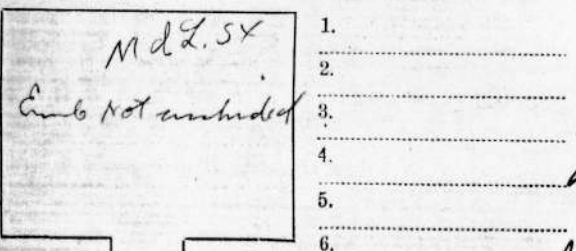


# Record of Funeral

No. \_\_\_\_\_ Date Dec 30 - 1926 19\_\_\_\_  
 Name of the Deceased Simpson Mueria Jane Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 1 - 1927  
 Place of Death 1923 Main St. St. Joseph Mo  
 Funeral Services at Spahr Kansas  
 Time of Funeral Services 1.30  
 Clergyman Rev. Clark  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death acute cardiac dilatation  
 Date of Death Dec 27 - 1926  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 66 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Henry Simpson  
 Name of Wife \_\_\_\_\_  
 Informant Mrs. Surtzel

Address St. Joseph Mo.  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #804 chestnut  
Plush  
 Manufactured by J. Imperial  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Gola 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	\$ 1.85.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe <u>dress</u>	77.50
Burial Slippers and Hose <u>hoie</u>	1.00
Engraving Plate	
Embalming Body <u>Patheator Payable</u>	75.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse <u>No. St. Joseph Mo. 1</u>	25.00
Wagon Deliveries <u>general</u>	
Death Notices in _____ Newspapers	
<u>undermean</u>	1.00

## NAMES OF NEWSPAPERS

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

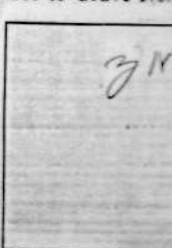
Total Footing of Bill	259.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

1927		
Jan. 17	Check by Mrs. Dentzel	14.00
July 23	Cash	50.00
July 17	"	57.01
Sept 29	By check	25.75
Jan 5 - 1928	By check	19.67
" 13 - 1928	By ch	93.67
		<u>259.50</u>

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

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 27 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 \_\_\_\_\_  
basket  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

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

# Record of Funeral

926 19  
Color W

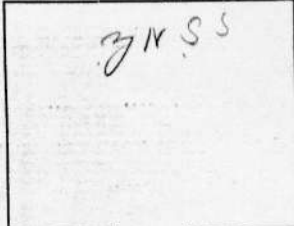
No. \_\_\_\_\_ Date Dec 30 1926  
Name of the Deceased Simpson Marvin Edwin Sex M. Color W  
Charge to J.E. Simpson Order given by \_\_\_\_\_

CHARGES	
	\$ 185.00
	77.50
hair	1.00
Regale (and)	75.00
	25.00
newspapers	1.00
	25.95
	or below

How Secured \_\_\_\_\_  
 Date of Funeral Jan 1-1927  
 Place of Death South of Bremer  
 Funeral Services at Simpson Home  
 Time of Funeral Services 12:45  
 Clergyman Rev Campbell  
 Certifying Physician Dr. Haller  
 His Residence Proy Kasr  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Bronchitis Pneumonia  
 Date of Death Dec 27-1926  
 Occupation of the Deceased Child  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 27 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place Bremey Kasr  
 Father James E Simpson  
 Birth Place Attour Kansas  
 Maiden Name of Mother Julian Runcie  
 Birth Place Nebraska  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant J.E. Simpson  
 Address Bremey Kasr  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Plush  
Basket Couch  
 Manufactured by Plant Casket Co  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at White Cloud Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 38.50
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	
<u>Per services &amp; trip to White Cloud</u>	<u>15.00</u>
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	<u>53.50</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____
1927	
Feb 7	Credits <u>By check</u> <u>53.50</u>



(Diagram of Lot)

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

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

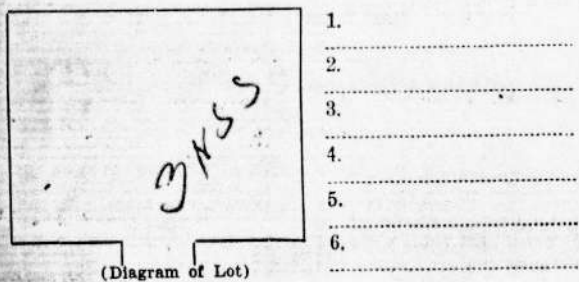
NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Jan 3-1927 19\_\_\_\_  
 Name of the Deceased Mr. Melvin Edgar Simpson Sex M. Color W  
 Charge to J. E. Simpson Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 3-1927  
 Place of Death Brenner Kans  
 Funeral Services at Home  
 Time of Funeral Services 12:45 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician Dr. Waller  
 His Residence Proy Kans  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Neumonia  
 Date of Death Jan 2-1927  
 Occupation of the Deceased Child  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Jar E Simpson  
 Address Brenner Kans  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Upright Chest  
Basket Couch  
 Manufactured by Palmer  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at White Cloud Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 38.50
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	15.00
NAMES OF NEWSPAPERS <u>Chad</u>	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	53.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____
1927	
Pub. 2	Credits by check 53.50

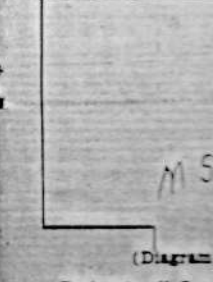


(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

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

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

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 69  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Geo  
 Address \_\_\_\_\_  
 Body to be shipped \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



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

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

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

QUILL 7-28200

# Record of Funeral

3-1927  
19  
Color *W*

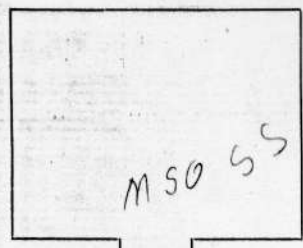
No. \_\_\_\_\_ Date *Jan 17* 19 *27*  
Name of the Deceased *Bate Casander Gehrig* Sex *F.* Color *W*  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

### ITEMIZED CHARGES

Funeral Home	\$ 38.50
Flowers and Hose	
Embalming Fluid	
Funeral Drapery	
Flowers	
Prepaid	
Advance	53.50
Page or below	
by check	53.50

How Secured \_\_\_\_\_  
 Date of Funeral *Jan 17-1927*  
 Place of Death *Eagle Springs*  
 Funeral Services at *Sparks Christ. Ch.*  
 Time of Funeral Services *2 1/2*  
 Clergyman *Rev. Drumbley*  
 Certifying Physician *Dr. M. Garbay*  
 His Residence *White Cloud*  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death *Jan 11-1927*  
 Occupation of the Deceased *Housewife*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged *69* Years, *9* Months, *9* Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant *Howard Ball*  
 Address *Sparks Kans*  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *#999 or top*  
*Spirit Pleugh*  
 Manufactured by *Midland Valley*  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at *Sola* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 125.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	20.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	15.00
Wagon Deliveries	
Death Notices in Newspapers	
Grave decorations	5.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	165.00
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: \_\_\_\_\_

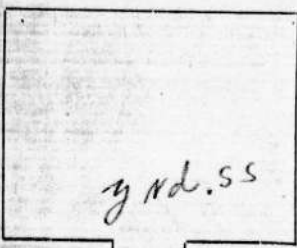
NAMES OF PALLBEARERS \_\_\_\_\_

<i>Jan 1-1927</i> Credits <i>B. G. Cash</i>	80.00
<i>" " " " " "</i> <i>A. C. P.</i>	20.00
<i>Feb. 10-27</i> Cash <i>Mrs. Larrin</i>	25.00
<i>June 18-27</i> " " " "	25.00
<i>Aug 6-27</i> " " " "	15.00
	165.00

# Record of Funeral

No. \_\_\_\_\_ Date Jan 15 - 1927 19\_\_\_\_  
 Name of the Deceased Randall Della Sex F Color W  
 Charge to Claud Randall Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 16 - 1927  
 Place of Death Sparks Kansas  
 Funeral Services at St. Charles Church  
 Time of Funeral Services 2:30 P.M.  
 Clergyman Armstrong  
 Certifying Physician Dr. Haller  
 His Residence Dog House  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan 14 - 1927  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 33 Years, 3 Months, 24 Days  
 Birth Place Lower Point Kan  
 Father Arthur Painter  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother Susan Barnes  
 Birth Place \_\_\_\_\_  
 Name of Husband Claud Randall  
 Name of Wife \_\_\_\_\_  
 Informant Claud Randall  
 Address Sparks Kansas  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #214 Rose  
Just below  
 Manufactured by Ry-ant  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Sola 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 \_\_\_\_\_

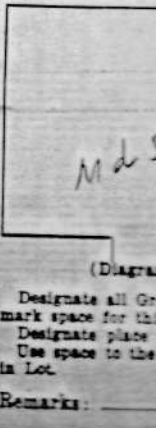
ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 250.00
Metallie Lining	
Outside Box	
Grave Vault	115.00
Burial Robe <u>dress</u>	25.00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	20.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	15.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	10.00
Outlay for Lot	
Opening Grave	
Lining Grave <u>4 year</u>	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill 440.00  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Total Debit \_\_\_\_\_  
1927  
Feb 11 Credits By Ch. 440.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 53  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
1/2 Case  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



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

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

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

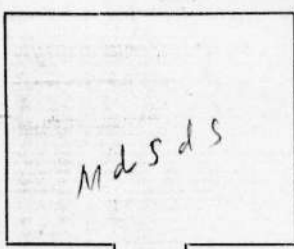
QUILL 7-28200

# Record of Funeral

No. \_\_\_\_\_ Date June 25 1927  
 Name of the Deceased Best Henrietta Sex F. Color W  
 Charge to Chas Warner Order given by \_\_\_\_\_

\$ 250.00  
 115.00  
 25.00  
 20.00  
 15.00  
 10.00  
 5.00  
 440.00  
 440.00

How Secured \_\_\_\_\_  
 Date of Funeral June 25-1927  
 Place of Death State Hospital St Joseph MO  
 Funeral Services at Raw Commercial Home  
 Time of Funeral Services 2 7/8  
 Clergyman Rev. Campbell  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan 24-1927  
 Occupation of the Deceased housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 53 Years, 5 Months, 25 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Tom Best  
 Name of Wife \_\_\_\_\_  
 Informant Chas Warner  
 Address Droy Kans  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #215 flush 1/2 Couch  
 Manufactured by Rey-Cut  
 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	\$ 185.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	20.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <u>for 1st &amp; funeral</u>	15.00
Wagon Deliveries	
Death Notices in Newspapers	17.50

### NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>heavy boards</u>	2.50
Total Footing of Bill	229.25
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

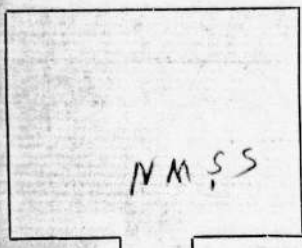
Nov 12 27 Credits note 229.75

Transferred to note also page 1007

# Record of Funeral

No. \_\_\_\_\_ Date Jan 29-1927 19\_\_\_\_  
 Name of the Deceased Mahusa Throckmorton Sex F Color W  
 Charge to M.R. Throckmorton Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 29-1927  
 Place of Death Elwood Kans  
 Funeral Services at Baptist Church Elwood  
 Time of Funeral Services 2 P  
 Clergyman \_\_\_\_\_  
 Certifying Physician Dr. Matthews  
 His Residence Wathena Kans  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Lobar Pneumonia  
 Date of Death Jan 26-1927  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 75 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place Jackson Co. Ohio  
 Father Madison Crabtree  
 Birth Place Ohio  
 Maiden Name of Mother Nancy Keller  
 Birth Place Ohio  
 Name of Husband Lewis Throckmorton  
 Name of Wife \_\_\_\_\_  
 Informant M.R. Throckmorton  
 Address Prog Kans  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #130 steel  
grey Crepe  
 Manufactured by Pax-ant  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

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

ITEMIZED CHARGES		
Price of Casket or Coffin		\$ 85.00
“ Metallic Lining		
“ Outside Box		
“ Grave Vault		
“ Burial Robe		12.50
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		20.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$ _____		15.00
Hearse		
Wagon Deliveries		
Death Notices in _____ Newspapers		

NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		137.50
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

Total Debit		\$ 1927
Credits	<u>By Cash</u>	137.50
		50

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of \_\_\_\_\_  
 Single, Married, 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 \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave \_\_\_\_\_

(Designate all graves in lot with numbers (1, 2, 3, 4, etc.), and mark space for this funeral with a cross (+).  
 Designate place for monument with a small square (□).  
 Use space to the right of diagram for the names of those buried in lot.

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

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

QUILL 7-28200

# Record of Funeral

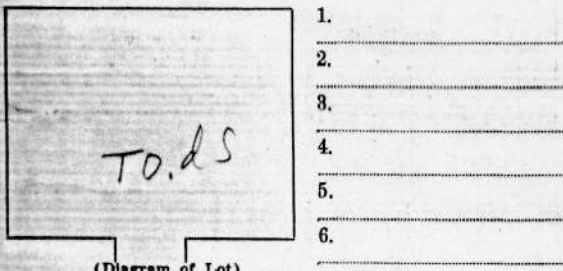
No. \_\_\_\_\_ Date Feb. 5 1927  
 Name of the Deceased James Blanton Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Feb. 6-1927  
 Place of Death Proy Kansas  
 Funeral Services at Fanning & D. Schuch  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Dumbly  
 Certifying Physician Dr. Cordamer  
 His Residence Proy Kan  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Dilatation of heart  
 Date of Death Feb. 4-1927  
 Occupation of the Deceased Laborer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 50 Years, 11 Months, 9 Days  
 Birth Place Fanning Kansas  
 Father Lewis Blanton  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother Burden Helton  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife Abise Blanton  
 Informant John Thomas  
 Address Proy Kansas  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 130 steel  
gray crepe  
 Manufactured by Reut  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Fanning Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin		\$ 85.00
" Metallic Lining		
" Outside Box		
" Grave Vault		
" Burial Robe <u>suit</u>		35.00
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		20.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$ _____		
Hearse		15.00
Wagon Deliveries		
Death Notices in _____ Newspapers		

NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
<u>heavy board</u>		2.50
Total Footing of Bill		157.50
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

Total Debit		\$ 157.50
1927		
Feb. 25	Credit	By ch 157.50



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

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

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

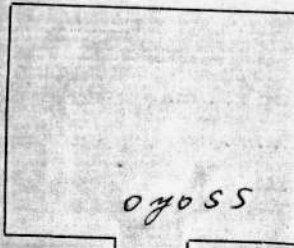
85.00  
 12.50  
 20.00  
 15.00  
 137.50  
 137.50



# Record of Funeral

No. \_\_\_\_\_ Date Feb 8 1927 No. \_\_\_\_\_  
 Name of the Deceased Roger Ella May Sex F. Color W Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_ Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Feb 8-1927  
 Place of Death Proy Kansas  
 Funeral Services at Proy Home  
 Time of Funeral Services 2:30 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician Dr. Haller  
 His Residence Proy Kansas  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Feb. 5-1927  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 73 Years, 3 Months, 6 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Leonard D. Noyes  
 Name of Wife \_\_\_\_\_  
 Informant R. P. Noyes  
R.C. No.  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #110 Metallic  
Sealer  
 Manufactured by Massouri Casket Co.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at W. Hill 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: \_\_\_\_\_

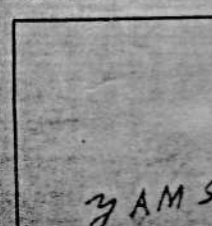
NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 475.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	20.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	100.00
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS	
Flowers	12.00
Outlay for Lot	
Opening Grave	
Lining Grave <u>gran decoration</u>	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	2.50
<u>heavy boards</u>	
Total Footing of Bill	
By Amount Paid in Advance	474.50
Balance	
Entered into Ledger, page _____ or below	

