INDEX

HARMAN FUNERAL HOME

1929 TO 1933

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Banie	Emma F	175
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HARMAN FUNERAL HOME

1929 TO 1933

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Wayman	Sarah	225
Whittaker	David Frank	216
Williams	Everett	212
Williamson	Mary C	229
Yeigh	David G	150
Young	Clara A	140

Funeral of Watkins Nettie May Charge to Fred H. Watkins Account No.

Payment Guaranteed by Address Serial No. 101

Phone Date Jan 3-1931 Annual No. 456

Description of Service	Amount	Date		✓	Credits
Casket and Services complete	285.00	1-6 31	By check		50.00
Embalming		2-19-43	By cash Tom Davis		75.00
Outer Case or Vault			To close account		
Washing and Dressing			By loss		175.50
Shaving					
Slumber Robe					
Suit or Dress dress + clothing					
Other Articles of Clothing	10.00				
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of doz. Chairs					
Flowers	3.50				
Clergyman					
Singers					
Casket Coach					
Use of Funeral Cars					
Use of Flower Cars					
Professional Supervision					
298.50					
125.00					
173.50					
To Funeral Complete	298.50				298.50

Bank paid 6-23-33

T. 1927
ES-ROSS CO., INDIANAPOLIS

Name of Deceased Watkins Nettie May Residence Fanning

Funeral at Residence Mortuary Church L. D. S. Date Jan 3-1931 Hour 2 P.M. Clergyman Rev. Trombly

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. 611 Style Octagon 1/2 Couch		
Interior Peach Barcourt Covering Velour Rioga		
Manufacturer Peoria Casket Co.		
Total Net Cost of Casket	75.06	
Outer Case		
Vault		
Embalming	92.59	
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MNS 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks: Embalmed By Stahl Funeral Home Independence Mo

*Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death In Independence Mo

Date of Death Jan 1. 1931

Cause of Death Contributory

Duration Autopsy

Sex F Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth June 7 1886 Age, Years 44 Months 6 Days 24

Occupation housewife

How Long at Place of Death

Birthplace—City or County Fanning State or Country Kans.

Name of Father Stephen Davis

Birthplace of Father Fanning Kans

Maiden Name of Mother Elizabeth Blanton

Birthplace of Mother Fanning Kans

Signed M.D. Coroner

Address Date

Interment at Fanning Cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call Wm Watkins

Insured in Amount

Beneficiary

FUNERAL OF Frank Applegate CHARGE TO Dow. Co. ACCOUNT NO. 102

PAYMENT GUARANTEED BY ADDRESS SERIAL NO.

PHONE DATE Jan. 5-1931 ANNUAL NO. 1

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓	CREDITS
Casket and Services & ambulance	80.00	1-8-31	Ck Douglas Co.		80.00
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of Funeral Cars					
Use of Flower Cars					
Professional Supervision					
Dr W. S. T. Forrigan	15.00				
Mr Neil Hoop	2.00				
TO FUNERAL COMPLETE	80.00				80.00

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Name of Deceased Frank Applegate Residence Blair Kansas

Funeral at Residence Mortuary Church Troy Baptist Date Jan 5-1931 Hour 2 30 Clergyman Carter & Tournage

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits	
Charge for Complete Funeral			
Casket No. 5 Style octagon			
Interior silk Covering Blk Crepe			
Manufacturer Rx			
Total Net Cost of Casket	239		
Outer Case			
Vault			
Embalming			
Clothing			
Total Cash Advances			
Total Net Cost of Funeral			
Gross Profit on Funeral		OT	SS
*Less Overhead Per Funeral			
Net Profit Apparent			

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Mo Methodist Hosp.

Date of Death Jan 3-1931

Cause of Death Gun shot back Contributory

Duration Autopsy

Sex M. Color or Race W

Single ✓ Married Widowed Divorced Child

Date of Birth Feb. 2-1915 Age, Years 15 Months 10 Days 18

Occupation farmer

How Long at Place of Death

Birthplace—City or County Little Rock State or Country Ark.

Name of Father Geo Applegate

Birthplace of Father Forbes Mo

Maiden Name of Mother Ida Jungle

Birthplace of Mother Michigan

Signed H. L. Forgrave M.D. Coroner

Address St Joseph Mo. Date

Interment at Mt Olive Cemetery Troy

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Nesser Emmett E. CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 103

PHONE _____ DATE Jan 21-1931 ANNUAL NO. 2

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
Casket and Services complete	265.00	1-25-31	By check		292.00
Embalming					
Outer Case or ~~Vault~~					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress suit	25.00				
Other Articles of Clothing underwear + sock	2.00				
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of _____ doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of _____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
TO FUNERAL COMPLETE	292.00				292.00

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Name of Deceased Nesser Emmett E. Residence Sparks Kansas R.F.D

Funeral at Residence Mortuary Church L.D.S. Date Jan 21-31 Hour 2 P.M. Clergyman Rev. Trombly

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST	DEBITS		CREDITS	
Charge for Complete Funeral			292	.00
Casket No. 807 Style state half couch				
Interior Cr Olympic Covering Plush				
Manufacturer Rx				
Total Net Cost of Casket	45	55		
Outer Case				
Vault				
Embalming	T	55		
Clothing suit				
Total Cash Advances				
Total Net Cost of Funeral				
Gross Profit on Funeral	246	45		
*Less Overhead Per Funeral				
Net Profit Apparent				

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death Home of Father N/E of Sparks

Date of Death Jan 19-1931

Cause of Death Contributory

Duration Autopsy

Sex M Color or Race W.

