Services at W.M.E. Church
 Time of Funeral Services 7 P.M.
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death apoplexy
 Date of Death _____
 Occupation of the Deceased partier
 Single, Married, Divorced _____ Religion _____
 Aged 78 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Alie Burkner

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin #5-1
Belk Casket Co.
 Manufactured by Rx
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at W.M. Church 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.

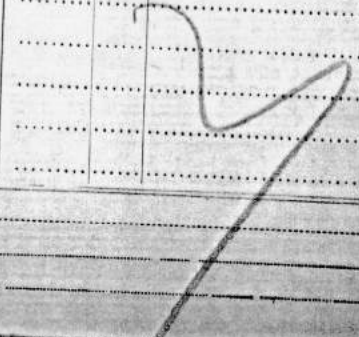
Remarks: _____

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)	
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	

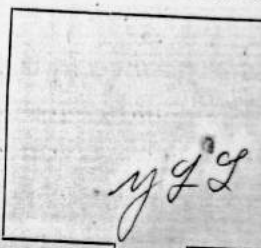
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	50.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Oct. 10 - 1930 By Ch. Dominicus Co. 50.00



No. _____
 Name of the Deceased _____
 Charge to _____
 How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 70 Years _____
 Birth Place Troy
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Edw

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



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

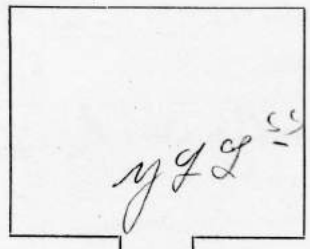
Record of Funeral

70 1930
50.00

No. _____ Date Sept 24 - 1930
Name of the Deceased Brown Sarah Anna Sex F Color W
Charge to _____ Order given by _____

How Secured _____
Date of Funeral Sept 24 - 1930
Place of Death Roger Baptist Hosp.
Funeral Services at Brown Home
Time of Funeral Services 2:30 P.M.
Clergyman Dommond
Certifying Physician Dr Paul Forgrave
His Residence St Joseph Mo.
Number of Burial Certificate _____
Cause of Death Gen. Peritonitis
Date of Death Sept 22 - 1930
Occupation of the Deceased housewife
Single, Married, Divorced _____ Religion _____
Aged 70 Years, 7 Months, 4 Days
Birth Place Troy Kansas
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband Gene Brown
Name of Wife _____
Informant Edwin Brown

Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin #202 Steel
gray Broadcloth Ronderd
Manufactured by RT
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at RT 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	<u>lined</u>
“ Metallic Lining	<u>lined</u> 350.00
“ 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	\$ _____

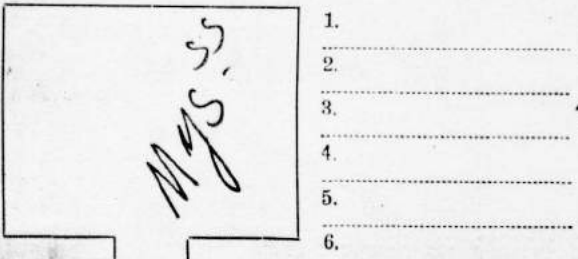
Sept 26 Credits By ck. 8350.00

Record of Funeral

No. _____ Date Sept 25-1930
 Name of the Deceased Bacon Malissa Ann Sex F Color W
 Charge to Paid Order given by _____

How Secured _____
 Date of Funeral Sept 26-1930
 Place of Death County Home
 Funeral Services Home of Mrs Harry Stutes
 Time of Funeral Services 2:30 P.M. Highland
 Clergyman Rev. Barron
 Certifying Physician Dr. Waller
 His Residence 907 Kasst
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Sept. 24-1930
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 74 Years, 9 Months, 7 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____

Informant Mrs Harry Stutes
 Address Highland 145
 Body to be shipped to _____
 Size and Style of Casket or Coffin #233
large bed casket, flush
 Manufactured by _____
 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 flush
 " Metallic Lining complete 1.75⁰⁰
 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