Total Debit \_\_\_\_\_  
 1927  
Feb. 12 Credit By Check 474.50

How Secured \_\_\_\_\_  
 Date of Funeral Feb 8  
 Place of Death Proy  
 Funeral Services at Proy Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Campbell  
 Certifying Physician Dr. Haller  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Feb 5  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 65 Years  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Charles  
 Name of Wife \_\_\_\_\_  
 Informant C. Jones  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Willow  
 Manufactured by R.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at W. Hill Cemetery  
 Lot or Grave No. \_\_\_\_\_



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

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

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

QUILL M 7-28200

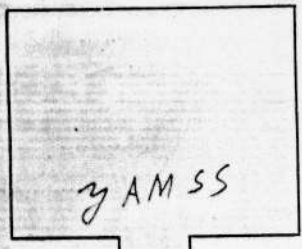
# Record of Funeral

Color W 1927

No. \_\_\_\_\_ Date Feb 8 1927  
 Name of the Deceased Jehusson Emund Pahl Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

ED CHARGES  
 \$ 475.00  
 and Hose  
 Fluid) 20.00  
 Drapery  
 @ \$ 10.00  
 Newspapers  
 WSPAPERS  
 derivation 5.00  
 paid  
2.50  
 vance  
474.50  
 or below  
 \$  
check 474.50

How Secured \_\_\_\_\_  
 Date of Funeral Feb. 8-1927  
 Place of Death Moy Karsan  
 Funeral Services at M.C. Church Moy  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Pr. Campbell  
 Certifying Physician Dr. Cardoner  
 His Residence Moy Karsan  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Feb. 6-1927  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 65 Years, 11 Months, 18 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Christa Jehusson  
 Name of Wife \_\_\_\_\_  
 Informant C Jehusson  
 Address Moy Karsan  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 214 Jacquard Yellow 1/2 Couch White interior  
 Manufactured by Ry-art  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Clavel 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	\$ 250.00
" Metallic Lining	
" Outside Box	
" Grave Vault	1.15.00
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	20.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in _____ Newspapers	1.75

NAMES OF NEWSPAPERS	
Flowers	12.00
Outlay for Lot	
Opening Grave	
Lining Grave <u>+ grand Association</u>	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	413.75
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

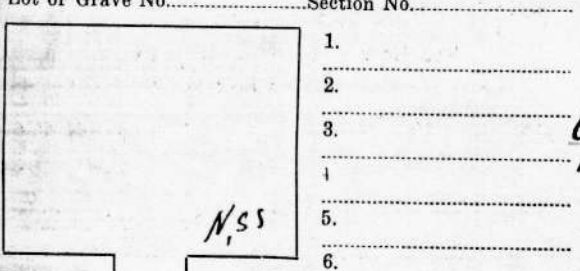
1927			
Feb. 17	Credits	by check	213.75
6-6-27	"	"	1.00.00
10-24-27	"	"	50.00
12-9-27	"	"	50.00
			413.75

# Record of Funeral

No. \_\_\_\_\_ Date Feb. 10-1927 19  
 Name of the Deceased Infant of Gilbert Rhue Sex M. Color W  
 Charge to Gilbert Rhue Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Feb. 10-1927  
 Place of Death Proy Kansas  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Feb. 10-1927  
 Occupation of the Deceased Infant  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged Stelborn Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place Proy Kansas  
 Father Gilbert Rhue  
 Birth Place Proy Kansas  
 Maiden Name of Mother Anna Chuffe  
 Birth Place Proy Kansas  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Gilbert Rhue

Address Proy Kansas  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #0 white  
Lamb  
 Manufactured by Imperial  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Anne Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

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

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 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	\$ _____

April 3-1929 Credits By cash 15.00

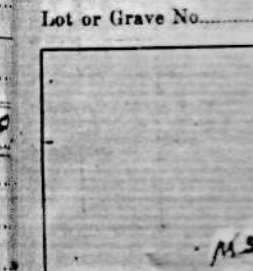
Remarks: \_\_\_\_\_

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

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 57 Years \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

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



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

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

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

# Record of Funeral

87

1927	19
Color <i>W</i>	
<b>CHARGES</b>	
\$ 15.00	
Fluid	
News-papers	
APERS	
or below	
15.00	
or below	
15.00	

No. \_\_\_\_\_ Date *Feb 24* 19*27*

Name of the Deceased *Bird Thayer* Sex *F* Color *W*

Charge to *Judd Thayer* Order given by \_\_\_\_\_

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

Date of Funeral *Feb. 24 - 1927*

Place of Death *Stromberg Neb*

Funeral Services at *Masonic Temple*

Time of Funeral Services *2:30 P.M.*

Clergyman *Rev. Campbell*

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

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

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

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

Date of Death *Feb. 21 - 1927*

Occupation of the Deceased *Housewife*

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

Aged *52* Years, *7* Months, *15* Days

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

Father \_\_\_\_\_

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

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

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

Name of Husband *Judd Thayer*

Name of Wife *J.P.*

Informant \_\_\_\_\_

Address \_\_\_\_\_

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

Size and Style of Casket or Coffin *Silver Metal half Court*

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

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

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

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

Interment at *Mt Olive* Cemetery

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

MS, 55

(Diagram of Lot)

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

Remarks: *Shipped from Stromberg Neb by J. L. Olson*

PREMIUM CHARGES	
Price of Casket or Coffin	\$
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <i>Wagon</i> <i>Funeral</i> 10.00	20.00
Wagon Deliveries <i>to cemetery</i>	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	
<i>personal service</i>	10.00
Total Footing of Bill	36.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

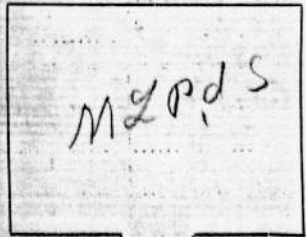
Total Debit	\$
1927	
<i>Feb. 25</i> Credits <i>Pay Cash</i>	36.00

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

# Record of Funeral

No. \_\_\_\_\_ Date March 3 1927  
 Name of the Deceased Jacob Richards Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March 3-1927  
 Place of Death Mathena, Kans  
 Funeral Services at M.E. Church, Mathena  
 Time of Funeral Services 1:30 P.M.  
 Clergyman Rev. Zindler  
 Certifying Physician Dr. Carter  
 His Residence Mathena, Mo  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death March 1-1927  
 Occupation of the Deceased Ret farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 80 Years, 4 Months, 14 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife Louise Richards  
 Informant Louise Richards  
 Address Mathena, Mo  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Brunswick  
Arden hall couch  
 Manufactured by Abernathy  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Cardonier Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

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

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 18.00
“ Metallic Lining	“
“ Outside Box	“
Grave Vault	“
“ Burial Robe	“
“ Burial Slippers and Hose	“
Engraving Plate	“
Embalming Body (with Fluid)	2.00
Washing and Dressing	“
Shaving	“
Disinfecting Rooms	“
Use of Catafalque and Drapery	“
Use of Folding Chairs	“
Use of Candelabrum	“
Candles	“
Gloves	“
Crepe	“
Telephone	“
Telegraph	“
Number of Carriages @ \$	“
Hearse	15.00
Wagon Deliveries	“
Death Notices in Newspapers	1.50

### NAMES OF NEWSPAPERS

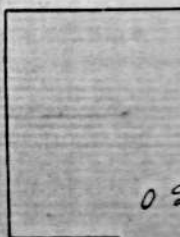
Flowers	“
Outlay for Lot	“
Opening Grave	“
Lining Grave	“
Shipping Charges, prepaid	“
Removal Charges	“
Cremation Charges	“
<u>Metal box top</u>	7.50

Total Footing of Bill	22.40
By Amount Paid in Advance	“
Balance	“
Entered into Ledger, page _____ or below	“

Total Debit \$ \_\_\_\_\_  
 1927  
 March 18 Credit By check 22.40

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

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 78 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

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

QUILL M 7-28200

# Record of Funeral

No. \_\_\_\_\_ Date March 9 - 1927  
 Name of the Deceased Muse John James Sex M Color W  
 Charge to \_\_\_\_\_ Order given by Ira Muse

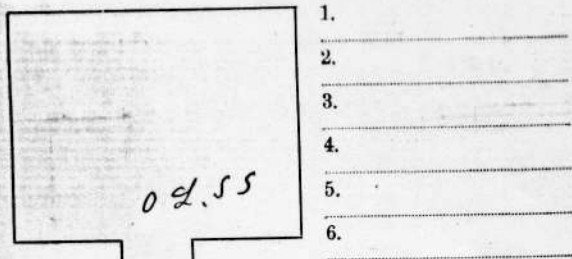
How Secured \_\_\_\_\_  
 Date of Funera March 9 - 1927  
 Place of Death North of Spauld 5 miles  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician Dr. Cardonner  
 His Residence Proy Ham  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pulmonary Tuberculosis  
 Date of Death March 8 - 1927  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 78 Years, 8 Months, 23 Days  
 Birth Place Hamtunbury  
 Father Isaac Muse  
 Birth Place NY  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 51  
Warp case  
 Manufactured by Rx - Cox  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 50 <sup>00</sup>
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe <u>shroud</u>	1.2 <sup>00</sup>
“ 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 62<sup>00</sup>  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_  
 Total Debit \$ \_\_\_\_\_

4-2-1928 Credit By Check 62<sup>00</sup>



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for 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	1927
GES	\$ 18.00
Fluid	2.00
	15.00
	1.50
	7.50
	2.24 <sup>00</sup>
or below	
	check 224 <sup>00</sup>

# Record of Funeral

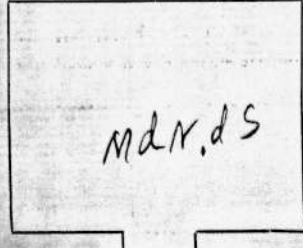
No. \_\_\_\_\_ Date March 19-1927  
 Name of the Deceased Hedrick Henrietta Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

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

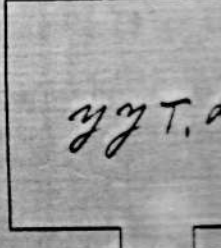
How Secured \_\_\_\_\_  
 Date of Funeral March 19-1927  
 Place of Death Sparks Kansas  
 Funeral Services at Home  
 Time of Funeral Services 2 7/8  
 Clergyman Rev. Campbell  
 Certifying Physician Dy Boone  
 His Residence Highland Kan  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death March 17-1927  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 81 Years, 8 Months, 27 Days  
 Birth Place Ohio  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband A. J. Hedrick  
 Name of Wife \_\_\_\_\_  
 Informant A. J. Hedrick  
Sparks Kansas  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #215 oak leaf Plunk 1/2 Couch  
 Manufactured by Ry. Art  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Dola Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 185.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe <u>dress</u>	20.00
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	20.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	15.00
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____
<u>Rev. Campbell</u>	5.00
NAMES OF NEWSPAPERS	
Flowers <u>1 doz. roses</u>	3.00
Outlay for Lot _____	_____
Opening Grave <u>new grave</u>	7.50
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
<u>cost on flowers by Mrs. Merton</u>	2.50
Total Footing of Bill	258.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____
1927	_____
March 27 Credits by ch.	258.00

How Secured \_\_\_\_\_  
 Date of Funeral Mar  
 Place of Death Ho  
 Funeral Services at M  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. M  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Mar  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 72 Years \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant W. A.  
 Address Troy  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket half Couch  
 Manufactured by M  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mo  
 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.



(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: \_\_\_\_\_

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

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

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

QUILL 7-28200

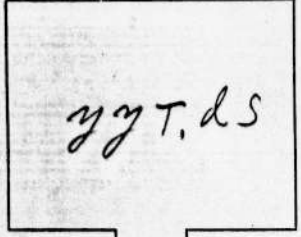
# Record of Funeral

19-1927  
Color *W*

No. \_\_\_\_\_ Date *March 19* 19*27*  
Name of the Deceased *Hoverson Anna Maria* Sex *F* Color *W*  
Charge to *W. H. Hoverson* Order given by \_\_\_\_\_

CHARGES	
	\$ 1.85 00
	20 00
Fluid)	20 00
	1.50 00
	5.00
	3 00
	7.50
	2 50
	258.00
or below	
	258.00

How Secured \_\_\_\_\_  
Date of Funeral *March 20 1927*  
Place of Death *Home*  
Funeral Services at *Moray Church*  
Time of Funeral Services *7:30 P.*  
Clergyman *Rev. Monrosmuth*  
Certifying Physician \_\_\_\_\_  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Date of Death *March 18 1927*  
Occupation of the Deceased *Housewife*  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged *72* Years *5* Months *18* Days  
Birth Place \_\_\_\_\_  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant *W. H. Hoverson*  
Address *Troy Kansas*  
Body to be shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin *#1900 State*  
*Half Couch*  
Manufactured by *Midland Valley*  
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	\$ 275.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe <i>dress</i>	18.00
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	20.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	15.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS

Flowers <i>for mixed grave</i>	4.00
Outlay for Lot <i>2 by canon</i>	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges <i>by children</i>	15.00
<i>Pillow</i>	
Total Footing of Bill	347.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

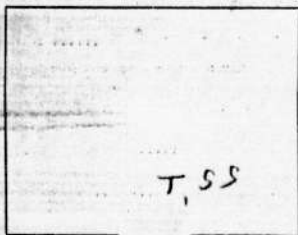
Total Debit \_\_\_\_\_ \$  
*1927*  
*March 24* Credits *checks* 347.00



# Record of Funeral

No. \_\_\_\_\_ Date Jan 30 1977 19\_\_  
 Name of the Deceased Harold J. McClelland Sex M Color W  
 Charge to Harold McClelland Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 30 - 1977  
 Place of Death McClelland home  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificates \_\_\_\_\_  
 Cause of Death still born  
 Date of Death Jan 30 - 1977  
 Occupation of the Deceased Child  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged still born Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father Harold M. McClelland  
 Birth Place Droy, Kan  
 Maiden Name of Mother Miss Farnon  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Harold M. McClelland  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

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

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

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

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 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	\$ _____
1977	_____
Mar. 7 Credits by ch.	15.00

QUILL M L728200

# Record of Funeral

1977 19  
Color *W*

No. \_\_\_\_\_ Date *April 9 - 1927* 19  
Name of the Deceased *Cleo Clark* Sex *M.* Color *W*

Charge to *Konantz Mortuary* Order given by *Port Scott Hand*

GES  
\$ *15.00*

How Secured \_\_\_\_\_  
Date of Funeral *Body shipped April 10 - 1927*  
Place of Death *W.P. Seymour farm*  
Funeral Services at \_\_\_\_\_  
Time of Funeral Services \_\_\_\_\_

ITEMIZED CHARGES  
Price of Casket or Coffin - - - - \$ *125.00*  
Metallic Lining - - - -  
Outside Box - - - -  
Grave Vault - - - -  
Burial Robe - - - -  
Burial Slippers and Hose - - - -

Fluid)

Clergyman \_\_\_\_\_  
Certifying Physician \_\_\_\_\_  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death *Killed by lightning*  
Date of Death *April 9 - 1927*  
Occupation of the Deceased *farm laborer*

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 - - - -

Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged *About 25* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
Birth Place \_\_\_\_\_  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_

Candles - - - -  
Gloves - - - -  
Crepe - - - -  
Telephone - - - -  
Telegraph - - - -  
Number of Carriages \_\_\_\_\_ @ \$ \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant \_\_\_\_\_

Hearse *To country 15 mi + \$ fee* *15.00*  
Wagon Deliveries \_\_\_\_\_  
Death Notices in \_\_\_\_\_ Newspapers  
*Phone by Miss J. J. Smith* *2.30*  
*of Port Scott Co.*  
NAMES OF NEWSPAPERS \_\_\_\_\_

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

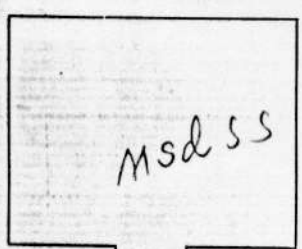
Flowers \_\_\_\_\_  
Outlay for Lot - - - -  
Opening Grave - - - -  
Lining Grave - - - -  
Shipping Charges, prepaid *affairs* *17.70*  
Removal Charges \_\_\_\_\_  
Cremation Charges \_\_\_\_\_  
*Cotton & sheet* *2.50*

Size and Style of Casket or Coffin *#199 Oregon*  
*left bed*  
Manufactured by *Midland Valley*

Total Footing of Bill - - - - *182.06*  
By Amount Paid in Advance \_\_\_\_\_  
Balance \_\_\_\_\_  
Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

*15.00*

Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at *Shipped to Port Scott Co.* Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

Total Debit - - - - \$ \_\_\_\_\_  
*1927*  
*April 30* Credit *Konantz Mortuary* *182.00*

(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

QUILL 7-28200

No. \_\_\_\_\_ Date April 14-1927 19\_\_

Name of the Deceased Infant Sonnet Sex F Color N

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

How Secured Brought from K.C. Mo

Date of Funeral April 14-1927

Place of Death K.C. Mo

Funeral Services at \_\_\_\_\_

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

Clergyman \_\_\_\_\_

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

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

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

Cause of Death Stillborn

Date of Death \_\_\_\_\_

Occupation of the Deceased Child

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

Age Stillborn Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

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

Father Jos Condit

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

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

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

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

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

Informant \_\_\_\_\_

Address \_\_\_\_\_

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

Size and Style of Casket or Coffin White Lamb.