Single yes Married Widowed Divorced Child

Date of Birth 2-20-1903 Age, Years 27 Months 10 Days 29

Occupation farmer

How Long at Place of Death

Birthplace—City or County Clarksdale State or Country Mo

Name of Father Arnold Nesser

Birthplace of Father Springville Utah

Maiden Name of Mother Christena Rich

Birthplace of Mother Germany

Signed C.R. Hall M.D. Coroner

Address Troy Kan Date 1-20-31

Interment at Fanning Cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R.R. Date

In Charge of Rev. Trombly

Source of Call

Insured in Amount

Beneficiary

Charge to _____ Account No. _____

Address _____ Serial No. 104

Phone _____ Date Jan 27 1931 Annual No. _____

Description of Service	Amount	Date		✓	Credits
Casket and Services suit + underwear complete	200 00	1-26-31	cash		50.00
Embalming		1-26-31	note		150.00
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of _____ doz. Chairs			(see note)		
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of _____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To Funeral Complete	200 00				200 00

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Name of Deceased Jones William Residence

Funeral at Residence Mortuary ✓ Church Date Jan 27-31 Hour 11 A.M. Clergyman

Singers Lodge Affiliations —

Revenue Items and Their Cost	Debits od	Debits ds	Credits	
Charge for Complete Funeral			200	00
Casket No. 233. Style Image Panel				
Interior Crushed Covering Plush				
Manufacturer Ry				
Total Net Cost of Casket				
Outer Case				
Vault				
Embalming				
Clothing				
Total Cash Advances				
Total Net Cost of Funeral				
Gross Profit on Funeral				
*Less Overhead Per Funeral				
Net Profit Apparent			175.	00

Remarks:

*Be sure that all items are entered in the proper columns and that the total of each column is correct.

Personal and Statistical

Place of Death Eghart Place North of Troy.

Date of Death Jan 25-1931

Cause of Death Contributory

Duration Autopsy

Sex M. Color or Race W.

Single Married Widowed ✓ Divorced Child

Date of Birth June 3-1878 Age, Years 52 Months 7 Days 22

Occupation Farmer

How Long at Place of Death

Birthplace—City or County Plattsburg State or Country Mo

Name of Father Wm H. Jones

Birthplace of Father Indiana

Maiden Name of Mother Elizabeth Davis

Birthplace of Mother Unknown

Signed W Conrad M.D. Coroner

Address Hamatha Ks Date

Interment at Cameron Mo

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date 1-27-31

In Charge of

Overland Auto Hearse

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Willie Vanscoit CHARGE TO Douglas County ACCOUNT NO.

PAYMENT GUARANTEED BY ADDRESS SERIAL NO. 105

PHONE DATE 1-30-1931 ANNUAL NO. 3

DESCRIPTION OF SERVICE	AMOUNT	DATE		√	CREDITS
Casket and Services	50.00	2-7-31	Co. Dev. County		50.00
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To Funeral Complete	50.00				50.00

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Name of Deceased Willie Vanscoit Residence County farm

Funeral at Residence Mortuary Church Date 1-30-31 Hour 10 AM Clergyman Rev. Carter

County farm

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST		CREDITS	
Charge for Complete Funeral		50	00
Casket No. 51 Style Blk Crepe			
Interior Covering			
Manufacturer Ref	DEBITS		
Total Net Cost of Casket			
Outer Case			
Vault			
Embalming			
Clothing			
Total Cash Advances			
Total Net Cost of Funeral	49 55		
Gross Profit on Funeral			
*Less Overhead Per Funeral			55
Net Profit Apparent		49	

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death County farm

Date of Death Jan 28-1931

Cause of Death Contributory

Duration Autopsy ✓

Sex M Color or Race W

Single ✓ Married Widowed Divorced Child

Date of Birth Unknown Age, Years 45 about Months Days

Occupation ✓

How Long at Place of Death

Birthplace—City or County Unknown State or Country

Name of Father Unknown

Birthplace of Father

Maiden Name of Mother Unknown

Birthplace of Mother

Signed DW Lincoln M.D. Coroner

Address Date

Interment at County farm

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

nothing known about this party

FUNERAL OF Taylor Green B. CHARGE TO Don. Co. ACCOUNT NO.

PAYMENT GUARANTEED BY ADDRESS SERIAL NO. 106

PHONE DATE March 1-1931 ANNUAL NO. 4

DESCRIPTION OF SERVICE	AMOUNT	DATE		√	CREDITS
Casket and Services complete	50 00	4-11-31	Cash Don. Co		50 00
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of Funeral Cars					
Use of Flower Cars					
Professional Supervision					
TO FUNERAL COMPLETE	50 00				50 00

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Name of Deceased Green B. Taylor Residence Troy

Funeral at Residence ✓ Mortuary Church Date Mch 1-31 Hour 2.30 Clergyman

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		50.00
Casket No. 51 Style Blb Cruft		
Interior Covering		
Manufacturer Bay		
Total Net Cost of Casket	40.55	
Outer Case		
Vault		
Embalming		
Clothing	9.05	
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		9.45

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death County farm

Date of Death Feb. 27-1931

Cause of Death Cirrhosis Contributory

Duration Autopsy

Sex M. Color or Race W

Single Married Widowed Divorced Child

Date of Birth Oct. 14 1860 Age, Years 70 Months 4 Days 13

Occupation farmer

How Long at Place of Death

Birthplace—City or County Troy State or Country Kans.

Name of Father Richard Taylor

Birthplace of Father Missouri

Maiden Name of Mother Philena Stockton

Birthplace of Mother

Signed J. G. Swails M.D. Coroner

Address Date

Interment at Counter Cemet

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Overstreet Mary Ann CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 107

_____ PHONE _____ DATE March 18-1931 ANNUAL NO. 5

DESCRIPTION OF SERVICE	AMOUNT	DATE		√	CREDITS
Casket and Services	25.00	4-11-31	Ck Dow. Co		25.00
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of _____ doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of _____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
TO FUNERAL COMPLETE	25.00				25.00

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Name of Deceased Overstreet Mary Anna Residence Troy Kansas

Funeral at Residence Mortuary Church Date 3-18-31 Hour 2 P.M. Clergyman Rev. Finch

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		25.00
Casket No. Style		
Interior Covering White Lamel		
Manufacturer Rix		
Total Net Cost of Casket	My. dS	
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