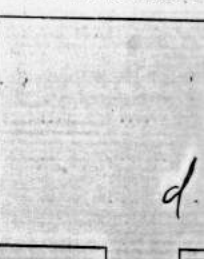
Flowers _____
 Outlay for Lot _____
 Opening Grave _____
 Lining Grave _____
 Shipping Charges, prepaid _____
 Removal Charges _____
 Cremation Charges _____
 Total Footing of Bill _____ \$1.75⁰⁰
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below _____

Total Debit _____ \$
Sept 25 Credits By cash 1.75⁰⁰

No. _____
 Name of the Deceased _____
 Charge to Bogart

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Ser _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Ce _____
 Cause of Death _____
 Date of Death _____
 Occupation of the D _____
 Single, Married, Div _____
 Aged 37
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mo _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____

Informant Louis
 Address _____
 Body to be shipped to _____
 Size and Style of Cas _____
gray crepe
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt
 Lot or Grave No. _____



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

Remarks: _____

NAMES OF PALLB _____

Record of Funeral

25-A30
19
W

No. _____ Date Sept 28 1930
Name of the Deceased Singleton Rosie Sex F Color Negro
Charge to Bogard Snoddy Order given by _____

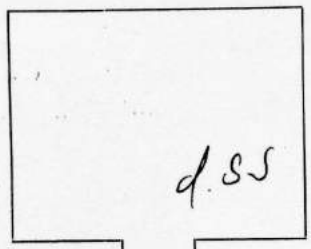
Embalmer
Complete 175⁰⁰

How Secured _____
Date of Funeral Sept 28-1930
Place of Death Chicago Ill.
Funeral Services at La
Time of Funeral Services 2 30 P.M.

Clergyman _____
Certifying Physician _____
His Residence _____
Number of Burial Certificate _____
Cause of Death _____
Date of Death _____
Occupation of the Deceased _____
Single, Married, Divorced _____ Religion _____
Aged 37 Years, _____ Months, _____ Days
Birth Place _____
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife _____

Informant Louis Snoddy
Address 7107
Body to be shipped to _____
Size and Style of Casket or Coffin grey crepe
Manufactured by _____

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



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	-\$
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <u>4 services</u>	<u>20⁰⁰</u>
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS

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

Total Footing of Bill 20⁰⁰
By Amount Paid in Advance _____
Balance _____
Entered into Ledger, page _____ or below

Total Debit \$ _____
Sept 29-30 By Cash 20⁰⁰

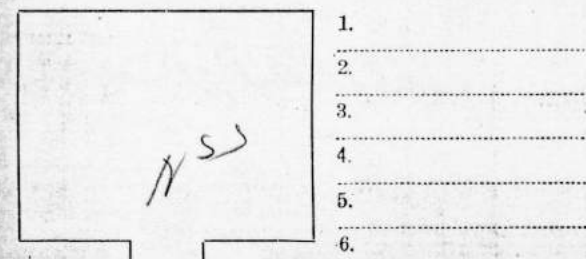
175⁰⁰

By Cash 175⁰⁰

Record of Funeral

No. _____ Date Oct. 17, 1930 19
 Name of the Deceased Howell Leon Sex M. Color W
 Charge to Paid Order given by _____

How Secured _____
 Date of Funeral Oct. 17-1930
 Place of Death Troy Kern
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician W. Cordover
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years _____ Months 8 Days
 Birth Place Troy Kern
 Father Mark Howell
 Birth Place Chapin Valley, Miss.
 Maiden Name of Mother Mrs. Rose Crawford
 Birth Place Rags, Kansas
 Name of Husband _____
 Name of Wife _____
 Informant Mark Howell
 Address Troy Kern
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 0
 Manufactured by Pat
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Muscatah, Ka. Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

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

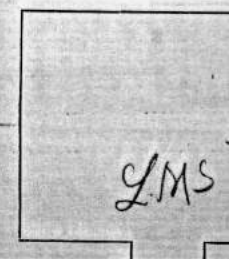
NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	\$ 15.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total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