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

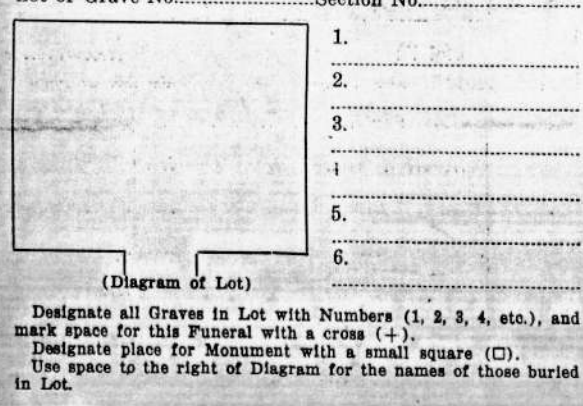
Metallic Lining \_\_\_\_\_

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

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

Interment at Mc Clellan Cemetery

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



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

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

ITEMIZED CHARGES

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

NAMES OF NEWSPAPERS

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

Credits	

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

No. \_\_\_\_\_

Name of the Deceased \_\_\_\_\_

Charge to \_\_\_\_\_

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

Date of Funeral \_\_\_\_\_

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

Funeral Services at \_\_\_\_\_

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

Clergyman \_\_\_\_\_

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

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

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

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

Date of Death \_\_\_\_\_

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

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

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

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

Father \_\_\_\_\_

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

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

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

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

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

Informant \_\_\_\_\_

Address \_\_\_\_\_

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

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

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

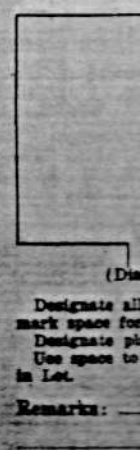
Metallic Lining \_\_\_\_\_

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

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

Interment at \_\_\_\_\_ Cemetery

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



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

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

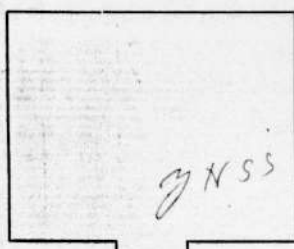
# Record of Funeral

1927  
Color *W*

No. \_\_\_\_\_ Date *May 5* 1927  
 Name of the Deceased *Joseph Beyame Fraher* Sex *M.* Color *W*  
 Charge to *Ralph Fraher* Order given by \_\_\_\_\_

How Secured *N.C.*  
 Date of Funeral *May 5-1927*  
 Place of Death *North of Spaulds*  
 Funeral Services at *Spaulds Kansas*  
 Time of Funeral Services *2 P.M.*  
 Clergyman *Rev. Gressen*  
 Certifying Physician *Dr. Waller*  
 His Residence *Trout Kansas*  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death *Acute Nephritis*  
 Date of Death *April 4-1927*  
 Occupation of the Deceased *child*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged *4* Years, *8* Months, *25* Days  
 Birth Place \_\_\_\_\_  
 Father *Ralph Fraher*  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place *Ida Beyond*  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant *Ralph Fraher*  
 Address *Spaulds Kansas*  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *Basket Case*  
 Manufactured by *Rx-Cut*  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles *2*  
 Interment at *Ida* Cemetery  
 Lot or (Grave) No. \_\_\_\_\_ Section No. \_\_\_\_\_

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



(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

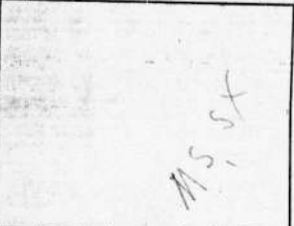
Price of Casket or Coffin	\$ 48.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	
<i>care of body &amp; service</i>	15.00
NAMES OF NEWSPAPERS	
Flowers	3.50
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	66.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

1927 Total Debit \_\_\_\_\_ \$  
 May 9 Credits *By ch* \_\_\_\_\_ 66.50

# Record of Funeral

No. \_\_\_\_\_ Date May 9-1927 19  
 Name of the Deceased Mrs Anna May Zimmerman Sex F Color W  
 Charge to James Lewis Zimmerman Order given by \_\_\_\_\_

How Secured H.C. Mo  
 Date of Funeral May 8-1927  
 Place of Death H.C. Mo.  
 Funeral Services at Presb. Church No.  
 Time of Funeral Services 2:30  
 Clergyman Rev. Campbell  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death May 5-1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 56 Years, 6 Months, 13 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at MT Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



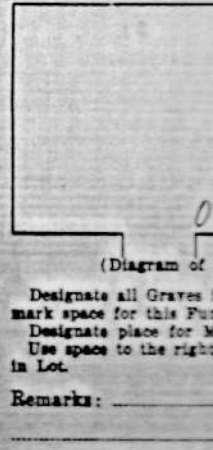
(Diagram of Lot)  
 • Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

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

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ _____
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalsming Body (with _____ Fluid)	_____
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse <u>To Mt Olive funeral</u>	<u>40.00</u>
Wagon Deliveries <u>round Mt Olive to Court.</u>	<u>3.50</u>
Death Notices in _____ Newspapers	<u>1.50</u>
<u>Personal services</u>	<u>10.00</u>
NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	<u>5.00</u>
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	_____
By Amount Paid in Advance	<u>40.00</u>
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

1927	No.	10.	Credits	<u>By ch.</u>	<u>40.00</u>
					<u>40.00</u>

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to Robt.  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death 5.  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev.  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Robt.  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at So.  
 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 M 7-28200

# Record of Funeral

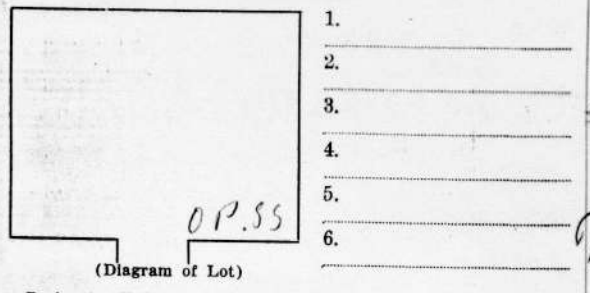
1927  
Color *W*

No. \_\_\_\_\_ Date *May 14* 19 *27*  
 Name of the Deceased *Cora Lee Mooney* Sex *F* Color *W*  
 Charge to *Robt. Mooney* Order given by \_\_\_\_\_

CHARGES	
	\$
Fluid)	
Funeral	10.00
Graves	3.50
Papers	1.50
Flowers	10.00
Transport	5.00
Other	4.00
Total	44.00
Balance	40.00

How Secured \_\_\_\_\_  
 Date of Funeral *May 15 - 1927*  
 Place of Death *5 mi. north of Sparks*  
 Funeral Services at *Home*  
 Time of Funeral Services *2:30*  
 Clergyman *Rev. Dumbley*  
 Certifying Physician *Dr. M. S. ...*  
 His Residence *White Cloud Wis.*  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death *May 14 - 1927*  
 Occupation of the Deceased *Housewife*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged *35* Years, *11* Months, *14* Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant *Robt. Mooney*  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *# 51 Black*  
*Cape Deep Case*  
 Manufactured by *Ry-Cat*  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at *Social Point* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

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	15.00
Wagon Deliveries	
Death Notices in Newspapers	10.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	75.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	



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

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

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

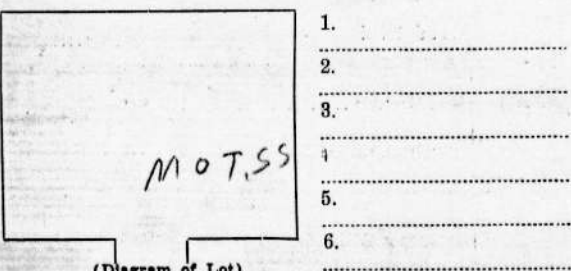
1-1-31 Credits *100.00*

Transferred to  
page 1008

# Record of Funeral

No. \_\_\_\_\_ Date May 18-1927 19\_\_\_\_  
 Name of the Deceased Orley B. Monroe Sex M. Color C  
 Charge to Antab Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral May 18-1927  
 Place of Death St. Joseph Hosp. St. Joseph Mo.  
 Funeral Services at ME Church Mo.  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician Dr. McEllare  
 His Residence St. Joseph Mo.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Chr. Myocarditis  
 Date of Death May 16-1927  
 Occupation of the Deceased Station Agent  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 55 Years, 4 Months, 21 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #201 Grey  
Brunnab Yellow 1/2 Comb  
 Manufactured by Py. Ant  
 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	\$ 2.00 <sup>00</sup>
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	24.60
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	10.00
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	1.75

NAMES OF NEWSPAPERS	
Flowers	12.00
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	5.00
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	2.50
Total Footing of Bill	259.85
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

Credit By chr 259.85

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 \_\_\_\_\_  
 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 \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.) and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.  
 Remarks: \_\_\_\_\_

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

QUILL M 728200

# Record of Funeral

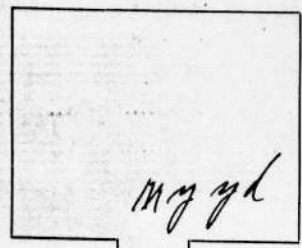
1927  
 Color *W*  
 \$ 2.00  
 Fluid) 2.60  
 10.00  
 1.75  
 12.00  
 5.00  
 2.50  
 259.85  
 or below  
 259.85

No. \_\_\_\_\_ Date *May 19* 19*27*  
 Name of the Deceased *Hoverson Infant of Russell* Sex *M.* Color *W*  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured *Ordered by A. W. Hoverson*  
 Date of Funeral *May 19-1927*  
 Place of Death *Moray Kansas*  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death *May 19-1927*  
 Occupation of the Deceased *Infant*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months *4* Days  
 Birth Place *Moray Kansas*  
 Father *Russell Hoverson*  
 Birth Place *Moray Kansas*  
 Maiden Name of Mother *Anna Margaret Colby*  
 Birth Place *Princeton Kansas*  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant *A. W. Hoverson*  
 Address *Moray Ks.*  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *White Pine*  
 Manufactured by *Midland Colby*  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at *Moray* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

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

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	25.00
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 \_\_\_\_\_

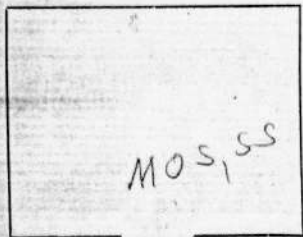
*Feb. 27. Credits By Check 25.00*



# Record of Funeral

No. \_\_\_\_\_ Date May 28-1927 19  
 Name of the Deceased Knight Mrs M.A. Sex F Color W  
 Charge to James Knight Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral May 30-1927  
 Place of Death Proy Kan  
 Funeral Services at Christian Church  
 Time of Funeral Services 2:30  
 Clergyman Rev. Saff  
 Certifying Physician Dr. Condover  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death May 26-1927  
 Occupation of the Deceased Homemaker  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 78 Years 4 Months 8 Days  
 Birth Place Davis City Iowa  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband James Knight  
 Name of Wife \_\_\_\_\_  
 Informant Matth Amrthong  
 Address Proy Kan  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #660 Emb Steel grey 2 1/2 Corners  
 Manufactured by Gateway  
 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	\$ 150.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	20.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	10.00
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

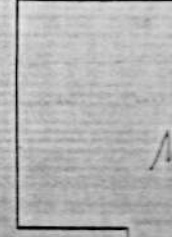
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>Special material heavy lumber</u>	1.50
	2.50
Total Footing of Bill	18.40
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

6-7-27	Credits by cash	10.00
6-24-27	" "	140.00
6-27-27	Labor by J.B.	12.00
3-24-30	Cash	10.00
1-1-31	Balance forward	12.00
		184.00

*Transferred to page 1009*

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

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 72 Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father Jam  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

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

QUILL M 7-28200

# Record of Funeral

1927 19  
Color *W*

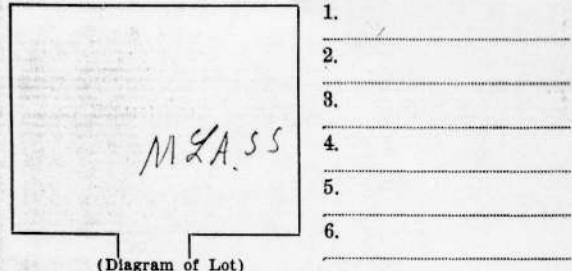
No. \_\_\_\_\_ Date *June 20-1927*  
Name of the Deceased *Marshall Lewis Edmond* Sex *M.* Color *W*  
Charge to \_\_\_\_\_ Order given by *J. J. Hagan*

REGES  
\$ 150.00  
Fluid) 20.00  
10.00  
1.50  
2.50  
184.00  
or below

How Secured \_\_\_\_\_  
Date of Funeral *June 20-1927*  
Place of Death *Home of J. J. Hagan*  
Funeral Services at *Hagan's Home*  
Time of Funeral Services *9 A.M.*  
Clergyman *Rev. Campbell*  
Certifying Physician *Dr. Cordover*  
His Residence *Troy Ham*  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death *Cancer of Stomach*  
Date of Death *June 19-1927*  
Occupation of the Deceased *Carpenter*  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged *72* Years, *2* Months, *11* Days  
Birth Place *Salem Illinois*  
Father *Jam. Marshall*  
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 flunk*  
*huff Comb*  
Manufactured by *Rx. Art*  
Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at *Amherst* Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES  
Price of Casket or Coffin - - - - \$ 185.00  
" Metallic Lining - - - -  
" Outside Box - - - -  
" Grave Vault - - - -  
" Burial Robe - - - -  
" Burial Slippers and Hose - - - -  
Engraving Plate - - - -  
Embalming Body (with \_\_\_\_\_ Fluid) 20.00  
Washing and Dressing - - - -  
Shaving - - - -  
Disinfecting Rooms - - - -  
Use of Catafalque and Drapery - - - -  
Use of Folding Chairs - - - -  
Use of Candelabrum - - - -  
Candles - - - -  
Gloves - - - -  
Crepe - - - -  
Telephone - - - -  
Telegraph - - - -  
Number of Carriages @ \$ \_\_\_\_\_  
Hearse - - - - 75.00  
Wagon Deliveries - - - -  
Death Notices in \_\_\_\_\_ Newspapers - - - -

NAMES OF NEWSPAPERS  
Flowers - - - - 4.00  
Outlay for Lot - - - -  
Opening Grave - - - -  
Lining Grave - - - -  
Shipping Charges, prepaid - - - -  
Removal Charges - - - -  
Cremation Charges - - - -  
Total Footing of Bill - - - - 234.00  
By Amount Paid in Advance - - - -  
Balance - - - -  
Entered into Ledger, page \_\_\_\_\_ or below  
Total Debit - - - - \$