My. dS

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death Troy Kans

Date of Death March 16-1931

Cause of Death Bronchial Pneumonia Contributory

Duration Autopsy

Sex F Color or Race W

Single Married Widowed Divorced Child ✓

Date of Birth June 22-1930 Age, Years Months 8 Days 24

Occupation

How Long at Place of Death

Birthplace—City or County Troy State or Country Kans

Name of Father Raymond Overstreet

Birthplace of Father

Maiden Name of Mother Lillian Goodwin

Birthplace of Mother

Signed C E Haller M.D. Coroner

Address Date

Interment at Mt Olive

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Taylor Alonzo C. CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 108

PHONE _____ DATE March 31-1931 ANNUAL NO. 6

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
Casket and Services complete	175.00	4-6	31	Ck By John Taylor	15.00
Embalming ✓					
Outer Case or Vault ✓		4-21	31	Ck By A. G. Gurnsey	125.00
Washing and Dressing ✓					
Shaving ✓		4-27	31	Ck By John Taylor	10.00
Slumber Robe					
Suit or Dress		5-25	31	Ck By John Taylor	10.00
Other Articles of Clothing		6-4	31	" " John Taylor	10.00
Transferring Body		9-21	31	Cash John Taylor	5.00
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach ✓					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
TO FUNERAL COMPLETE	175.00				175.00

Mys 55

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Name of Deceased Taylor Alonzo C. Residence

Funeral at Residence Mortuary Church Date Mch 31-31 Hour 2.30 Clergyman Trombly

Singers Male Quartette Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. V33 Style Image panel		
Interior Cream Velvet Covering Plush		
Manufacturer R&P		
Total Net Cost of Casket	0 0	15
Outer Case		
Vault		
Embalming		
Clothing ✓		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		Mgs 25
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Home of Mrs Ted Chaffle

Date of Death March 30-1931

Cause of Death Contributory

Duration Autopsy

Sex M. Color or Race W

Single Married Widowed Divorced ✓ Child

Date of Birth 2-17-1880 Age, Years 51 Months 1 Days 13

Occupation farmer

How Long at Place of Death 4 weeks

Birthplace—City or County Troy State or Country Kans.

Name of Father Adam Taylor

Birthplace of Father De Kalb Mo

Maiden Name of Mother Adeline Weaver

Birthplace of Mother De Kalb. Mo

Signed C. E. Haller M.D. Coroner

Address Troy Kans. Date

Interment at Mt Olive Cemetery Troy

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral of Kiehnhoff Frederick Wm. Charge to _____ Account No. _____

Payment Guaranteed by _____ Address Natheena Kansas. Serial No. 109

_____ Phone _____ Date April 7-1931 Annual No. 571

Description of Service	Amount	Date			✓	Credits
Casket and Services complete	265.00	Feb.	3-32	Ch Mark Dieterichs		10.00
Embalming		7-12-34		By credit check		15.00
Outer Case ~~or Vault~~						
Washing and Dressing						
Shaving						
Slumber Robe						
Suit or Dress suit	25.00					
Other Articles of Clothing						
Transferring Body						
Door Badge						
Opening Grave						
Newspaper Notices						
Telegrams and Telephone Calls						
Use of ____ doz. Chairs						
Flowers order phoned	10 00					
Clergyman						
Singers						
Casket Coach						
Use of ____ Funeral Cars						
Use of Flower Cars						
Professional Supervision						
To Funeral Complete	300 00					

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Name of Deceased: Kuhnhoff Frederick Wm Residence: Wathena Kansas

Funeral at: Residence ___ Mortuary ___ Church ___ Date: April 7-31 Hour ___ Clergyman ___

Singers ___ Lodge Affiliations ___

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		290.00
Casket No. 807 Style: state half couch		
Interior: Cr Olympic Covering: Cloth		
Manufacturer: Rx		
Total Net Cost of Casket	85.55	
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		204.45
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks: YMS

Personal and Statistical

Place of Death: Wathena Kansas

Date of Death: April 5-1931

Cause of Death: Chronic Nephritis Contributory ___

Duration ___ Autopsy ___

Sex: M. Color or Race: W.

Single ___ Married ___ Widowed ✓ Divorced ___ Child ___

Date of Birth: July 7-1847 Age, Years: 83 Months: 8 Days: 28

Occupation: farmer retired

How Long at Place of Death: 20 years

Birthplace—City or County ___ State or Country: Germany

Name of Father: Michael Kuhnhoff

Birthplace of Father: Germany

Maiden Name of Mother: Charlotte Lieke

Birthplace of Mother: Germany

Signed: J. G. Bryant M.D. Coroner

Address: Wathena Ks Date ___

Interment at: Cordonier cemetery

Lot or Grave No. ___ Section No. ___

Shipped to ___

Arrived from ___

Via ___ R.R. Date ___

In Charge of ___

Source of Call ___

Insured in ___ Amount ___

Beneficiary ___

* It is understood that all items not covered by direct charges are included in overhead.

FUNERAL OF Myers Dr Jonathan C. CHARGE TO ACCOUNT NO. 38

PAYMENT GUARANTEED BY ADDRESS Troy, Kansas SERIAL NO. 110

PHONE DATE April 10-1931 ANNUAL NO.

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
Casket and Services complete	285.00	6-23-31	Ck U.S.V.B.		100.00
Embalming	100.00	9-12-31	Ck by B.M. Castle adm		100.00
~~Outer Case or~~ Vault		7-5-32	" " L.O. Dubach Jr.		50.00
Washing and Dressing		12-14-33	" " " " "		50.00
Shaving		8-6-34	F.N.B. Ck L.O. Dubach Jr		70.00
Slumber Robe		8-6-34	T.S.B " " " "		24.25
Suit or Dress					
Other Articles of Clothing shirt	1.50				
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices funeral notices	1.75				
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers	6.00				
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To Funeral Complete	394.25				394.25

7/A 55

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Name of Deceased: Myers Dr. J.C. Residence: Troy Kansas

Funeral at: Residence Mortuary Church M. E. Date: April 10-1931 Hour: 3:30 P.M. Clergyman: Rev. Finich

Singers: Lodge Affiliations:

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		285.00
Casket No. 807 Style: state half couch		
Interior: Cr Olympic Covering: Plush		
Manufacturer: Rx		
Total Net Cost of Casket	60 95	
Outer Case		100.00
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		185 55

Remarks: 185 55

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death: Troy Kansas.