Oct. 17, 1930 Credits 15.00



No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman Rev
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Ca
 Date of Death Oct
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 27 Years _____ Months _____ Days
 Birth Place Ma
 Father Troy
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Pat
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Troy Kern
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Ma Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

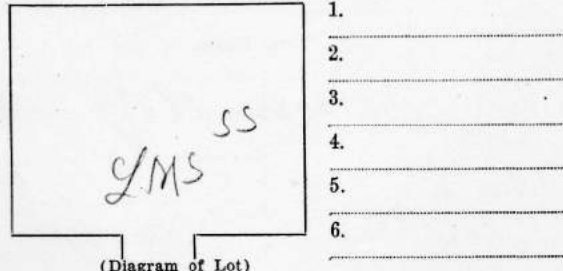
No. _____ Date Oct. 29-1930 19
 Name of the Deceased Fletcher Thelma Sex F Color W
 Charge to _____ Order given by _____

15.00
 CHARGES
 Fluid)
 Newspapers
 at below
15.00
15.00

How Secured _____
 Date of Funeral Oct 29-1930
 Place of Death Waters Hosp. St. Joseph
 Funeral Services at Bendena Church
 Time of Funeral Services 10 P.M.
 Clergyman Rev Peterson
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Auto accident
 Date of Death Oct. 26-1930
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 27 Years, 2 Months, 11 Days
 Birth Place Hallare Mo
 Father Rory Schroder
 Birth Place _____
 Maiden Name of Mother Nanar Bugh
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Ralph Schroder
 Address Bendena Kans
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 817 Paul
Waga Paul Baronet Interior
 Manufactured by R+
 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 <u>Funeral</u>	\$ _____
“ Metallic Lining <u>complete</u>	\$ <u>4.50</u>
“ Outside Box	_____
“ Grave Vault	\$ <u>1.00</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	_____
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>press undercar</u>	_____
<u>hose + cc</u>	\$ <u>34</u>
Total Footing of Bill	\$ <u>584</u>
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

Nov 20 1930 Credits By check \$ 584

Record of Funeral

No. _____ Date Nov 7-1930 19____
 Name of the Deceased Javier Stevin Sex M. Color W
 Charge to _____ Order given by _____

No. _____
 Name of the Deceased _____
 Charge to _____

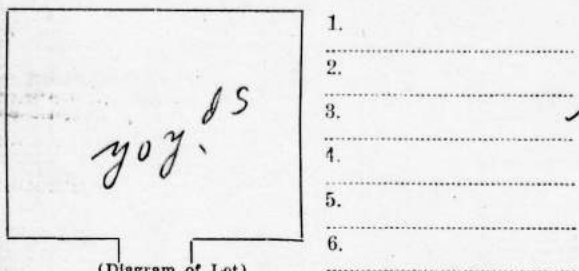
How Secured _____
 Date of Funeral Nov. 7-1930
 Place of Death his home
 Funeral Services at Fanning
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Brown
 Certifying Physician Dr. Cordone
 His Residence Troy
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Nov. 5-1930
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 70 Years, 5 Months, 26 Days
 Birth Place Fanning, Mass
 Father Thos. Davis
 Birth Place England
 Maiden Name of Mother Jane Crawford
 Birth Place Ind
 Name of Husband _____
 Name of Wife Elizabeth Davis
 Informant Mrs. Steve Davis
 Address Troy, Mo.
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 806
Emb. Burma
 Manufactured by Rt
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Fanning Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin <u>Funeral</u>	\$ <u>285.00</u>
" Metallic Lining <u>complete</u>	
" Outside Box	
" Grave Vault	
" Burial Robe <u>suit</u>	<u>40.00</u>
" 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	<u>X 5.00</u>
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>short tal Nov wear</u>	<u>4.00</u>
Total Footing of Bill	<u>334.00</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

How Secured _____
 Date of Funeral Ship
 Place of Death Home
 Funeral Services at _____
 Time of Funeral Service _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death C
 Date of Death Nov 5
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 81 Years
 Birth Place Grig
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Alber