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

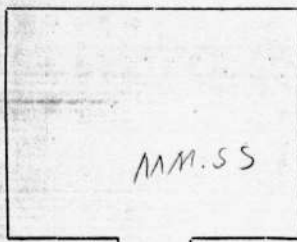
Remarks: \_\_\_\_\_

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

# Record of Funeral

No. \_\_\_\_\_ Date June 21-1927 19  
 Name of the Deceased Malone Jasper Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral June 21-1927  
 Place of Death Alhambra Cal.  
 Funeral Services at Karr Funeral Home  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Sapp  
 Certifying Physician \_\_\_\_\_  
 His Residence California  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Acute Nephritis  
 Date of Death June 17-1927  
 Occupation of the Deceased Farmer Retired  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 85 Years, 10 Months, 9 Days  
 Birth Place Tenn  
 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 Oregon gray  
Crepe left panel  
 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 \_\_\_\_\_

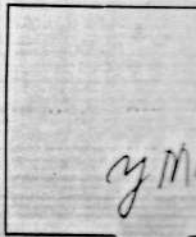
### ITEMIZED CHARGES

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>Do Grant funeral</u>	<u>1.500</u>	
Wagon Deliveries <u>Back to Court</u>	<u>1.00</u>	
Death Notices in _____ Newspapers		
<u>Personal services</u>	<u>10.00</u>	
NAMES OF NEWSPAPERS		
Flowers	_____	
Outlay for Lot	_____	
Opening Grave	_____	
Lining Grave <u>&amp; decorative</u>	<u>5.00</u>	
Shipping Charges, prepaid	_____	
Removal Charges	_____	
Cremation Charges	_____	
Total Footing of Bill	<u>31.00</u>	
By Amount Paid in Advance	_____	
Balance	_____	
Entered into Ledger, page _____ or below		
Total Debit	_____	\$

6.25-27 Credits by ch 31.00



No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 89  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant M  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Blue  
 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 M 7-28200

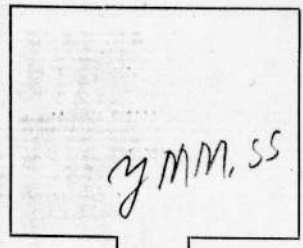
# Record of Funeral

1927  
Color *W*

No. \_\_\_\_\_ Date *June 30* 19*27*  
Name of the Deceased *Geo. B. Smith* Sex *M.* Color *W*  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

Fluid) \_\_\_\_\_  
\_\_\_\_\_ 15.00  
\_\_\_\_\_ 1.00  
\_\_\_\_\_ 10.00  
\_\_\_\_\_ 5.00  
\_\_\_\_\_ 31.00  
\_\_\_\_\_ 31.00

How Secured \_\_\_\_\_  
Date of Funeral *June 30-1927*  
Place of Death *Troy Kansas*  
Funeral Services at *2 P.M. M.E. Church*  
Time of Funeral Services *2 P.M.*  
Clergyman *Rev. Campbell*  
Certifying Physician *Dr. Chatter*  
His Residence *Troy Kansas*  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Date of Death *June 27-1927*  
Occupation of the Deceased *Pet farmer*  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged *89* Years, \_\_\_\_\_ Months, *10* Days  
Birth Place \_\_\_\_\_  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant *Maud Smith*  
Address *Troy Kansas*  
Body to be shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin *# 580*  
*Blue silver & black plush*  
Manufactured by *Gatesway*  
Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at *St. Olive* Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

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

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

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

## ITEMIZED CHARGES

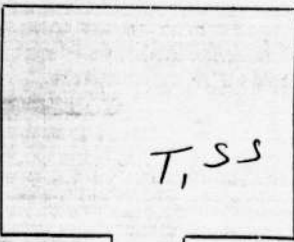
Price of Casket or Coffin	\$ 185.00
“ Metallic Lining	_____
Outside Box	_____
Grave Vault	100.00
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	20.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	10.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	1.75
<i>shirt 1.50 collar 25 he bow 25</i>	2.20
NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	5.00
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
<i>flag</i>	3.75
Total Footing of Bill	327.70
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

*July 7, 1927 By Check 327.70*

# Record of Funeral

No. \_\_\_\_\_ Date July 8 - 1927 19  
 Name of the Deceased Stollar Melvin Lee Sex M. Color D  
 Charge to Oliver Stollar Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral July 9 - 1927  
 Place of Death R.F.D Sparks 15  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Stillborn  
 Date of Death July 8 - 1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, Month Stillborn Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father Oliver Stollar  
 Birth Place Remond 15  
 Maiden Name of Mother Flora Simpson  
 Birth Place Sparks 15  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Oliver Stollar  
 Address Sparks 15  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 0 white  
Leadb sp 2-0  
 Manufactured by Imperial  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Idala 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.

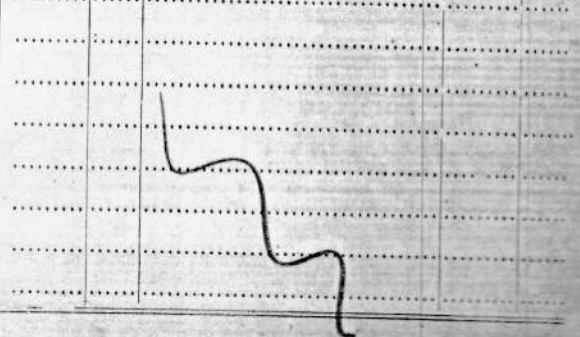
Remarks: \_\_\_\_\_

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	\$ _____

Jan 20 - 1928 Credits by ch 15.00



No. \_\_\_\_\_  
 Name of the \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Fu \_\_\_\_\_  
 Place of Des \_\_\_\_\_  
 Funeral Ser \_\_\_\_\_  
 Time of Fun \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying P \_\_\_\_\_  
 His Residen \_\_\_\_\_  
 Number of \_\_\_\_\_  
 Cause of De \_\_\_\_\_  
 Date of Des \_\_\_\_\_  
 Occupation \_\_\_\_\_  
 Single, Mar \_\_\_\_\_  
 Aged \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Na \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Hu \_\_\_\_\_  
 Name of W \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be s \_\_\_\_\_  
 Size and Sty \_\_\_\_\_  
Brown  
 Manufactur \_\_\_\_\_  
 Metallic Lin \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of \_\_\_\_\_  
 Interment a \_\_\_\_\_  
 Lot or Grav \_\_\_\_\_  
 (Di \_\_\_\_\_  
 Designate a \_\_\_\_\_  
 mark space \_\_\_\_\_  
 Designate p \_\_\_\_\_  
 Use space \_\_\_\_\_  
 in Lot \_\_\_\_\_  
 Remarks: \_\_\_\_\_  
 NAMES OF \_\_\_\_\_

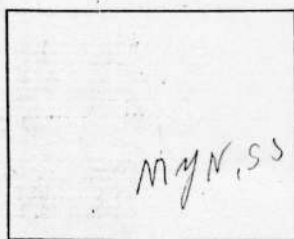
QUILL M 7-28200

# Record of Funeral

No. \_\_\_\_\_ Date July 15-1927 19  
 Name of the Deceased Tracy Victoria Melvin Sex F Color N  
 Charge to Estate Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral July 15-1927  
 Place of Death St Joseph Mo.  
 Funeral Services at Masonic Temple Mo.  
 Time of Funeral Services 2:30  
 Clergyman Rev. Campbell  
 Certifying Physician \_\_\_\_\_  
 His Residence St Joseph Mo.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Chronic Myocarditis  
 Date of Death July 13-1927  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 89 Years, 10 Months, 8 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Irvin Parker

Address Wray Kansas  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #210 Blk Broadcloth hinge panel  
 Manufactured by Rt. Art  
 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	\$ 1.50
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	2.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	15.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____
NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	5.00
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	00
By Amount Paid in Advance	190
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

9-6-27 Credits By check 190

15.00  
 Fluid)  
 15.00  
 or below  
 15.00

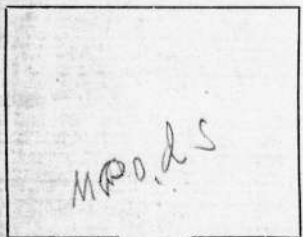
# Record of Funeral

No. \_\_\_\_\_ Date July 16-1927 19  
 Name of the Deceased Magnard Catherine Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral July 17-1927  
 Place of Death Prof. Hanson  
 Funeral Services at Presb. Church  
 Time of Funeral Services 2:30  
 Clergyman Rev. Campbell  
 Certifying Physician Dr. Chandonier  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death July 14-1927  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 92 Years, 10 Months, 17 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Chas. Magnard  
 Address Prof. Hanson  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #580  
half Count Church  
 Manufactured by Gatens  
 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	\$ 185.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe <u>dress</u>	20.00
“ Burial Slippers and Hose <u>hose</u>	1.50
Engraving Plate	_____
Embalming Body (with _____ Fluid)	20.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	10.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	1.75

NAMES OF NEWSPAPERS	
Flowers <u>15.00 and 3.00</u>	18.00
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	5.00
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	261.25
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 \_\_\_\_\_

7-29-27 Credits By check 212.21  
 1-1-31 Balance in page 1010 49.04  
261.25

Balance transferred  
to Page 1010

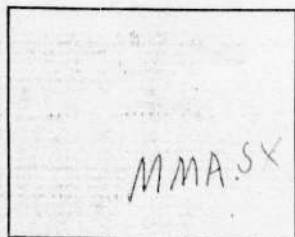
QUILL 7-28200

# Record of Funeral

No. \_\_\_\_\_ Date July 26 1927  
 Name of the Deceased Clemetson Lewis Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

185.00  
 20.00  
 1.50  
 20.00  
 10.00  
 1.75  
 18.00  
 5.00  
 261.25  
 212.21  
 212.44  
 261.75  
 10

How Secured \_\_\_\_\_  
 Date of Funeral July 26 - 1927  
 Place of Death South of Troy  
 Funeral Services at Masonic Temple  
 Time of Funeral Services 2:30  
 Clergyman Rev. Monosmith  
 Certifying Physician Dr. Cordonier  
 His Residence Troy Kansas  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Palmar heart disease  
 Date of Death July 24 - 1927  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 84 Years, 11 Months, 6 Days  
 Birth Place Norway  
 Father Alb. Clemetson  
 Birth Place Norway  
 Maiden Name of Mother Catherine Larson  
 Birth Place Norway  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant John Clemetson  
 Address Troy Kansas  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #232 Marie  
Black octagon lift panel  
 Manufactured by Rx-Art  
 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	\$ 125.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	16.50
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	20.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	15.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____
_____	2.00
NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	5.00
Shipping Charges, prepaid	_____
Removal Charges	_____
Comation Charges	2.50
_____	_____
Total Footing of Bill	186.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

1928  
 June 14 Credits By ch. 186.00

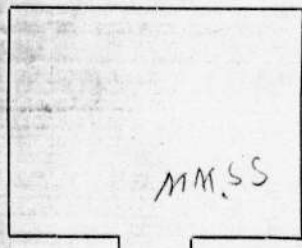


# Record of Funeral

No. \_\_\_\_\_ Date Aug 3 1927  
 Name of the Deceased Ramsier, Bettie Sex F Color W  
 Charge to Everet Ramsier Order given by Andrew Delaney

How Secured \_\_\_\_\_  
 Date of Funeral Aug 3-1927  
 Place of Death Home of John P. Pylett  
 Funeral Services at none  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman none  
 Certifying Physician Dr. Cordover  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Stomach  
 Date of Death Aug 2-1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 58 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place Home of John P. Pylett  
 Father Everet Ramsier  
 Birth Place Pray, Kansas  
 Maiden Name of Mother Edna P. Pylett  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #100 white  
Gamb  
 Manufactured by Waterway  
 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	<u>Complete</u>	\$ <u>18.00</u>
" Metallic Lining		
" Outside Box		
" Grave Vault		
" Burial Robe		
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$ _____		
Hearse		
Wagon Deliveries		
Death Notices in _____ Newspapers		

NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		\$ <u>18.00</u>
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$ _____

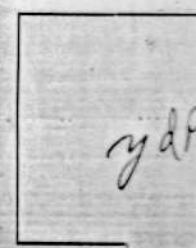
Oct. 27 1927 Cred. by Everet Ramsier 18.00



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

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 58 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

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



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

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

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

QUILL M 7-28200

# Record of Funeral

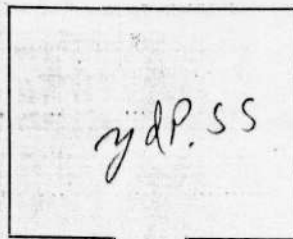
No. 19 Date August 4 1927  
 Name of the Deceased Briggs Pearley Sex M Color R  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Aug 5-1927  
 Place of Death Marion St - H. G. Smith  
 Funeral Services at Karr Funeral Home  
 Time of Funeral Services 2:30  
 Clergyman Rev. Sapp  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Cerebral Hemorrhage  
 Date of Death Aug 2-1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 58 Years, 8 Months, 17 Days  
 Birth Place \_\_\_\_\_  
 Father Born 8-15-1868  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 2.65.00
" Metallic Lining	
" Outside Box	
Grave Vault	1.00.00
" Burial Robe <u>dress</u>	1.6.00
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	2.5.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone <u>To Rev. Sapp</u>	50
Telegraph	
Number of Carriages @ \$ _____	
Hearse	15.00
Wagon Deliveries	
Death Notices in _____ Newspapers	1.75

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 811 ortegon  
Made in Conn  
 Manufactured by Rx-art  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave <u>&amp; dec</u>	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>449 embalment</u>	5.00
Total Footing of Bill	25
By Amount Paid in Advance	433
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____



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

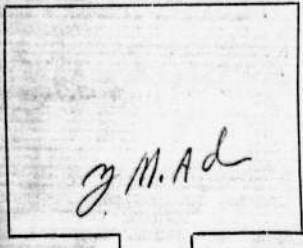
Remarks: \_\_\_\_\_

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

# Record of Funeral

No. \_\_\_\_\_ Date July 13-1927 19\_\_\_\_  
 Name of the Deceased Gabriel Lizzie Marie Sex F Color W  
 Charge to Frank + Chas. Nybeert Order given by Frank + Chas Nybeert

How Secured \_\_\_\_\_  
 Date of Funeral Aug 13-1927  
 Place of Death R.C. Mo.  
 Funeral Services at Karr Funeral Home  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Aug 11-1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 29 Years, 7 Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Frank Nybeert  
 Address Droy Kansas  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin crepe  
 Manufactured by \_\_\_\_\_  
 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.