Date of Death: April 7-1931

Cause of Death: Contributory:

Duration: Autopsy:

Sex: M. Color or Race: W

Single: Married: Widowed: ✓ Divorced: Child:

Date of Birth: Aug. 4-1844 Age, Years: 86 Months: 8 Days: 3

Occupation: Dentist retired

How Long at Place of Death:

Birthplace—City or County: Harrison ~~State or~~ Country: Ohio.

Name of Father: James R. Myers

Birthplace of Father: Harrison County Ohio.

Maiden Name of Mother: Mary Ronning

Birthplace of Mother: Germany

Signed: M.D. Coroner

Address: Date:

Interment at: Mt Olivet Cemetery Troy Kas

Lot or Grave No.: Section No.:

Shipped to:

Arrived from:

Via: R.R. Date:

In Charge of:

Source of Call:

Insured in: Amount:

Beneficiary:

FUNERAL OF Thurfing Arnold CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY Pd. ADDRESS Troy Kansas SERIAL NO. 111

PHONE _____ DATE April 14-1931 ANNUAL NO. 7

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓	CREDITS
Casket and Services complete	135.00	4-14-31	By Chas J. C. Turpin		67.50
✓ Embalming		4-14-31	By Chas John Pierce		67.50
✓ Outer Case or ~~Vault~~					
✓ Washing and Dressing					
Shaving					
Slumber Robe					
✓ Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers					
Clergyman					
Singers					
✓ Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
✓ Professional Supervision					
To Funeral Complete	135.00				135.00

AA ds

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Name of Deceased Turpin Anna Residence R.F.D. Troy Kans.

Funeral at Residence Mortuary Church Farming Date 4-15-31 Hour 2.30 Clergyman

Singers Lodge Affiliations

Revenue Items and Their Cost		Credits	Personal and Statistical
Charge for Complete Funeral		135 00	Place of Death her home N.W. of Troy
Casket No. 130 Style Deluxe Diff panel			Date of Death April 13-1931
Interior ev art Covering Red Crepe			Cause of Death Contributory
Manufacturer Rx			Duration Autopsy ✓
Total Net Cost of Casket	92 dls		Sex F Color or Race W
Outer Case			Single Married ✓ Widowed Divorced Child
Vault			Date of Birth Jan 10-1868 Age, Years 63 Months 3 Days 3
Embalming			Occupation homemaker
Clothing			How Long at Place of Death 20 yrs
			Birthplace—City or County Germany State or Country
			Name of Father Geo Reich
			Birthplace of Father Germany
Total Cash Advances			Maiden Name of Mother Dorothy Hagenold
			Birthplace of Mother Germany
			Signed W Haller M.D. Coroner
			Address Troy Ks Date
			Interment at Farming
			Lot or Grave No. Section No.
			Shipped to
			Arrived from
			Via R. R. Date
Total Net Cost of Funeral			In Charge of
Gross Profit on Funeral	42 dls		
*Less Overhead Per Funeral			
Net Profit Apparent			Source of Call
Remarks:			Insured in Amount
			Beneficiary

Wa. Ds

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

FUNERAL OF Kelley William M. CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS Fanning Kansas SERIAL NO. 112

_____ PHONE _____ DATE April 16-1931 ANNUAL NO. 8

DESCRIPTION OF SERVICE	AMOUNT		DATE			√	CREDITS	
Casket and Services complete	265	00	4-21	-31	By Chr.		290	00
✓ Embalming								
✓ Outer Case or ~~Vault~~								
✓ Washing and Dressing								
✓ Shaving								
Slumber Robe								
Suit or Dress suit	25	00						
Other Articles of Clothing								
✓ Transferring Body								
Door Badge								
✓ Opening Grave								
Newspaper Notices								
Telegrams and Telephone Calls								
Use of ____ doz. Chairs								
Flowers								
Clergyman								
Singers								
✓ Casket Coach								
Use of ____ Funeral Cars								
Use of Flower Cars								
Professional Supervision								
								00
TO FUNERAL COMPLETE	290	00					290	

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Name of Deceased: Kelley William M. Residence:

Funeral at: Residence Mortuary Church Fanning Date: April 16-31 Hour: 11.30 Clergyman: Father Lawrence

Singers: Lodge Affiliations:

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		265.00
Casket No. 807 Style: state half Couch		
Interior: Quilting Covering: plush		
Manufacturer: Rex		
Total Net Cost of Casket	ds ss	
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		yms ss
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks: yms ss

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death: his home Fanning Kans

Date of Death: April 14-1931

Cause of Death: Cancer of Arm Contributory:

Duration: Autopsy:

Sex: M Color or Race: W

Single: ✓ Married: Widowed: Divorced: Child:

Date of Birth: Oct 2-1867 Age, Years: 63 Months: 6 Days: 12

Occupation: farmer

How Long at Place of Death:

Birthplace—City or County: Fanning State or Country: Kans

Name of Father: Patrick Kelley

Birthplace of Father: Ireland

Maiden Name of Mother: Ellen King

Birthplace of Mother: Ireland

Signed: G. E. Cordonier M.D. Coroner

Address: Troy Kans Date:

Interment at: Fanning Catholic Cemetery

Lot or Grave No.: Section No.:

Shipped to:

Arrived from:

Via: R. R. Date:

In Charge of:

Source of Call:

Insured in: Amount:

Beneficiary:

FUNERAL OF Dietrickson Peter CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 113

_____ PHONE _____ DATE _____ ANNUAL NO. 9

DESCRIPTION OF SERVICE	AMOUNT	DATE			✓	CREDITS
Casket and Services complete	265.00	7-20-31	Chas. Detrickson			10 00
✓ Embalming		7-20-31	" " "			369 00
~~Outer Case~~ Vault	100.00					
✓ Washing and Dressing						
✓ Shaving						
Slumber Robe						
Suit or Dress						
Other Articles of Clothing shirt 1.50 underwear 1.50 tie 1.00	4 00					
Transferring Body						
Door Badge						
Opening Grave						
Newspaper Notices						
Telegrams and Telephone Calls						
Use of _____ doz. Chairs						
Flowers	10 00					
Clergyman						
Singers						
Casket Coach						
Use of _____ Funeral Cars						
Use of Flower Cars						
Professional Supervision						
TO FUNERAL COMPLETE	379.00					379.00