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

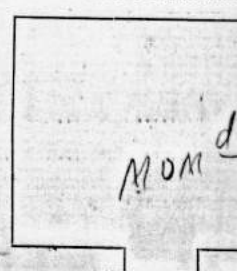


(Diagram of Lot)
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Nov. 12-30 Credits Pl. By note 334.00



(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: _____

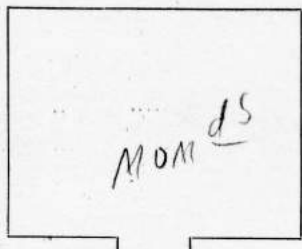
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Nov. 13 1930
 Name of the Deceased Rosevear John Wesley Sex M Color Black
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Shipment Nov. 14-1930
 Place of Death Home of Albert Rosevear
 Funeral Services at Griggsville Ill
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician Dr Cardomer
 His Residence Troy Kan
 Number of Burial Certificate _____
 Cause of Death Cystitis
 Date of Death Nov. 13-1930
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 81 Years, 7 Months, 22 Days
 Birth Place Griggsville Ill.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Albert Rosevear

Address Troy Mo
 Body to be shipped to _____
 Size and Style of Casket or Coffin 233
Large panel octagon
 Manufactured by K4
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Griggsville Ill Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin <u>funeral casket</u>	\$ 1.75.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe <u>suit</u>	25.00
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
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	200.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Nov. 14-30 credits By ch 100.00
“ 14-30 By note 100.00
200.00

see note
paid in full

285.00
40.00
5.00
4.00
334.00
334.00

Record of Funeral

No. _____ Date Nov. 19 1930
 Name of the Deceased Cooley Jacob M. Sex M. Color W.
 Charge to _____ Order given by _____

No. _____
 Name of the Deceased _____
 Charge to _____

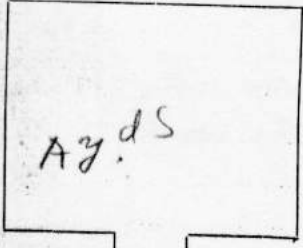
How Secured _____
 Date of Funeral Nov. 19-1930
 Place of Death North of Blair
 Funeral Services at Karr Funeral Home
 Time of Funeral Services 1:30 PM
 Clergyman Rev. Fenrich
 Certifying Physician E. F. Karr Coroner
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Pulmonary Hemorrhage
 Date of Death Nov. 15-1930
 Occupation of the Deceased laborer
 Single, Married, Divorced _____ Religion _____
 Aged 62 Years, 1 Months, 17 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

ITEMIZED CHARGES	
Price of Casket or Coffin <u>Comp.</u>	\$ <u>135.00</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	_____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Service _____
 Clergyman Rev.
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 68 Years
 Birth Place Land
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Ma

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	\$ _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket #130 steel dr crepe
 Manufactured by Ma
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Ma Cemetery
 Lot or Grave No. _____

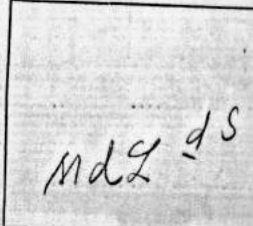


(Diagram of Lot)

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 Brother C. H. Cooley
Macon Ga

NAMES OF PALLBEARERS _____



(Diagram of Lot)

Designate all Graves in Lot mark space for this Funeral. Designate place for Monument. Use space to the right of D in Lot.

Remarks _____

NAMES OF PALLBEARERS _____

Record of Funeral

130

No. _____ Date Dec. 8-1930 19
 Name of the Deceased J. Clayton Jubal Jefferson Sex M. Color W
 Charge to _____ Order given by _____

135-00

How Secured _____
 Date of Funeral Dec 8-1930
 Place of Death his home
 Funeral Services at Karr Funeral Home
 Time of Funeral Services 3:30 P.M.
 Clergyman Rev. Myers
 Certifying Physician Dr. Waller
 His Residence Troy, Kans.
 Number of Burial Certificate _____
 Cause of Death Coronary Artery
 Date of Death Dec. 6-1930
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 68 Years 4 Months 4 Days
 Birth Place Lanthis Grove Mo
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Monie Clayton
 Address Troy, Kans.
 Body to be shipped to _____
 Size and Style of Casket or Coffin 206
steel dot half crown
 Manufactured by ret
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olive, Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