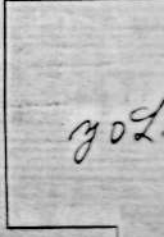
Remarks: \_\_\_\_\_

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

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ _____
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe <u>dress</u>	<u>2.00.00</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 <u>No. main + funeral</u>	<u>15.00</u>
Wagon Deliveries	_____
Death Notices in _____ Newspapers	<u>1.75</u>
<u>Personal services</u>	<u>10.00</u>
NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges <u>none 1.00 underwritten</u>	<u>2.00</u>
Total Footing of Bill	<u>48.75</u>
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

9-30-27 Credits Ch. by F. Nybeert 48.75

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 72  
 Birth Place \_\_\_\_\_  
 Father Fred  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



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

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

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

QUILL 7-28200

# Record of Funeral

927 19  
Color *W*  
*Hykcut*

No. \_\_\_\_\_ Date *Aug 31-1927* 19\_\_\_\_  
Name of the Deceased *Payne, Ellen* Sex *F* Color *W*  
Charge to \_\_\_\_\_ Order given by *Mrs Fred Rice*

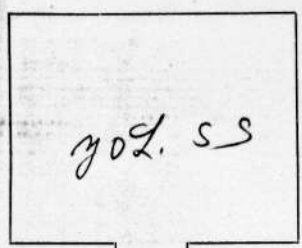
GES  
\$  
20.00

How Secured \_\_\_\_\_  
Date of Funeral *Sept 1-1927*  
Place of Death *Home of Fred Rice - Nathana*  
Funeral Services at *ME Church - Nathana*  
Time of Funeral Services *2 P*  
Clergyman *Rev Ziedler*  
Certifying Physician *Dr Swails*  
His Residence *Nathana Kans*  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Date of Death *August 30-1927*  
Occupation of the Deceased \_\_\_\_\_  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged *72* Years, *4* Months, *5* Days  
Birth Place *Dubouque Iowa*  
Father *Frederic Rice*  
Birth Place *Germany*  
Maiden Name of Mother *Luise Koble*  
Birth Place *Switzerland*  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant \_\_\_\_\_

Fluid)  
15.00  
1.75  
10.00

Address \_\_\_\_\_  
Body to be shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin *#808*  
*Calvary State*  
Manufactured by *Ref. Art*  
Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at *Belmont* Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

1.00  
2.00  
48.75



(Diagram of Lot)

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

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

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

## ITEMIZED CHARGES

Price of Casket or Coffin	\$ 300.00
Metallio Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	20.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	15.00
Wagon Deliveries	
Death Notices in Newspapers	

## NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave <i>x demerating</i>	5.00
Shipping Charges, prepaid	
Removal Charges	
Death notice	
Publication Charges	
<i>Printed at Nathana</i>	2.75
<i>News Press</i>	1.50
Total Footing of Bill	343.75
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

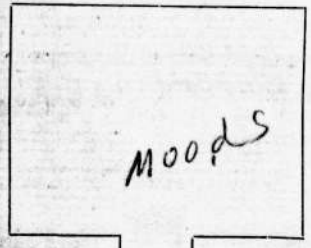
12-2-27 Credits *by check* 343.75

# Record of Funeral

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

No. \_\_\_\_\_  
 Name of the Deceased Hughes Harriet Elizabeth Date Sept 12-1927 19\_\_\_\_  
 Sex F Color Negro  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Sept 12-1927  
 Place of Death Droy Kansas  
 Funeral Services at Colored hall  
 Time of Funeral Services 2:30  
 Clergyman \_\_\_\_\_  
 Certifying Physician Dr Condover  
 His Residence Droy Kansas  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Sept 10-1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 73 Years, 9 Months, 9 Days  
 Birth Place Warren Co Mo.  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #660 1/2 round  
 Manufactured by Gateway  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

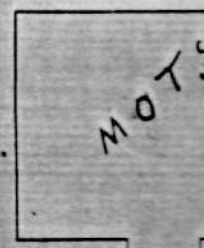
ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 140.00
“ Metallic Lining	“
“ Outside Box	“
“ Grave Vault	“
“ Burial Robe <u>shroud</u>	1.75
“ Burial Slippers and Hose	“
Engraving Plate	“
Embalming Body (with _____ Fluid)	1.50
Washing and Dressing	“
Shaving	“
Disinfecting Rooms	“
Use of Catafalque and Drapery	“
Use of Folding Chairs	“
Use of Candelabrum	“
Candles	“
Gloves	“
Crepe	“
Telephone	“
Telegraph	“
Number of Carriages @ \$ _____	“
Hearse	1.00
Wagon Deliveries	“
Death Notices in _____ Newspapers	“

NAMES OF NEWSPAPERS	
Flowers	3.50
Outlay for Lot	“
Opening Grave	“
Lining Grave	“
Shipping Charges, prepaid	“
Removal Charges	“
Cremation Charges	“

Total Footing of Bill	185.00
By Amount Paid in Advance	1.00
Balance	184.00
Entered into Ledger, page _____ or below _____	“
Total Debt	185.00
Credits	185.00
Sept 16 <u>Ch. by Arthur Hughes</u>	75.00
“ 20 “ “ “	35.00
Nov 7 “ “ <u>Dora Lee</u>	75.00
	185.00

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  
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.  
Section No.

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #580 half  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

QUILL 7-28200

# Record of Funeral

1927  
Color Negro

No. \_\_\_\_\_ Date Sept 15 - 1927  
Name of the Deceased Bullbright Edw. Sex M Color N  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES

\$ 1.40 00

Fluid) 1.50 00

1.00 00

3.50

1.80 00

5.00

1.85 00

75.00

35.00

75.00

185.00

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

Date of Funeral Sept 15 - 1927

Place of Death Mo. Methodist Hosp. St. Joseph

Funeral Services at M.E. Church

Time of Funeral Services 2 <sup>of</sup>

Clergyman Rev. Campbell

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

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

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

Cause of Death Lobar Pneumonia

Date of Death Sept 13 - 1927

Occupation of the Deceased Mail carrier

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

Aged 36 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

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

Father \_\_\_\_\_

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

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

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

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

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

Informant \_\_\_\_\_

Address \_\_\_\_\_

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

Size and Style of Casket or Coffin  
#580 half casket

Manufactured by Waterway

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

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

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

Interment at St. Olive Cemetery

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

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

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

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

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

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

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

(Diagram of Lot)

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

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

NAMES OF PALLBEARERS

ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$ 1.85 00

" Metallic Lining - - - -

" Outside Box - - - -

" Grave Vault - - - -

" Burial Robe - - - -

" Burial Slippers and Hose - - - -

Engraving Plate - - - -

Embalming Body (with 12 + B. Fluid) 2.50 00

Washing and Dressing - - - -

Shaving - - - -

Disinfecting Rooms - - - -

Use of Catafalque and Drapery - - - -

Use of Folding Chairs - - - -

Use of Candelabrum - - - -

Candles - - - -

Gloves - - - -

Crepe - - - -

Telephone - - - -

Telegraph - - - -

Number of Carriages @ \$ 10.00

Hearse 10 at \$10.00 funeral 20 00

Wagon Deliveries - - - -

Death Notices in Newspapers  
Wear 10 25 2 25

NAMES OF NEWSPAPERS

Flowers - - - -

Outlay for Lot - - - -

Opening Grave - - - -

Lining Grave + decorating 5 00

Shipping Charges, prepaid - - - -

Removal Charges - - - -

Cremation Charges - - - -

heavy lumber 2 50

Total Footing of Bill - - - - 239 75

By Amount Paid in Advance - - - -

Balance - - - -

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

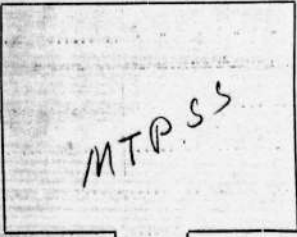
Total Debit - - - - \$

Sept. 26. Credits By ck. 239 75

# Record of Funeral

No. \_\_\_\_\_ Date Sept 16-1927  
 Name of the Deceased Caroline Sharp Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Sept 16-1927  
 Place of Death Droy Kansas  
 Funeral Services at Christian Church  
 Time of Funeral Services 2:30 P.M.  
 Clergyman Rev Campbell  
 Certifying Physician Dr. Miller  
 His Residence Droy Kansas  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Sept 14-1927  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 74 Years, 7 Months, 15 Days  
 Birth Place Droy Kansas  
 Father Richard Meers  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Lou Sharp  
Droy Kan  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin  
#870 state half cased  
 Manufactured by Gateway  
 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 son Mrs Sharp  
R.D. 5  
Rosedale Kan

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

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 2.15 00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe <u>dress</u>	20 00
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	20 00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	10 00
Wagon Deliveries	
Death Notices in _____ Newspapers	1.75
<u>heavy boards</u>	2.50
NAMES OF NEWSPAPERS	
Flowers <u>Pellow</u>	1.00
Outlay for Lot	
Opening Grave	
Lining Grave <u>+ decorating</u>	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>underwear</u>	1.50
<u>hair</u>	1.25
Total Footing of Bill	247 00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

3-31-28	Credit <u>M. Miller ch.</u>	20 00
3-31-28	<u>Lou Sharp by cash</u>	116 50
4/9/28	<u>By check</u>	75 00
6/5/28	<u>Chk from Droy Sta. 42</u>	20 57
7/5/29	<u>Cash by son Sharp</u>	20 00
4/5/30	<u>Cash by Lou Sharp</u>	10 00
1-1-31	<u>Bal. in page 211</u>	24 93
		<u>247 00</u>

Bal transferred  
To Page 10 11

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



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

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

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

HOLLEY 7-23200

# Record of Funeral

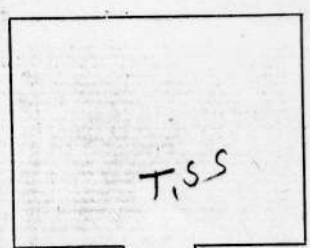
6-1927  
Color *W*

No. \_\_\_\_\_ Date *Sept. 15-1927*  
 Name of the Deceased *Charlotte Elaine Demmon* Sex *F* Color *W*  
 Charge to *Geroy & Demmon* Order given by \_\_\_\_\_

CHARGES	
	\$ 2.15 00
	20 00
Fluid)	20 00
	10 00
	1.75
	2.50
	10 00
	5 00
	1.50
	1.25
	247 00
or below	
	\$

*cash* 20 00  
*all by cash* 116 50  
*ch* 75 00  
*9/16/27* 20 57  
*sharp* 20 00  
*sharp* 10 00  
*2/11* 24 93  
 287 00

How Secured \_\_\_\_\_  
 Date of Funeral *Sept 16-1927*  
 Place of Death *Bendona Kans*  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased *chief*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged *2 days* years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place *Bendona Kans*  
 Father *Geroy & Demmon*  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother *Margaret Cohoon*  
 Birth Place *Effingham Kans*  
 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 *Effingham* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

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

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

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

*Sept 16-27 Credits by ch* 20 00



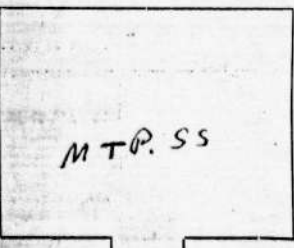
# Record of Funeral

No. \_\_\_\_\_ Date Sept 24-1927 19\_\_\_\_  
 Name of the Deceased John James Baker Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Sept 25-1927  
 Place of Death Wray Kansas  
 Funeral Services at Christian Church  
 Time of Funeral Services 2:30 P.M.  
 Clergyman Rev. J. A. Sapp  
 Certifying Physician D. Waller  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Sept 22-1927  
 Occupation of the Deceased Attorney  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 80 Years, 1 Months, 20 Days  
 Birth Place Plains Kansas  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Mrs J. G. Baker  
 Address Wray Kansas  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #870 slab  
half rough  
 Manufactured by Gateway  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at M. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 21.50
“ Metallic Lining	“
“ Outside Box	“
“ Grave Vault	“
“ Burial Robe	16.50
“ Burial Slippers and Hose	“
Engraving Plate	“
Embalming Body (with _____ Fluid)	20.00
Washing and Dressing	“
Shaving	“
Disinfecting Rooms	“
Use of Catafalque and Drapery	“
Use of Folding Chairs	“
Use of Candelabrum	“
Candles	“
Gloves	“
Crepe	“
Telephone	“
Telegraph	“
Number of Carriages @ \$ _____	“
Hearse	10.00
Wagon Deliveries	“
Death Notices in _____ Newspapers	1.75

NAMES OF NEWSPAPERS	
Flowers	“
Outlay for Lot	“
Opening Grave	“
Lining Grave	5.00
Shipping Charges, prepaid	“
Removal Charges	“
Cremation Charges	“
Total Footing of Bill	268.25
By Amount Paid in Advance	“
Balance	“
Entered into Ledger, page _____ or below	“
Total Debit	\$ _____

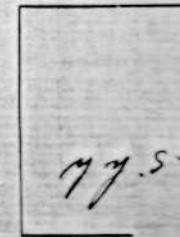


(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: Mrs Jessie M Baker  
5537 Kenmore Ave  
Chicago Ill

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, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

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

QUILL M 7-28200

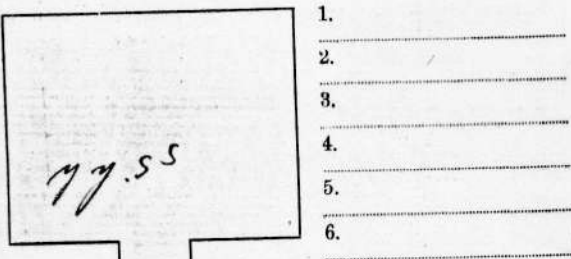
# Record of Funeral

No.          Date Oct. 6 1927  
 Name of the Deceased Macomber Gerald Eugene Sex M. Color W  
 Charge to Gene Macomber Order given by         

How Secured           
 Date of Funeral Oct. 6 - 1927  
 Place of Death West of Troy  
 Funeral Services at none  
 Time of Funeral Services 3:30 P.M.  
 Clergyman none  
 Certifying Physician Dr. Moller  
 His Residence Troy, Mo.  
 Number of Burial Certificate           
 Cause of Death           
 Date of Death Oct. 6 - 1927  
 Occupation of the Deceased Child  
 Single, Married, Divorced          Religion           
 Aged          Years          Months 6 Days  
 Birth Place           
 Father Eugene Macomber  
 Birth Place Troy, Mo.  
 Maiden Name of Mother Ruby Jackson  
 Birth Place Sparks, Mo.  
 Name of Husband           
 Name of Wife           
 Informant Eugene Macomber  
 Address Troy, Mo.  
 Body to be shipped to           
 Size and Style of Casket or Coffin white fluted  
 Manufactured by Watney  
 Metallic Lining           
 Outside Box           
 Number of Handles           
 Interment at W. alone Cemetery           
 Lot or Grave No.          Section No.         

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

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Flaming Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill <u>35.00</u>	
By Amount Paid in Advance <u>        </u>	
Balance <u>        </u>	
Entered into Ledger, page <u>        </u> or below <u>        </u>	
Total Debit <u>        </u> \$ <u>        </u>	



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

Remarks:         

NAMES OF PALLBEARERS         

<u>Oct. 8, 1927</u>	Credits <u>By ch</u> <u>35.00</u>

215.00

16.50

20.00

10.00

1.75

5.00

268.25

118.25

150.00

268.25

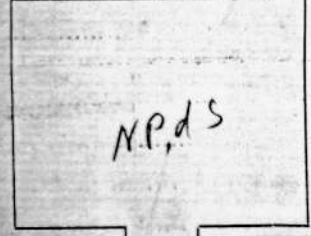
# Record of Funeral

No. \_\_\_\_\_ Date Oct. 15 - 1927 19  
 Name of the Deceased Schurka Frank Sex M Color D  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Oct. 15 - 27  
 Place of Death County farm  
 Funeral Services at County farm  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Carter  
 Certifying Physician Dr. Swails  
 His Residence Natherea, Ia  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death arterio sclerosis  
 Date of Death Oct. 13 - 1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 75 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place Germany  
 Father unknown  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant E. D. Neudinger  
 Address County farm  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 130 steel  
gray crepe  
 Manufactured by Rev. Art  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Natherea South of Natherea Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 85.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	10.00
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	20.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	15.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	135.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

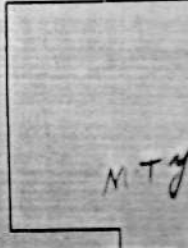


(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

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

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

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Carter  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 59  
 Birth Place Pa  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



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

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

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

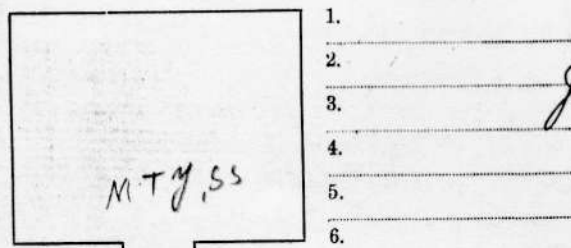
QUILL M 7-28200

# Record of Funeral

No. 19 Date Oct. 17 1927  
 Name of the Deceased Lucius W. Campbell Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Oct. 17 - 1927  
 Place of Death East of Bendona  
 Funeral Services at Campbell Home  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Campbell & Monosmith  
 Certifying Physician Dr. Clutz  
 His Residence Bendona  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Cerebral Hemorrhage  
 Date of Death Oct. 15 - 1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 59 Years, 3 Months, 13 Days  
 Birth Place Droy Kansas  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 870 State  
Half Couch  
 Manufactured by Waterway  
 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	<input checked="" type="checkbox"/>	\$220.00
“ Metallic Lining		
“ Outside Box		
“ Grave Vault		
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)	<input checked="" type="checkbox"/>	20.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse	<input checked="" type="checkbox"/>	15.00
Wagon Deliveries		
Death Notices in Newspapers		
<u>grave bury</u>		5.00
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave	<input checked="" type="checkbox"/>	
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill	<u>complete</u>	260.00
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 \_\_\_\_\_