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Name of Deceased: Detrickson Peter Residence:

Funeral at: Residence Mortuary ✓ Church Date Hour Clergyman

Singers Lodge Affiliations

Revenue Items and Their Cost		Debits	Credits
Charge for Complete Funeral	265.00		
Casket No. Style			
Interior Covering			
Manufacturer			
Total Net Cost of Casket			
Outer Case			
Vault		100 00	
Embalming			
Clothing		4 00	
flowers		10 00	
Total Cash Advances			
Total Net Cost of Funeral			
Gross Profit on Funeral			ydp 55
*Less Overhead Per Funeral			
Net Profit Apparent			

Remarks: ydp 55

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death: his home Troy Kans
Date of Death: April 15-1931
Cause of Death: Apoplexy Contributory
Duration Autopsy
Sex: M. Color or Race: W
Single Married ✓ Widowed Divorced Child
Date of Birth: Aug 14-1844 Age, Years: 86 Months: 8 Days: 1
Occupation: farmer retired
How Long at Place of Death
Birthplace—City or County: Denmark State or Country
Name of Father: Rasmus Detrickson
Birthplace of Father: Denmark
Maiden Name of Mother: Anderson
Birthplace of Mother: Denmark
Signed: A. E. Cordonier M.D. Coroner
Address Date
Interment at: Mt Olivet cemetery Troy Ks
Lot or Grave No. Section No.
Shipped to
Arrived from
Via R. R. Date
In Charge of

Source of Call

Insured in Amount
Beneficiary

Funeral of McClelland Mary Jane Charge to Estate Account No.

Payment Guaranteed by C. V. Norman Address Serial No. 114

Phone Date April 21-1931 Annual No. 10

Description of Service	Amount	Date			✓	Credits
Casket and Services complete	300 00	May 9,	1931	By Ck.		410 .00
✓ Embalming						
~~Outer Case~~ or Vault vault	100.00					
✓ Washing and Dressing						
Shaving						
✓ Slumber Robe						
Suit or Dress						
Other Articles of Clothing						
✓ Transferring Body						
Door Badge						
Opening Grave						
Newspaper Notices						
Telegrams and Telephone Calls						
Use of ____ doz. Chairs						
Flowers	10 00					
Clergyman						
Singers						
✓ Casket Coach						
Use of ____ Funeral Cars						
Use of Flower Cars						
✓ Professional Supervision						
To Funeral Complete	410 .00					410 .00

Filed 4-29-31

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Name of Deceased: Mary Jane McClelland Residence: Blair Kansas

Funeral at: Residence ___ Mortuary ___ Church Blair Date 4-21-31 Hour 2 P.M. Clergyman Rev. Neidinger

Singers ___ Lodge Affiliations ___

Revenue Items and Their Cost		Debits	Credits
Charge for Complete Funeral	300.00		
Casket No. 90 Style			
Interior Orchid Covering Pontello			
Manufacture Missouri Casket Co			
Total Net Cost of Casket			
Outer Case			
Vault	100.00		
Embalming			
Clothing			
Total Cash Advances			
Total Net Cost of Funeral			
Gross Profit on Funeral			YTA SS
*Less Overhead Per Funeral			
Net Profit Apparent			

Remarks: YTA SS

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Blair Kansas
Date of Death April 18-1931
Cause of Death Senile Marasmus Contributory ___
Duration ___ Autopsy ___
Sex F Color or Race W
Single ___ Married ___ Widowed ✓ Divorced ___ Child ___
Date of Birth June 8-1849 Age, Years 81 Months 10 Days 10
Occupation housewife
How Long at Place of Death 64 years
Birthplace—City or County Des Moines State or Country Iowa
Name of Father C. M. Wallace
Birthplace of Father unknown
Maiden Name of Mother unknown
Birthplace of Mother unknown
Signed W. N. Carter M.D. Coroner
Address Nathena Kan Date ___
Interment at Family Cemetery near Blair Ks
Lot or Grave No. ___ Section No. ___
Shipped to ___
Arrived from ___
Via ___ R.R. Date ___
In Charge of ___

Source of Call ___

Insured in ___ Amount ___
Beneficiary ___

FUNERAL OF Schaufler Amanda CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 115

_____ PHONE _____ DATE April 28-1931 ANNUAL NO. 11

DESCRIPTION OF SERVICE	AMOUNT	DATE			V	CREDITS
Casket and Services	350.00	6-3-	31	Ch. By E.E. Doughty agt.		377.50
Embalming						
Outer Case or Vault						
Washing and Dressing						
Shaving						
Slumber Robe						
Suit or Dress dress	27.50					
Other Articles of Clothing						
Transferring Body						
Door Badge						
Opening Grave						
Newspaper Notices						
Telegrams and Telephone Calls						
Use of _____ doz. Chairs						
Flowers						
Clergyman						
Singers						
Casket Coach						
Use of _____ Funeral Cars						
Use of Flower Cars						
Professional Supervision						
TO FUNERAL COMPLETE	377.50					377.50

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Name of Deceased: Schaufler Amanda Residence:

Funeral at: Residence ___ Mortuary ___ Church: Christian Date: April 28-31 Hour: 4 P.M. Clergyman: Rev. Myers

Singers: Lodge Affiliations:

Revenue Items and Their Cost		Debits	Credits
Charge for Complete Funeral	350.00		
Casket No. 605 Style: Rd end state			
Interior: Gr Baronett Covering: Brymak			
Manufacturer: Peoria Casket Co.			
Total Net Cost of Casket			
Outer Case			
Vault			
Embalming			
Clothing			
Total Cash Advances			
Total Net Cost of Funeral			
Gross Profit on Funeral		YPM	SS
*Less Overhead Per Funeral			
Net Profit Apparent			