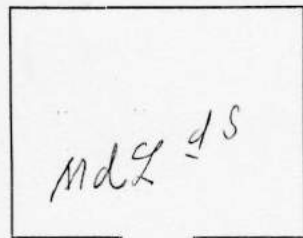
Price of Casket or Coffin	<u>finished</u>	\$	
" Metallic Lining	<u>complete</u>	\$	2.00 ⁰⁰
" Outside Box			
Grave Vault			
" Burial Robe			27.50
" Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with _____ Fluid)			
Washing and Dressing			
Shaving			
Disinfecting Rooms			
Use of Catafalque and Drapery			
Use of Folding Chairs			
Use of Candelabrum			
Candles			
Gloves			
Crepe			
Telephone			
Telegraph			
Number of Carriages @ \$ _____			
Hearse			
Wagon Deliveries			
Death Notices in _____ Newspapers			

135.00

NAMES OF NEWSPAPERS

Flowers		\$	2.50 ⁰⁰
Outlay for Lot			
Opening Grave			
Lining Grave			
Shipping Charges, prepaid			
Removal Charges			
Cremation Charges			

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



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: _____

Dec 8 30. Cred Cash for flowers 25.00
 Dec 27 30. By Ch. J. P. Rhiney 122.50
 1-1-31 1031 100.00
 247.50

Transferred to page 1031

NAMES OF PALBEARERS

New York City Dec. 17, 1930.

Mr. E. F. Karr
Troy, Kansas

Dear Mr. Karr:-

Forrest got back on Monday and gave me your bill and I want to thank you for the wonderful funeral you gave us at this figure.

Forrest told us that it was the best job of Embalming he ever saw, adding "you know J.P., Karr cant be beat when it comes to Embalming".

Not only that, but he informed us that there wasnt a thing left undone and that of course is a source of gratification to us.

Therefore Mr. Karr, we want to thank you from the bottom of our hearts for all this and I trust I will have the pleasure of seeing you personally this summer to thank you again.

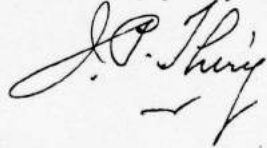
Now for the important part. I got caught in that U.S. Bank failure. I had the money on deposit to take care not only of your bill, but all of the others, but the closing of the bank defeated that intention. One of my checks now held by the First Natl. of Troy just missed getting here on time and I also have to reimburse them. There were plenty of others too, but I am making arrangements, so that I can cover all outstanding checks and bills.

Due to the fact that I have to sell some securities to cover, there is naturally a certain process to go thru before I can check against this, however I will send you a check either the latter part of next week or early the next.

I trust that you will understand my embarrassment not remitting to you at once, especially after your very kind consideration of us, but it was entirely beyond my control, had the Bank not failed, you would have had your check the moment I knew the amount of same.

With B's regards and thanks also, both to you and your wife, as well as mine, I am

Very truly yours,

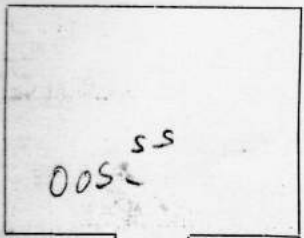


J. P. Thiry/A.B.

Record of Funeral

No. _____ Date Dec 16-1930
 Name of the Deceased Crowley Daniel Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec. 16-1930
 Place of Death Sisters Hosp. Wash.
 Funeral Services at St Charles Church
 Time of Funeral Services 10 A.M.
 Clergyman Father Egan Hall
 Certifying Physician Dr. Fay
 His Residence St Joseph No.
 Number of Burial Certificate _____
 Cause of Death Carcinoma of Stomach
 Date of Death Dec 14-1930
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 70 Years, 11 Months, 13 Days
 Birth Place From Kansas
 Father Timothy Crowley
 Birth Place Ireland
 Maiden Name of Mother Mary Morris
 Birth Place Ireland
 Name of Husband _____
 Name of Wife _____
 Informant Jerry Crowley
and Clara
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 744
Damascus silver
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St Olive Cemetery
 Lot or Grave No. _____ Section No. _____