Jan 23-28 Credits By check 260.00

85.00  
 15.00  
 20.00  
 15.00  
 135.00  
 25.00  
 21.00  
 50.00  
 39.00  
 135.00

# Record of Funeral

No. \_\_\_\_\_ Date Oct. 16-1927 19  
 Name of the Deceased King Reva Alice Sex F. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured Harry L. King  
 Date of Funeral Oct. 16-1927  
 Place of Death Burr Oak  
 Funeral Services at   
 Time of Funeral Services   
 Clergyman \_\_\_\_\_  
 Certifying Physician Dr. Walker  
 His Residence Brook St.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Oct. 16-1927  
 Occupation of the Deceased Infant  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 3 ds. Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place Burr Oak  
 Father Harry L. King  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother Almeta Dowell  
 Birth Place Lowell Kans  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Harry L. King  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #150 white  
lamb  
 Manufactured by Per-ut  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

m m d s

(Diagram of Lot)

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

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

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

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	20.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Oct 20-1927 Credits By cash 15.00  
 Nov 8-30 " " 5.00  
 20.00

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

QUILL M 7-28200

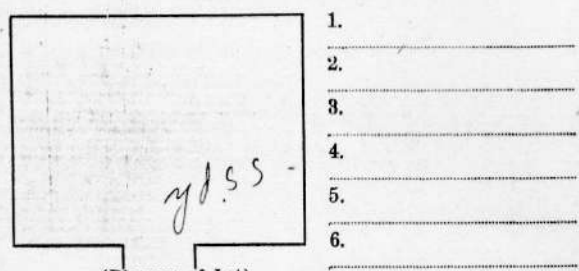
# Record of Funeral

No. 127 19 27 Date Oct. 31 19 27  
 Name of the Deceased Alf Mullens Sex M. Color W  
 Charge to Doughan County Order given by Ed Meidinger

How Secured \_\_\_\_\_  
 Date of Funeral Oct. 31-1927  
 Place of Death County farm  
 Funeral Services at Parsonage Cemetery  
 Time of Funeral Services 3:30 P.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician Dr. Swails  
 His Residence Mathews a Ks  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Oct. 29-1927  
 Occupation of the Deceased farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 36 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin County Hoop Case  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Frank Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

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

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



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

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

Total Debit \_\_\_\_\_ \$ \_\_\_\_\_  
1927  
Nov. 14 Charging Doughan County 50.00

20.00

20.00

15.00

5.00

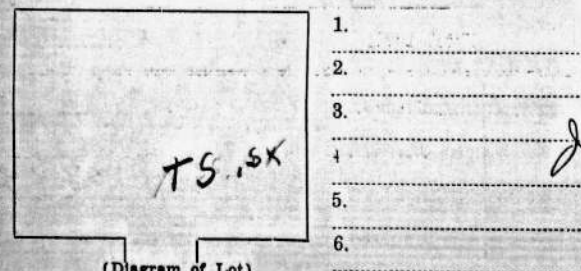
20.00

# Record of Funeral

No. \_\_\_\_\_ Date Nov. 23 1927  
 Name of the Deceased Roderick Alexander David Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Nov. 23-1927  
 Place of Death N. E. of Troy  
 Funeral Services at Home  
 Time of Funeral Services 10 A.M.  
 Clergyman Rev. Campbell  
 Certifying Physician Dr. Swails  
 His Residence Mathena Mo.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Nov. 21-1927  
 Occupation of the Deceased farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 58 Years, \_\_\_\_\_ Months, 5 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_

Informant Mrs. Alex Roderick  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #130 steel  
gray Crepe  
 Manufactured by Ray-Cut  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Courter Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

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

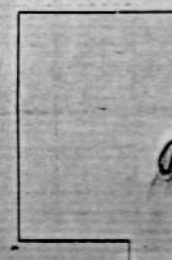
ITEMIZED CHARGES	
Price of Casket or Coffin <u>funeral</u>	\$ 135.00
“ Metallic Lining <u>complete</u>	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and 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	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	
Nov. 10-27 Credits By cash	\$ 50.00
Jan 29-29 Ch. By left Delany Lida	66.00
" 29-29 Ch. By left	23.40
	140.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_ 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 \_\_\_\_\_  
Crepe  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

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

QUILL 7-28200

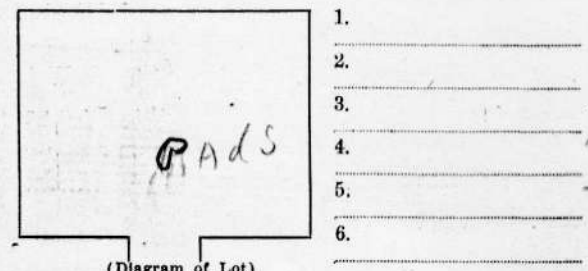
# Record of Funeral

(Miss Hoatcher)

No. \_\_\_\_\_ Date Nov. 21 1927  
 Name of the Deceased Mary Jane Solters Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Nov. 21-1927  
 Place of Death N.E. of Troy  
 Funeral Services at New Hope Church  
 Time of Funeral Services 1:30 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician Dr. Karr - Coroner  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Drowning - Suicide  
 Date of Death Nov. 4 - 1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 83 Years, 8 Months, \_\_\_\_\_ Days  
 Birth Place Bur Oak bottom  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Miss Hoatcher  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #130 Blk  
Crep  
 Manufactured by Pt. Art  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at New Hope Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin <u>4-Complete</u>	\$ <u>1.05.00</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	
<u>Sheet &amp; cotten to wrap body</u>	<u>2.25</u>
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges <u>60 = 40 = 70</u>	<u>1.70</u>
<u>Phone calls &amp; telegram</u>	
Total Footing of Bill	<u>128.95</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: 29

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

Nov. 21-27 Ch by Mrs. Solters 75.00  
1-1-31 Bur to page 1012 83.95  
108.95

Balance transferred  
to page 1015

1927  
W  
 135.00  
 5.00  
 140.00  
 50.00  
 66.00  
 23.40  
 140.00

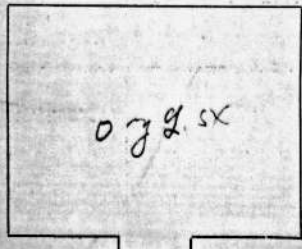


# Record of Funeral

No. \_\_\_\_\_ Date Nov 30 - 1927 19  
 Name of the Deceased Etherington Martha Ann Sex F Color W  
 Charge to Gus Koehler Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Nov. 30 - 1927  
 Place of Death 1 mile east of Farming  
 Funeral Services at Christ Church Farming  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev Campbell  
 Certifying Physician Dr Cardoner  
 His Residence Troy Kan  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pyelitis 2  
 Date of Death Nov. 28 - 1927  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 74 Years, 7 Months, 10 Days  
 Birth Place Laramie Wb  
 Father Thos Etherington  
 Birth Place Ky  
 Maiden Name of Mother Pollie Mutter  
 Birth Place Ky  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Gus Koehler

Address Farming Ks.  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 813  
Silver grey Bohemia 1/2 Couch Style  
 Manufactured by Rx-let  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Sola Cemetery \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

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

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

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

## ITEMIZED CHARGES

Price of Casket or Coffin <u>and</u>	\$	
“ Metallic Lining <u>sample</u>		
“ Outside Box <u>funeral</u>		4.50 <sup>00</sup>
“ 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>metal box top</u>		7.50

Total Footing of Bill 457.50  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Total Debit \$ \_\_\_\_\_  
Rec. 3 Credits Byck 457.50

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

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 66 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

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



(Diagram of Lot)

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

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

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

QUILL M 7-28200

# Record of Funeral

No. \_\_\_\_\_ Date Nov. 30 1927  
 Name of the Deceased Taylor William N. Sex M. Color Irish  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

450.00

7.50

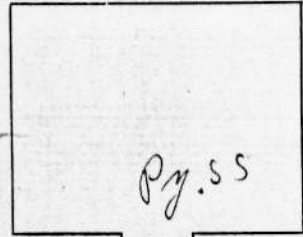
457.50

\$457.50

How Secured \_\_\_\_\_  
 Date of Funeral Dec 1-1927  
 Place of Death Proy Kan  
 Funeral Services at W.M.E. Church  
 Time of Funeral Services 2:30 P.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician Dr. Haller  
 His Residence Proy Kan  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Nov 29-1927  
 Occupation of the Deceased laborer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 66 Years, 10 Months, 9 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 130 steel  
gray Crepe  
 Manufactured by Putz Art.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive. Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin <u>Complete funeral</u>	\$ 100.00
“ Metallic Lining	1.00
“ Outside Box	.00
“ Grave Vault	.00
“ Burial Robe	.00
“ Burial Slippers and Hose	.00
Engraving Plate	.00
Embalming Body (with _____ Fluid)	.00
Washing and Dressing	.00
Shaving	.00
Disinfecting Rooms	.00
Use of Catafalque and Drapery	.00
Use of Folding Chairs	.00
Use of Candelabrum	.00
Candles	.00
Gloves	.00
Crepe	.00
Telephone	.00
Telegraph	.00
Number of Carriages @ \$ _____	.00
Hearse	.00
Wagon Deliveries	.00
Death Notices in _____ Newspapers	.00

NAMES OF NEWSPAPERS	
Flowers	.00
Outlay for Lot	.00
Opening Grave	.00
Lining Grave	.00
Shipping Charges, prepaid	.00
Removal Charges	.00
Cremation Charges	.00
<b>Total Footing of Bill</b>	<b>100.00</b>
By Amount Paid in Advance	.00
Balance	.00
Entered into Ledger, page _____ or below	.00
<b>Total Debit</b>	<b>\$ 100.00</b>



(Diagram of Lot)

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

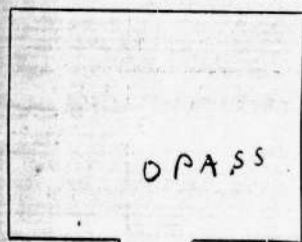
Remarks: \_\_\_\_\_

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

# Record of Funeral

No. \_\_\_\_\_ Date Dec. 3-1927 19\_\_\_\_  
 Name of the Deceased Elder James D. Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec 5-1927  
 Place of Death N. W. of Troy  
 Funeral Services at M. E. Church Troy  
 Time of Funeral Services 2:30 A.M.  
 Clergyman Rev. Monson Smith  
 Certifying Physician Dr. Cardonier  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Dec 3-1927  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 73 Years, 3 Months, 6 Days  
 Birth Place Scott County Mo.  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife Janet Elder  
 Informant Mrs Jas D Elder  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #110 Brown finish metallic sealer  
 Manufactured by Missouri Casket Co.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

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

ITEMIZED CHARGES	
Price of Casket or Coffin <u>Complete</u>	\$ <u>500</u>
“ Metallic Lining <u>funeral</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	_____
<u>made for</u>	<u>1.00</u>
NAMES OF NEWSPAPERS	
Flowers	<u>7.50</u>
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
<u>Metal look top</u>	<u>7.50</u>
Total Footing of Bill	<u>516.00</u>
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

Jan 14 1928 credits by ch 516.00

QUILL 7-28200

# Record of Funeral

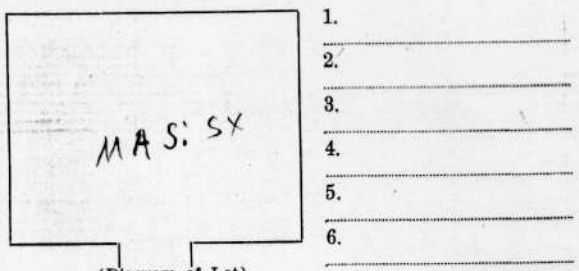
CHARGES	
Funeral	5.00
Flower	1.00
Transportation	7.50
Other	51.60
<b>Total</b>	<b>67.10</b>
Cash	51.60

No. \_\_\_\_\_ Date Dec 10 1927  
 Name of the Deceased Dukes Sadie Sex F Color N  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec 10 - 1927  
 Place of Death Sherridan Kan  
 Funeral Services at Sherridan Mo  
 Time of Funeral Services 1 P.M.  
 Clergyman Rev Day  
 Certifying Physician Dr R.B. Chutz  
 His Residence Bendona Kan  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Child birth  
 Date of Death Dec 8 - 1927  
 Occupation of the Deceased Nurse  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 29 Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Birth Place Sherridan Mo  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Geo Dukes  
 Name of Wife \_\_\_\_\_  
 Informant Geo Dukes  
 Address Sherridan Kan  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 870 state heaf couch (Special)  
 Manufactured by Gateway  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Sherridan Mo Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 215.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe <u>dress</u>	15.00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with <u>and ice</u> Fluid)	30.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse <u>To Sherridan Mo 204 miles round trip</u>	40.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<b>Total Footing of Bill</b>	<b>320.00</b>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
<b>Total Debit</b>	<b>\$</b>



(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 Dec 26 - 1927

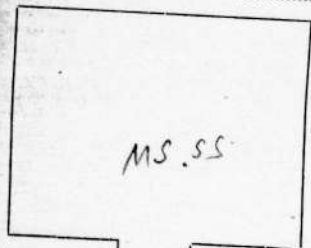
NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Dec. 29 1927  
 Name of the Deceased Hattie (Murphy) Hahn Sex F. Color W  
 Charge to Paley Murphy Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec 29-1927  
 Place of Death Ableton City Able  
 Funeral Services at Baptist Church Wg  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Tuberculosis  
 Date of Death Dec 27-1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

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



(Diagram of Lot)

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

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

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

### ITEMIZED CHARGES

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

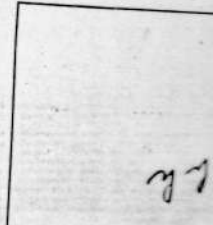
### NAMES OF NEWSPAPERS

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

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

Jan 26 28 Credits By Ch 25.00

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



(Diagram of Lot)

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

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

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

QUILL M 7-28200

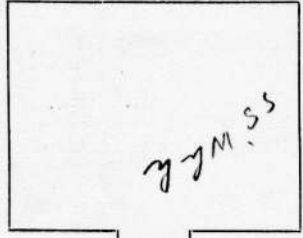
# Record of Funeral

No. \_\_\_\_\_ Date Jan 9 1928  
 Name of the Deceased Strahan George W Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 9 - 1928  
 Place of Death Brook Hanson  
 Funeral Services at M.E. Church  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician Dr. Haller  
 His Residence Brook Han  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan 7 - 1928  
 Occupation of the Deceased Club of Dist. Court  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 83 Years, 8 Months, 10 Days  
 Birth Place Union County Pa.  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife Mary Strahan  
 Informant Wm H. Strahan  
 Address Brook Han  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #580 Blue  
Schaefer 7 handles Plush  
 Manufactured by Maturay  
 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>finished</u>	\$ 3.35 <sup>00</sup>
" Metallic Lining <u>complete</u>	
" Outside Box	
" Grave Vault	<input checked="" type="checkbox"/>
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with <u>Fluid</u> )	
Washing and Dressing	
Shaving	<input checked="" type="checkbox"/>
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	<input checked="" type="checkbox"/>
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS	
Flowers	10.00
Outlay for Lot	
Opening Grave	
Lining Graves <u>decorating</u>	<input checked="" type="checkbox"/>
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	345.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____