YPM. SS

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death: Troy Kansas

Date of Death: April 25-1931

Cause of Death: ___ Contributory: ___

Duration: ___ Autopsy: ___

Sex: F Color or Race: W

Single: ___ Married: ✓ Widowed: ___ Divorced: ___ Child: ___

Date of Birth: May 20-1873 Age, Years: 57 Months: 11 Days: 25

Occupation: Housekeeper

How Long at Place of Death: ___

Birthplace—City or County: ___ State or Country: West Va

Name of Father: ___

Birthplace of Father: ___

Maiden Name of Mother: Amanda Phillips

Birthplace of Mother: Roanoke West Va

Signed: ___ M.D. ___ Coroner

Address: ___ Date: ___

Interment at: Mt Olive

Lot or Grave No.: ___ Section No.: ___

Shipped to: ___

Arrived from: ___

Via: ___ R.R. Date: ___

In Charge of: ___

Source of Call: ___

Insured in: ___ Amount: ___

Beneficiary: ___

Funeral of Sutton Emma Elizabeth Charge to Harry Sutton Account No.

Payment Guaranteed by Address Serial No. 116

Phone Date April 28-31 Annual No. 572

Description of Service	Amount	Date		✓	Credits
Casket and Services	235.00	5-6-31	By cash		37.00
Embalming		5-27-31	By cash		20.00
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To Funeral Complete					

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NAME OF DECEASED Emma Elizabeth Sutton RESIDENCE Fanning Kansas

FUNERAL AT ____ RESIDENCE ____ MORTUARY ✓ CHURCH ____ DATE April 28-31 HOUR 1:30 P.M. CLERGYMAN Rev Trombly

SINGERS ____ LODGE AFFILIATIONS ____

REVENUE ITEMS AND THEIR COST		CREDITS	
Charge for Complete Funeral	235.00		
Casket No. 215 Style ½ Couch			
Interior Cr Olympic Covering Plush			
Manufacturer Bx			
Total Net Cost of Casket			
Outer Case			
Vault			
Embalming			
Clothing			
Total Cash Advances			
Total Net Cost of Funeral			
Gross Profit on Funeral		MPS	55
*Less Overhead Per Funeral			
Net Profit Apparent			

DEBITS

REMARKS: MPS 55

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death Mo Meth Hosp St Joseph Mo

Date of Death April 25-1931

Cause of Death ____ Contributory ____

Duration ____ Autopsy ✓

Sex F Color or Race W

Single ____ Married ✓ Widowed ____ Divorced ____ Child ____

Date of Birth April 4-1902 Age, Years 29 Months ____ Days 21

Occupation housewife

How Long at Place of Death ____

Birthplace—City or County Hathway State or Country Kansas

Name of Father Peter Lefferring

Birthplace of Father Belgium

Maiden Name of Mother Mary Farris

Birthplace of Mother MO

Signed H. S. Forgran M.D. ____ Coroner

Address St Joseph Mo. Date ____

Interment at Fanning Cemetery

Lot or Grave No. ____ Section No. ____

Shipped to ____

Arrived from ____

Via ____ R. R. Date ____

In Charge of ____

Source of Call ____

Insured in ____ Amount ____

Beneficiary ____

FUNERAL OF Millee Agnes Virginia CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS Spearsville, Kansas SERIAL NO. 117

_____ PHONE _____ DATE May 8, 1931 ANNUAL NO. 12

DESCRIPTION OF SERVICE	AMOUNT		DATE			V	CREDITS	
Casket and Services Complete	235	.00	5-23	-31	By Check		235	.00
Embalming								
Outer Case or ~~Vault~~								
Washing and Dressing								
Shaving								
Slumber Robe								
Suit or Dress								
Other Articles of Clothing								
Transferring Body								
Door Badge								
Opening Grave								
Newspaper Notices								
Telegrams and Telephone Calls								
Use of ____ doz. Chairs								
Flowers								
Clergyman								
Singers								
Casket Coach								
Use of ____ Funeral Cars								
Use of Flower Cars								
Professional Supervision								
To FUNERAL COMPLETE	235	.00					235	.00

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Name of Deceased Miller Agnes Virginia Residence Sparks, Kansas.

Funeral at Residence Mortuary Church Date May 9, 1931 Hour 2:30 P.M. Clergyman

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		235 00
Casket No. 215 Style Half Couch		
Interior Ca. Olympic Covering Cloth		
Manufacturer Rex.		
Total Net Cost of Casket	25 55	
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MPd 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks: MPd 55

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death Sparks, Kansas.

Date of Death May 7, 1931.

Cause of Death Double Pneumonia Contributory

Duration Autopsy

Sex F. Color or Race W.

Single ✓ Married Widowed Divorced Child

Date of Birth Dec. 3 1917 Age, Years 13 Months 5 Days 4

Occupation None

How Long at Place of Death 13 years

Birthplace—City or County Sparks State or Country Kansas

Name of Father James Andrew Miller

Birthplace of Father Benlena, Kansas.

Maiden Name of Mother Kate Hearing

Birthplace of Mother Sparks, Kansas.

Signed Dr. McHenley M.D. Coroner

Address Whitehead, Kan. Date May 8, 1931

Interment at Sale Cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral of Orilla McDermott Charge to _____ Account No. _____

Payment Guaranteed by O. D. McDermott Address Troy + Oregon Mo Serial No. 118

Phone _____ Date death May 15-31 Annual No. 457

Description of Service	Amount	Date		✓	Credits
Casket and Services	235.00	5-16-31	By cash		75.00
Embalming		5-16-31	By note		117.50
Outer Case or ~~Vault~~		5-27-31	" cash		42.50
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs			(See note)		
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To Funeral Complete	235.00				235.00

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QUILL M 7-28200

NAME OF DECEASED Mc Dermott Orilla RESIDENCE Troy Kansas

FUNERAL AT ..... RESIDENCE ..... MORTUARY ..... CHURCH Oregon Mo DATE 5-17-193 HOUR 2 P.M. CLERGYMAN .....