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

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES		
Price of Casket or Coffin	<u>lined</u>	\$
Metallic Lining	<u>complete</u>	4.75.00
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		\$

Jan 10-1931 paid by check 475.00

No. _____
 Name of the Deceased _____
 Charge to MC
 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 3 _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Law
 Address _____
 Body to be shipped _____
 Size and Style of _____
pink
 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 7-28200

Record of Funeral

6-1930-19
Color W

No. _____ Date Dec 27-1930
 Name of the Deceased Gutzman, Dr. Paul Sex M. Color W
 Charge to Mrs Paul Gutzman Order given by _____

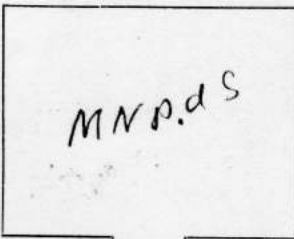
ARGES
 Fluid) 475.00

How Secured _____
 Date of Funeral Dec 27-1930
 Place of Death Nathanael Kans
 Funeral Services at Nathanael Baptist Ch.
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Carter
 Certifying Physician Dr. Swails
 His Residence Nathanael Kans
 Number of Burial Certificate _____
 Cause of Death Diphtheria
 Date of Death Dec 24-1930
 Occupation of the Deceased farmer
 Single, Married, Divorced _____ Religion _____
 Aged 35 Years, 10 Months, 9 Days
 Birth Place Nathanael Kans
 Father Wm Gutzman
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Laura Gutzman
 Address Nathanael Kans
 Body to be shipped to _____
 Size and Style of Casket or Coffin 207 Paul
shank 1/2 Ch. Tan interior
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Belmont Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$245.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	
<u>metal box cover</u>	7.50

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	252.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	
Total Debit	

but 475.00



(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: _____

NAMES OF PALLBEARERS _____

1-1-31 90 Page 1032 252.50

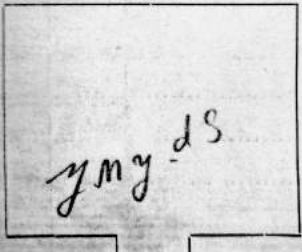
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 to page 1032

Record of Funeral

No. _____ Date Dec. 30 1930
 Name of the Deceased Etherton William S. Sex M. Color W.
 Charge to Isaac Etherton Order given by _____

How Secured _____
 Date of Funeral Dec 31-1930
 Place of Death Troy Kansas
 Funeral Services at M.C. Church
 Time of Funeral Services 7 P.M.
 Clergyman Rev. Finich
 Certifying Physician Dr. Coedover
 His Residence Troy Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Dec 29-1930
 Occupation of the Deceased farmer (retired)
 Single, Married, Divorced _____ Religion _____
 Aged 73 Years 5 Months 18 Days
 Birth Place Cook County Tenn.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Polly Etherton
 Informant Isaac Etherton
 Address Troy Kans
 Body to be shipped to _____
 Size and Style of Casket or Coffin # 807
staple plush half couch
 Manufactured by FX
 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 <u>Funeral</u>	
“ Metallic Lining <u>complete</u>	2.65 00
“ Outside Box	
“ Grave Vault	
“ Burial Robe <u>suit</u>	37 50
“ 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	1 75
NAMES OF NEWSPAPERS	
Flowers	5 00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	304 26
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____



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

Remarks: _____

Jan 1-31 Credit By ch 150.00
 Jan 1-31 W. B. act 21.25
 1-1-31 To page 1033 123.00
304.25

Transfer of
to page 1033

NAMES OF PALLBEARERS _____

QUILL M 7-28200