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

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

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

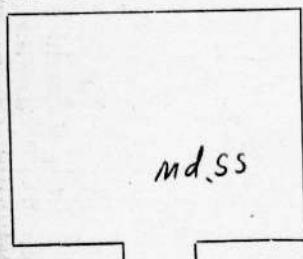
# Record of Funeral

7

No. \_\_\_\_\_ Date Jan 11 1928  
 Name of the Deceased Julia Smith Sex F. Color W  
 Charge to John B Kennedy Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 11-1928  
 Place of Death Los Angeles Cal  
 Funeral Services at J.B. Kennedy Home  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Chronic Myocarditis  
 Date of Death Jan 6-1928  
 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 John B Kennedy  
 Address Droy St.  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Silver grey  
Crepe  
 Manufactured by \_\_\_\_\_  
 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	- - - - -	
" 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	- - - - -	@ \$
Hearses	<u>No team &amp; funeral</u>	<u>15.00</u>
Wagon Deliveries	- - - - -	
Death Notices in _____ Newspapers	- - - - -	<u>10.00</u>
NAMES OF NEWSPAPERS		
Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	
Lining Grave	- - - - -	<u>5.00</u>
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	
<u>Drayage lot to cimet</u>	- - - - -	<u>1.00</u>
Total Footing of Bill	- - - - -	<u>31.00</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 \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to Geo  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman Rev  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the \_\_\_\_\_  
 Single, Married, \_\_\_\_\_  
 Aged 74  
 Birth Place A  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped \_\_\_\_\_  
 Size and Style of \_\_\_\_\_  
grey  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_

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

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

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

# Record of Funeral

No. \_\_\_\_\_ Date Jan 19 1928  
 Name of the Deceased Meers James M. Sex M. Color W  
 Charge to Geo Meers Order given by \_\_\_\_\_

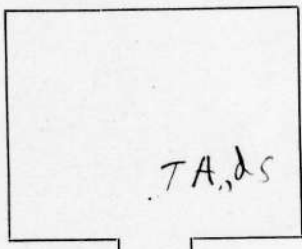
How Secured \_\_\_\_\_  
 Date of Funeral Jan 19-1928  
 Place of Death Home of Geo Meers  
 Funeral Services at Mosquito Creek School House  
 Time of Funeral Services 2:30 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician Dr. Cardonner  
 His Residence Brook Haven  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Cystitis  
 Date of Death Jan 18-1928  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 74 Years, 4 Months, 7 Days  
 Birth Place Brook Haven  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Geo Meers  
 Address Brook Haven  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #141 steel  
grey crepe  
 Manufactured by Waterway  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mosquito Creek Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin	<u>9 complete</u>	<u>135.00</u>
" Metallic Lining		
" Outside Box		
" Grave Vault		
" Burial Robe		<u>15.00</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>150.00</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____, or below	

Total Debit		\$
4/24/28	Credits By cash	40.00
5/12/28	" "	20.00
5/22/28	" "	20.00
9/4/28	By che	70.00
		<u>150.00</u>



(Diagram of Lot)

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

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

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

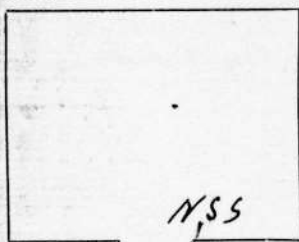
1928  
 15.00  
 10.00  
 5.00  
 1.00  
 31.00  
 31.00



# Record of Funeral

No. \_\_\_\_\_ Date Jan 31 - 1928 19\_\_\_\_  
 Name of the Deceased Hallace Merle John Sex M. Color Negro  
 Charge to Irvin Parker Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 31 - 1928  
 Place of Death Gray Kansas  
 Funeral Services at none  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman none  
 Certifying Physician Dr. Cordonier  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan 30 - 1928  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, 1 Months, 3 Days  
 Birth Place \_\_\_\_\_  
 Father John (Bro.) Wallace  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Boyan Snoddy  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

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

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

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

### 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	\$ _____

2-23-1928. Ch by I & Parker 15.00  
 Credits

QUILL M 7-28200

# Record of Funeral

1918  
Color Negro

No. \_\_\_\_\_ Date Feb. 4 - 1928 19\_\_\_\_  
Name of the Deceased Marsh William Shepard Sex M. Color N  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

AGES  
\$ 15.00  
Fluid)  
or below  
\$  
Parker 15.00

How Secured \_\_\_\_\_  
Date of Funeral Feb. 4 - 1928  
Place of Death N.W. Troy  
Funeral Services at Fanning  
Time of Funeral Services 2 P.M.  
Clergyman Rev. T. M. Mabley  
Certifying Physician \_\_\_\_\_  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Date of Death Feb. 2 - 1928  
Occupation of the Deceased farmer  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged 67 Years, 11 Months, 14 Days  
Birth Place Zafayette Tenn.  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant Paul G. Marsh  
Address Troy Tenn  
Body to be shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin # 870 slab  
half casket  
Manufactured by Gateway  
Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at Fanning Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

### ITEMIZED CHARGES

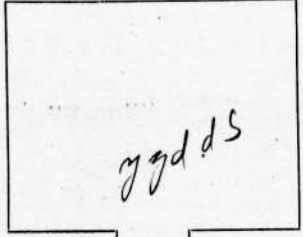
Price of Casket or Coffin + complete \$ 265.00  
" Metallic Lining - - - - - ✓  
" Outside Box - - - - - ✓  
" Grave Vault - - - - -  
" Burial Robe suit 35.00  
" Burial Slippers and Hose - - - - -  
Engraving Plate - - - - -  
Embalming Body (with \_\_\_\_\_ Fluid) ✓  
Washing and Dressing - - - - -  
Shaving - - - - - ✓  
Disinfecting Rooms - - - - -  
Use of Catafalque and Drapery - - - - -  
Use of Folding Chairs - - - - -  
Use of Candelabrum - - - - -  
Candles - - - - -  
Gloves - - - - -  
Crepe - - - - -  
Telephone - - - - -  
Telegraph - - - - -  
Number of Carriages @ \$ \_\_\_\_\_  
Hearse - - - - - ✓  
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 - - - - - 310.00  
By Amount Paid in Advance - - - - -  
Balance - - - - -  
Entered into Ledger, page \_\_\_\_\_ or below  
Total Debit - - - - - \$

Feb. 9, 1928 Credits By check 310.00



(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 \_\_\_\_\_

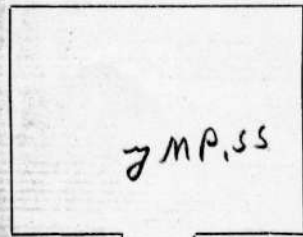
# Record of Funeral

No. \_\_\_\_\_ Date Feb. 7 1928  
 Name of the Deceased Duncan Martha Evelyn Sex F Color W  
 Charge to Jess Blanton Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Feb. 7-1928  
 Place of Death Severance Kans.  
 Funeral Services at M.E. Church Severance  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Whittley  
 Certifying Physician Dr. Green  
 His Residence Severance Kans.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Endocarditis  
 Date of Death Feb. 4-1928  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 38 Years, 7 Months, 18 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Virgil Duncan  
 Name of Wife \_\_\_\_\_  
 Informant Virgil Duncan  
 Address Severance Kans.  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 811 octagon  
State half coach  
Ret. Art.  
 Manufactured by \_\_\_\_\_  
 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>complete</u>	\$ <u>325.00</u>
Metallie Lining <u>upline</u>	✓
Outside Box	✓
Grave Vault	
Burial Robe <u>dress</u>	\$ <u>19.00</u>
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with <u>fluid</u> )	✓
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <u>md. 55</u>	✓
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	✓
Lining Grave <u>0.55</u>	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges <u>0.55</u>	
Total Footing of Bill	\$ <u>344.00</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 M 7-28200

# Record of Funeral

No. 1028 Date Feb. 8 1928  
 Name of the Deceased Roderick Martha Ann Sex F Color R  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

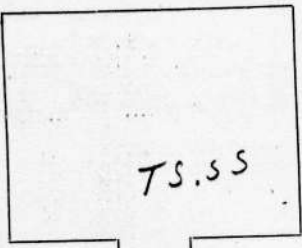
How Secured \_\_\_\_\_  
 Date of Funeral Feb. 8 - 1928  
 Place of Death NE of Troy  
 Funeral Services at her home  
 Time of Funeral Services 10 A.M.  
 Clergyman Rev. Campbell  
 Certifying Physician Dr. Condover  
 His Residence Troy, Kans.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Feb. 5 - 1928  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 65 Years, 3 Months, 3 Days  
 Birth Place Troy, Kansas  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Mrs. Roy Duggs  
 Address Troy, Kansas  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 141 steel  
Grey Crepe  
 Manufactured by Gateway  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Courter Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin <u>funeral</u>	\$ 1.35 <sup>00</sup>
" 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	1.40 <sup>00</sup>
By Amount Paid in Advance <u>Interest</u>	8 <sup>66</sup>
Balance <u>11/25</u>	1.48 <sup>66</sup>
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Jan 19-29 credits check by  
all balance adm 148<sup>60</sup>



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

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

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

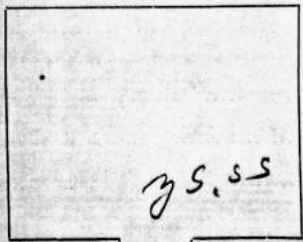
# Record of Funeral

No. \_\_\_\_\_ Date Feb. 7 - 1928  
 Name of the Deceased Boyer John Wm Sex M Color W  
 Charge to Douglas County Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Feb. 6 - 1928  
 Place of Death Stells Sanitarium Atchison  
 Funeral Services at Karr Funeral Home  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Carter - Mathews  
 Certifying Physician J. E. Stover  
 His Residence Atchison, Mo.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Feb. 5 - 1928  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 70 Years, 2 Months, 4 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Clarence Boyer  
 Address Mathews Kans  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 51 blk  
Wof case  
 Manufactured by Ret-cut  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at County Farm Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin <u>case of</u>		\$
“ Metallic Lining <u>body &amp;</u>		
Outside Box <u>case</u>		50.00
Grave Vault		
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		
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>Trif to Atchison after</u>		10.00
<u>body</u>		
Total Footing of Bill		60.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$



(Diagram of Lot)

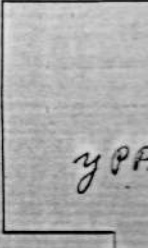
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: Filed 2-28-28

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, Divorced \_\_\_\_\_  
 Aged 76  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Clarence Boyer

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



(Diagram of Lot)

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

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

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

QUILL 7-28200

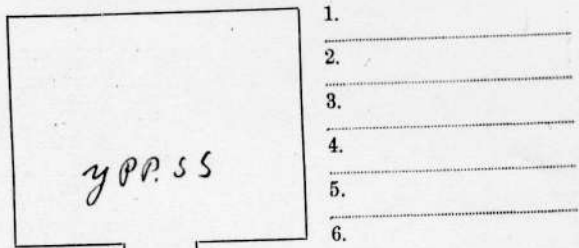
# Record of Funeral

No. \_\_\_\_\_ Date Feb 10 1928  
 Name of the Deceased Zimmerman Mary Ed. Sex F Color W  
 Charge to Anna Zimmerman Order given by Anna Zimmerman

How Secured \_\_\_\_\_  
 Date of Funeral Feb. 10 - 1928  
 Place of Death Brooklyn  
 Funeral Services at Zimmerman Home  
 Time of Funeral Services 2:30 P.M.  
 Clergyman Rev. Everett  
 Certifying Physician Dr. Haller  
 His Residence Brooklyn  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Feb. 8 - 1928  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced Widowed Religion \_\_\_\_\_  
 Aged 76 Years, 2 Months, 6 Days  
 Birth Place New York  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Anna Mary Zimmerman  
 Address Brooklyn  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 216 Tan  
Jacquard Ardour Tan Suit  
 Manufactured by Reti-ut  
 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	+ funeral	3.50 <sup>00</sup>
Metallie 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		

NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		35 <sup>00</sup>
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 \_\_\_\_\_

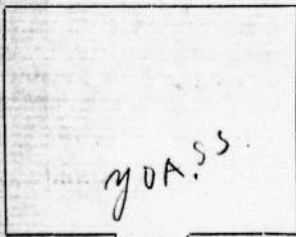
50<sup>00</sup>  
 Fluid)  
 after 10<sup>00</sup>  
 60<sup>00</sup>  
 or below  
 \$  
 60<sup>00</sup>

Feb. 22<sup>nd</sup> 1928 By check 35<sup>00</sup>

# Record of Funeral

No. \_\_\_\_\_ Date Feb. 25 - 1928 19\_\_  
 Name of the Deceased Yates Harriet Jane Sex F. Color W  
 Charge to Estate Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Feb. 26 - 1928  
 Place of Death Brook Haven  
 Funeral Services at M.E. Church  
 Time of Funeral Services 3:30 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician Dr. Condoner  
 His Residence Brook Haven  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Feb. 25 - 1928  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced, Religion \_\_\_\_\_  
 Aged 75 Years, 1 Months, 20 Days  
 Birth Place St. Joseph Mo.  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant E. D. Yates  
Horton K.  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

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

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

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

### ITEMIZED CHARGES

Price of Casket or Coffin <u>&amp; inner</u>	\$ <u>325.00</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	<u>1.75</u>

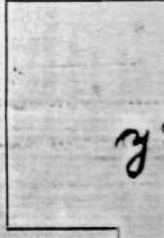
### NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	✓
Shipping Charges, prepaid	
Removal Charges	
Operation Charges	<u>2.50</u>
Total Footing of Bill	<u>329.25</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

4/16/28 Credits Ch. by  
J. S. Norman Gden 329.25

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, \_\_\_\_\_  
 Aged 77  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 1/2 Cor  
 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: XXX

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

QUILL M 7-28200

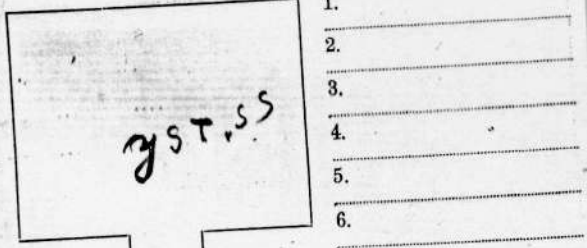
# Record of Funeral

No. \_\_\_\_\_ Date March 10 1928  
 Name of the Deceased Jenkins Rebecca Sex F Color R  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March 10-1928  
 Place of Death N.E. of Sparks  
 Funeral Services at Her Home  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Quonberry  
 Certifying Physician Dr. Stalling  
 His Residence Arroyo Sts  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Tuberc Pneumonia  
 Date of Death March 8-1928  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 77 Years, 11 Months, 6 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 200 flush  
1/2 Couch 4th extra  
 Manufactured by Ret-art  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Dennis Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin	<u>funeral</u>	\$ _____
Metallc Lining	<u>Complete</u>	297.00
Outside Box		
Grave Vault		
Burial Robe	<u>dress</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>flowers by family</u>	10.00
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		307.00
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: XXXX rumbet.