SINGERS ..... LODGE AFFILIATIONS .....

REVENUE ITEMS AND THEIR COST		CREDITS
Charge for Complete Funeral		235.00
Casket No. 215 Style Oregon ½ Couch		
Interior Cr Olympic Covering Plush		
Manufacturer Nx	DEBITS	
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS: MPY SS

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death Troy Kansas

Date of Death May 15-1931

Cause of Death Mitral Insufficiency Contributory .....

Duration ..... Autopsy .....

Sex F Color or Race W

Single ..... Married ✓ Widowed ~~69~~ Divorced ..... Child .....

Date of Birth Sept 10 1861 Age, Years 69 Months 8 Days 5

Occupation Housewife

How Long at Place of Death 8 years

Birthplace—City or County Oregon State or Country Mo

Name of Father W. R. Cropping

Birthplace of Father Ohio

Maiden Name of Mother Martha May

Birthplace of Mother Ohio

Signed W. E. Cordonier M.D. ..... Coroner

Address Troy Ks Date .....

Interment at Oregon Mo

Lot or Grave No. ..... Section No. .....

Shipped to .....

Arrived from .....

Via ..... R. R. Date .....

In Charge of .....

Source of Call .....

Insured in ..... Amount .....

Beneficiary .....

FUNERAL OF Robert Roberton CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 119

PHONE _____ DATE May 27-1931 ANNUAL NO. 13

DESCRIPTION OF SERVICE	AMOUNT	DATE		√	CREDITS
Casket and Services complete with vault	995.00	6-19-31	Ch By Chas Marble Co		1037.50
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit ~~or Dress~~	35.00				
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers	7.50				
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
TO FUNERAL COMPLETE	1037.50				1037.50

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Name of Deceased Robert Roberton Residence Troy Kansas

Funeral at Residence Mortuary Church M.E. Church Day May 27-1931 Hour 2.30 PM Clergyman Rev. Finch

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral 995.00			Place of Death Excelsior Springs Mo
Casket No. Soft Style State Sealer			Date of Death May 25-1931
Interior Satin Covering Cop Bronze			Cause of Death Cerebral Hemorrhage Contributory
Manufacturer Springfield	DEBITS		Duration Autopsy
Total Net Cost of Casket			Sex M Color or Race W
Outer Case			Single Married Widowed ✓ Divorced Child
Vault ✓			Date of Birth June 5-1859 Age, Years 71 Months 11 Days 20
Embalming ✓			Occupation Farmer
Clothing Suit			How Long at Place of Death
			Birthplace—City or County Chatham State or Country Canada
			Name of Father
			Birthplace of Father Wm Roberton. Scotland
Total Cash Advances			Maiden Name of Mother Janette Gray
			Birthplace of Mother Scotland
			Signed Dr James M.D. Coroner
			Address Excelsior Springs Mo Date 5-25-31
			Interment at Mt Olive
			Lot or Grave No. Section No.
			Shipped to
			Arrived from
			Via R. R. Date
Total Net Cost of Funeral			In Charge of
Gross Profit on Funeral			
*Less Overhead Per Funeral			
Net Profit Apparent			Source of Call
Remarks: Pld - SS			Insured in Amount
			Beneficiary

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

FUNERAL OF Abbett Bertha Emerstine CHARGE TO John M. Abbett ACCOUNT NO.

PAYMENT GUARANTEED BY ADDRESS SERIAL NO. 120

PHONE DATE May 29-31 ANNUAL NO. 325

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
✓ Casket and Services	235 00	May 28-34	By cash		500
✓ Embalming		" 28-34	" note		330 00
~~Outer Case or~~ Vault	100.00				
✓ Washing and Dressing					
Shaving					
✓ Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
✓ Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of doz. Chairs					
Flowers					
✓ Clergyman					
Singers					
✓ Casket Coach					
Use of Funeral Cars					
Use of Flower Cars Account #120 & 200					
✓ Professional Supervision Sold to Bought by					
for $55.55					
Note was for $545			See note at		
			covering this account		
			also Bertha Maxine Abbett		
			acct on page 200		
			note covering both		
			accounts		
To Funeral Complete	335 00				335

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Name of Decease: Bertha Ernestine Abbett Residence: Blair Kansas

Funeral at: Residence ___ Mortuary ___ Church ___ Date: May 29-31 Hour: 2 P.M. Clergyman: Carter

Singers: ___ Lodge Affiliations: ___

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		235 00
Casket No. 215 Style: half Copper		
Interior: Cut Velvet Covering: Plush		
Manufacturer: Ry		
Total Net Cost of Casket	85 50	
Outer Case		
Vault	100 00	
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		185 50
*Less Overhead Per Funeral		
Net Profit Apparent		

185 50

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death: Missouri Methodist Hosp.

Date of Death: May 26-1931

Cause of Death: Auto Accident Contributory: ___

Duration: ___ Autopsy: ___

Sex: F. Color or Race: W

Single: ___ Married: ✓ Widowed: ___ Divorced: ___ Child: ___

Date of Birth: June 18-1887 Age, Years: 43 Months: 11 Days: 8

Occupation: ___

How Long at Place of Death: ___

Birthplace—City or County: Hatherg State or Country: Kans

Name of Father: Wm Benitz

Birthplace of Father: Germany

Maiden Name of Mother: ___

Birthplace of Mother: ___

Signed: Dr Greg Thompson M.D. Coroner

Address: 14 South 10 Date: ___

Interment at: Belmont Cemetery

Lot or Grave No.: ___ Section No.: ___

Shipped to: ___

Arrived from: ___

Via: ___ R. R. Date: ___

In Charge of: ___

Source of Call: ___

Insured in: ___ Amount: ___

Beneficiary: ___

FUNERAL OF Bangert Nellie May CHARGE TO Geo. W. Bangert ACCOUNT NO.