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

325.00

1.75

2.50

32.90

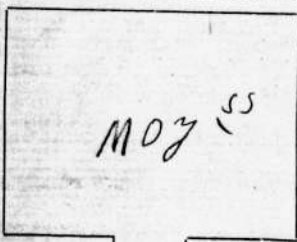
Gden 329.25



# Record of Funeral

No. \_\_\_\_\_ Date March 10 1928  
 Name of the Deceased Brownlee Miller Sex F. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March 11-1928  
 Place of Death Sparks Kansas  
 Funeral Services at Christians City Park  
 Time of Funeral Services 2:30 P.M.  
 Clergyman Rev. [unclear]  
 Certifying Physician Dr. Stanford  
 His Residence Highland Mo.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death March 9-1928  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 78 Years, 4 Months, 29 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Mrs. T.H. Jackson  
Highland Mo.  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #640 doe  
half round  
 Manufactured by Gateway  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Polk 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>prepaid</u>
Metallic Lining	<u>complete</u> 1.85 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	10 00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill 1.95 00  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below

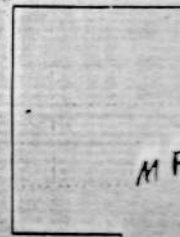
1928 Total Debit \_\_\_\_\_ \$  
3-12-28 By Ch 185 00  
                  By Cash 10 00  
                  credits 195 00

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

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 \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

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



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

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

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

QUILL 7-28200

# Record of Funeral

141

No. \_\_\_\_\_ Date March 14 1928  
Name of the Deceased Decker David Clinton Sex C Color W  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

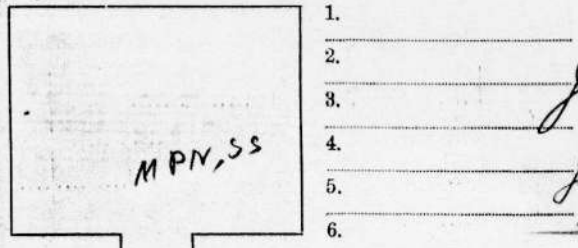
CHARGES

Funeral	1.85 00
Fluid	
Flowers	
Newspapers	
PERS	10 00
or below	
Cash	195 00

How Secured \_\_\_\_\_  
Date of Funeral March 14-1928  
Place of Death Troy Kansas  
Funeral Services at Kerr's Funeral Home  
Time of Funeral Services 2 P.M.  
Clergyman Rev. Leff  
Certifying Physician Dr. Staller  
His Residence Troy Kan  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Date of Death March 11-1928  
Occupation of the Deceased \_\_\_\_\_  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged 80 Years, 9 Months, 16 Days  
Birth Place Prairie County Virginia  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant James Decker  
Address Troy Kan  
Body to be shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin #580 hwp  
Amish  
Manufactured by Gateway  
Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at McEllin Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES

Price of Casket or Coffin <u>funeral</u>	\$ 0.00
" Metallic Lining <u>complete</u>	2.35
" Outside Box	-
" Grave Vault	-
" Burial Robe	-
" Burial Slippers and Hose	-
Engraving Plate	-
Embalming Body (with <u>Fluid</u> )	-
Washing and Dressing	-
Shaving	-
Disinfecting Rooms	-
Use of Catafalque and Drapery	-
Use of Folding Chairs	-
Use of Candelabrum	-
Candles	-
Gloves	-
Crepe	-
Telephone	-
Telegraph	-
Number of Carriages @ \$	-
Hearse	-
Wagon Deliveries	-
Death Notices in <u>Newspapers</u>	1.75
<u>shirt + collar</u>	1.65
NAMES OF NEWSPAPERS	8 00
Flowers	-
Outlay for Lot	-
Opening Grave	-
Lining Grave	-
Shipping Charges, prepaid	-
Removal Charges	-
Cremation Charges	-
<u>pressing suit</u>	75
Total Footing of Bill	247 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 \_\_\_\_\_

June 5-28 Credits By ch on  
Report of Dr. Decker 145 00  
June 15-29 By note 102 15  
147 15

See note

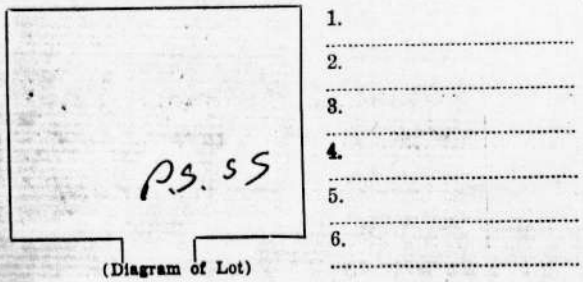
# Record of Funeral

No. \_\_\_\_\_ Date March 13 1928  
 Name of the Deceased Goacher David Sex M. Color W  
 Charge to John Goacher - Clarksburg Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March 13-1928  
 Place of Death Conty Furn  
 Funeral Services at Kate Funeral Home  
 Time of Funeral Services 10 a.m.  
 Clergyman Rev Campbell  
 Certifying Physician Dr. Shucils  
 His Residence Mathena Mo  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death March 11-1928  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 77 Years, 4 Months, 13 Days  
 Birth Place Danville County Ill  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Clara King  
Highland Mo  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #130 Blk  
Crest  
 Manufactured by Rx-art  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Moray Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin <u>4 funeral</u>	\$ <u>100.00</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	<u>100.00</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: John D Goacher  
Centralia, Kans

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

M  
 7-28200

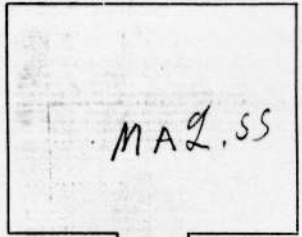
# Record of Funeral

No. \_\_\_\_\_ Date March 19 1928  
 Name of the Deceased Kiehnhoff Caroline Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March 19-1928  
 Place of Death Wathena Kansas  
 Funeral Services at her home  
 Time of Funeral Services 2 P.M.  
 Clergyman Dr. Cordonier Rev. M. Hunter  
 Certifying Physician Dr. Cordonier  
 His Residence Wray Ki  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death March 17-1928  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 87 Years, 10 Months, 5 Days  
 Birth Place Germany  
 Father Carl Kiehnhoff  
 Birth Place Germany  
 Maiden Name of Mother Minnie Bendt  
 Birth Place Germany  
 Name of Husband Fred Kiehnhoff  
 Name of Wife \_\_\_\_\_  
 Informant Will Kiehnhoff  
 Address Wray Kans  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 580 Blue silver half coach  
 Manufactured by Waters  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Cordonier Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin <u>complete</u>	2.00
Metallie Lining <u>funeral</u>	2.35
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>dress</u>	19.00
Total Footing of Bill	254.00
By Amount Paid in Advance <u>Interest</u>	20.00
Balance	274.00
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 \_\_\_\_\_

See note  
 Wm Kiehnhoff

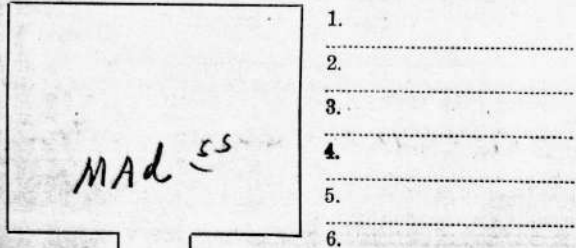
# Record of Funeral

No. \_\_\_\_\_ Date March 20 1928  
 Name of the Deceased Berity Albert William Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March 20 - 1928  
 Place of Death between Troy & Joseph  
 Funeral Services at St. Ann's Church  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Ruff  
 Certifying Physician Dr. Cordover  
 His Residence Troy, Kans.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death struck by train  
 Date of Death March 17, 1927  
 Occupation of the Deceased farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 27 Years 9 Months 12 Days  
 Birth Place Mathews, Kans.  
 Father Albert & Berity  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant E. E. Shields  
 Address Madison, Mo.  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 870 GA steel top fully st. 1/2 cover  
 Manufactured by Gateway  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Ann's Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin + funeral	\$ 265.00
Metallc 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	

NAMES OF NEWSPAPERS	
Flowers	10.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>Amulance to Home</u>	115.00
Total Footing of Bill	00
By Amount Paid in Advance	290
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 \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the D \_\_\_\_\_  
 Charge to B  
 How Secured \_\_\_\_\_  
 Date of Funer \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Servi \_\_\_\_\_  
 Time of Funer \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Ph \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Bu \_\_\_\_\_  
 Cause of Dea \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of \_\_\_\_\_  
 Single, Marri \_\_\_\_\_  
 Aged 5 \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husb \_\_\_\_\_  
 Name of Wif \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shi \_\_\_\_\_  
 Size and Style \_\_\_\_\_  
 Manufactured \_\_\_\_\_  
 Metallic Lini \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Ha \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave \_\_\_\_\_  
 (Diagr \_\_\_\_\_  
 Designate all C \_\_\_\_\_  
 mark space for t \_\_\_\_\_  
 Designate plac \_\_\_\_\_  
 Use space to th \_\_\_\_\_  
 in Lot.  
 Remarks: \_\_\_\_\_

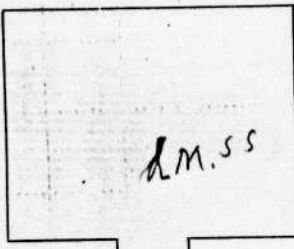
NAMES OF \_\_\_\_\_

QUILL 7-28200

# Record of Funeral

No. \_\_\_\_\_ Date March 24 1928  
 Name of the Deceased Daniels Mary Sex F Color W  
 Charge to Bess Bailey Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March 25-1928  
 Place of Death Kansas City Mo.  
 Funeral Services at Kan Funeral Home  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Parker  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death March 23-1928  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 51 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place Proy Kansas  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Bess Bailey  
 Address Wathena Kan  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin #51 Blk case  
 Manufactured by Rx-art  
 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	+ Trips to \$	2.00
" Metallic Lining	- K.C., Mo.	1.05
" 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	1.05	00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$

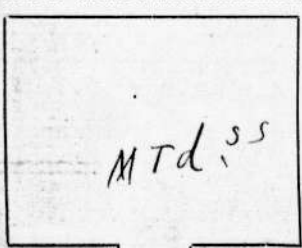
3/24/28 Ch By Bess Bailey 30 00  
 Credits  
 3/24/28 Cr To by Bess Bailey 75 00

0 1928  
 color W  
 265 00  
 Fluid)  
 10 00  
 11.50  
 990 00  
 or below  
 290 00

# Record of Funeral

No. \_\_\_\_\_ Date March 26 1928  
 Name of the Deceased Farris Otto Lee Sex M Color W  
 Charge to Mrs Adeline Bailey Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March 27-1928  
 Place of Death Troy Kansas  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. J. S. Beaur  
 Certifying Physician Dr. Cordonier  
 His Residence Troy Mo  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pulmonary Tuberculosis  
 Date of Death March 24-1928  
 Occupation of the Deceased Hotel Clerk  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 26 Years, 8 Months, 17 Days  
 Birth Place Mullon Brook Mo  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant Mrs. Geo. Schaeffer  
 Address Troy, Kans.  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 870 state  
half casket  
 Manufactured by Saturday  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Mora Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. 149th 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>265.00</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		<u>265.00</u>
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$ _____

4/9/28 Credits By cash 265.00

7-28200

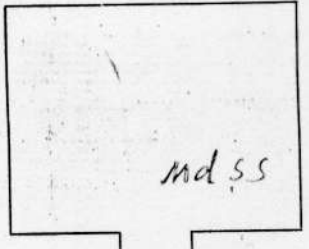
# Record of Funeral

No. \_\_\_\_\_ Date April 6 1928  
 Name of the Deceased Miller George Sex M. Color W  
 Charge to Chas Whitaker Order given by \_\_\_\_\_

### ITEMIZED CHARGES

How Secured \_\_\_\_\_  
 Date of Funeral April 6 - 1928  
 Place of Death Poplar Hill  
 Funeral Services at Karr Funeral Home  
 Time of Funeral Services 3 P.M.  
 Clergyman Rev Finch  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pulmonary TB.  
 Date of Death April 4 1928  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 53 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 Very Large  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St Anne Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Price of Casket or Coffin	\$	
" Metallic Lining		
" Outside Box		
" Grave Vault		
" Burial Robe		
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		15.00
Wagon Deliveries		
Death Notices in _____ Newspapers		
<u>Personal services</u>		15.00
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		5.10
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		35.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit	\$	



(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 Jas Pally Undertaking Co  
 NAMES OF PALLBEARERS Poplar Hill

4/9/28 Credited by Chas Whitaker 35.00



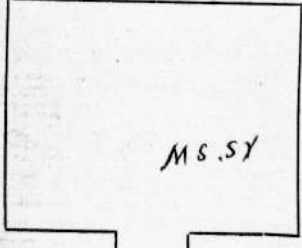
# Record of Funeral

No. \_\_\_\_\_ Date April 6 1928  
 Name of the Deceased Amstrong Alice Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral April 6 - 1928  
 Place of Death \_\_\_\_\_  
 Funeral Services at Kard Funeral Home  
 Time of Funeral Services 1:30 P.M.  
 Clergyman Rev. Beaman  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Epilepsy  
 Date of Death April 4 - 1928  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 20 Years, \_\_\_\_\_ Months, 23 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Gray Crepe  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Cordonia Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

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

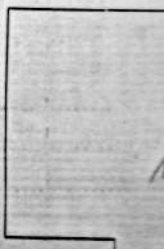


(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: From Union Hill  
Shipped by

NAMES OF PALLBEARERS Karsten & Patterson  
Nebraska City  
Nebr.

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 59 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



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

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

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

QUILL 7-28200

# Record of Funeral

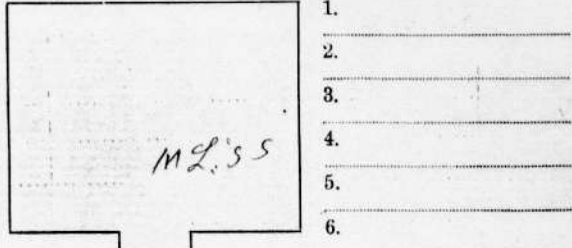
No. \_\_\_\_\_ Date April 8 19 78  
 Name of the Deceased Livie W. Person Sex W Color W  
 Charge to L. Person Order given by Geo Johnson

How Secured \_\_\_\_\_  
 Date of Funeral April 8 - 1978  
 Place of Death San Antonio Texas  
 Funeral Services at KARL Funeral Home  
 Time of Funeral Services 2 P.M.  
 Clergyman Eastern Star service  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Arterio Sclerose  
 Date of Death Jan 6 - 1978  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 59 Years, 10 Months, 4 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant L. Person

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>P. H. Joseph &amp; funeral</u>	<u>29.00</u>
Wages <u>series Bets to Court</u>	<u>1.00</u>
Notices in Newspapers	
<u>Funeral service</u>	<u>10.00</u>

Address \_\_\_\_\_  
 Body to be shipped to By Gilbert & Phelps  
 Size and Style of Casket or Coffin Upright silver  
funeral sealer  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Anne Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave & dir. <u>5.00</u>	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	<u>36.00</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.

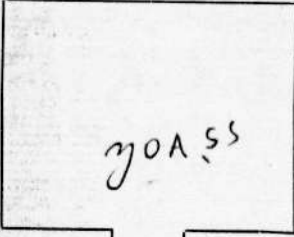
Remarks: \_\_\_\_\_

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

# Record of Funeral

No. \_\_\_\_\_ Date April 14 1928  
 Name of the Deceased King Rachel Minerva Ann Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral April 14-1928  
 Place of Death her home  
 Funeral Services at First Oak Baptist Church  
 Time of Funeral Services 2 1/2  
 Clergyman Rev. Carter  
 Certifying Physician Dr. Waller  
 His Residence Troy Mo.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death April 12-1928  
 Occupation of the Deceased housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 72 Years 6 1/2 Months, 5 Days  
 Birth Place Washburn Mo.  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife Mary F. King  
 Informant \_\_\_\_\_  
 Address Troy Mo.  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin # 811 Oregon state half couch  
 Manufactured by Re-Art.  
 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 <u>Funeral</u>	.....
" Metallic Lining <u>bronze</u>	325.00
" Outside Box <u>✓</u>	.....
" Grave Vault	.....
" Burial Robe	.....
" Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with <u>✓</u> Fluid)	.....
Washing and Dressing <u>✓</u>	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages <u>✓</u> @ \$	.....
Hearse <u>✓</u>	.....
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....

NAMES OF NEWSPAPERS	
Flowers	.....
Outlay for Lot	.....
Opening Grave	.....
Lining Grave <u>✓</u>	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
Total Footing of Bill	325.00
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....
Total Debit	\$

Apr 15-28 Credit Ch. By C.F. King 1.50 00  
May 4-29 Ch. By C.F. King 175.00  
325.00

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



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

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

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

QUILL 728200