PAYMENT GUARANTEED BY ADDRESS Bendena Kansas SERIAL NO. 121

PHONE DATE June 4 1931 ANNUAL NO. 14

DESCRIPTION OF SERVICE	AMOUNT	DATE			V	CREDITS
Casket and Services complete	235.00	6-8-	31	By Mrs. Edna Bangert		150.00
Embalming			31	C/ by note		102.50
Outer Case or Vault						
Washing and Dressing						
Shaving						
Slumber Robe						
Suit or Dress dress	12.50					
Other Articles of Clothing						
Transferring Body				See note		
Door Badge						
Opening Grave						
Newspaper Notices						
Telegrams and Telephone Calls						
Use of ____ doz. Chairs						
Flowers	5.00					
Clergyman						
Singers						
Casket Coach						
Use of ____ Funeral Cars						
Use of Flower Cars						
Professional Supervision						
TO FUNERAL COMPLETE	252.50					252.50

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Name of Deceased Bangert Nellie May Residence Bendena Kansas

Funeral at Residence Mortuary Church Bendena Date 6-4-31 Hour 2:30 Clergyman Rev. Peterson

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST		DEBITS	CREDITS
Charge for Complete Funeral	235.00		
Casket No. 215 Style Plain 1/2 round			
Interior W Olympia Covering Plush			
Manufacturer Rx			
Total Net Cost of Casket			
Outer Case			
Vault			
Embalming			
Clothing			
Total Cash Advances			
Total Net Cost of Funeral			
Gross Profit on Funeral			
*Less Overhead Per Funeral			
Net Profit Apparent			

Remarks: MPd SS

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death her home near Bendena

Date of Death June 2-1931

Cause of Death Cerebral Hemorrhage Contributory

Duration Autopsy

Sex F. Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth July 26 1886 Age, Years 4 2 Months 10 Days 6

Occupation Housewife

How Long at Place of Death 13 years.

Birthplace—City or County Bagnell State or Country Mo

Name of Father John H. Anderson

Birthplace of Father Sun creek Mo

Maiden Name of Mother Isabelle White

Birthplace of Mother Forgate Mo

Signed R. R. Clutz M.D. Coroner

Address Bendena Kc Date

Interment at

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Thomas Hinfield S. CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 122

PHONE _____ DATE June 18-1931 ANNUAL NO. 15

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓	CREDITS
Casket and Services funeral complete	265 00	6-27-31	Cash for flowers By Catherine		2 50
✓ Embalming		8-26-31	Ck B y C. E. Norman		301 60
✓ Outer Case or Vault					
✓ Washing and Dressing					
✓ Shaving					
Slumber Robe					
Suit or Dress suit	30 00				
Other Articles of Clothing shirt, underwear, to sox.	4 50				
✓ Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers	2 50				
Clergyman					
Singers					
✓ Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
✓ Professional Supervision					
heavy lumber for over box	2 10				
To FUNERAL COMPLETE	304 10				304 10

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Name of Deceased Thomas Winfield Scott Residence

Funeral at Residence Mortuary Church L.D.S. Fanning Date June 18-1931 Hour 2:30 Clergyman Trombly

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST	DEBITS		CREDITS	
Charge for Complete Funeral				
Casket No. 807 Style State half couch				
Interior Crinkly Covering plush				
Manufacturer Bx				
Total Net Cost of Casket	dS	SS		
Outer Case				
Vault				
Embalming				
Clothing				
Total Cash Advances				
Total Net Cost of Funeral				
Gross Profit on Funeral			MS	SS
*Less Overhead Per Funeral				
Net Profit Apparent				

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death Fanning Kansas

Date of Death June 16-1931

Cause of Death Bright's disease Contributory Flu

Duration Autopsy

Sex M. Color or Race W.

Single Married Widowed ✓ Divorced Child

Date of Birth July 24-1858 Age, Years 72 Months 10 Days 22

Occupation farmer

How Long at Place of Death 57 years

Birthplace—City or County Dudley Co State or Country Ky.

Name of Father Patin Thomas

Birthplace of Father Lee County Va

Maiden Name of Mother Elizabeth Briner

Birthplace of Mother Lee County Va

Signed G.E. Cordonier M.D. Coroner

Address Troy Kans Date

Interment at Fanning Cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF John Van Rossum CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 123

PHONE _____ DATE June 21-1931 ANNUAL NO. 15

DESCRIPTION OF SERVICE	AMOUNT	DATE			V	CREDITS
✓ Casket and Services	235.00	June	22	31 By Check		200.00
✓ Embalming		"	22	31 " "		61.00
✓ Outer Case or Vault						
✓ Washing and Dressing						
✓ Shaving						
Slumber Robe						
Suit or Dress Shroud	10.00					
Other Articles of Clothing Underwear + hose	1.00					
✓ Transferring Body						
Door Badge						
Opening Grave						
Newspaper Notices						
Telegrams and Telephone Calls						
Use of _____ doz. Chairs						
Flowers						
Clergyman						
Singers						
Casket Coach to Lancaster Kans	15.00					
Use of _____ Funeral Cars						
Use of Flower Cars						
Professional Supervision						
To Funeral Complete	261.00					261.00

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Name of Deceased John Van Rossum Residence Troy Kansas

Funeral at Residence Mortuary ✓ Church Date June 21-31 Hour 1.30 PM. Clergyman

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. 215 Style half round		
Interior Cralynfi Covering Plush		
Manufacturer Net		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MNd. 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Sisters Hospital

Date of Death June 18-1931

Cause of Death Contributory

Duration Autopsy

Sex M Color or Race W

Single Married Widowed ✓ Divorced Child

Date of Birth April 27-1871 Age, Years 60 Months 1 Days 21

Occupation Farmer

How Long at Place of Death 2 days

Birthplace—City or County Lancaster State or Country Kansas

Name of Father Peter Van Rossum

Birthplace of Father Germany

Maiden Name of Mother ✓

Birthplace of Mother ✓

Signed O. W. Lane M.D. Coroner

Address St Joseph Mo Date 6-18-31

Interment at Lancaster Kans

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Etherton Wm H. CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 124

PHONE _____ DATE June 22-1931 ANNUAL NO. 16

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
Casket and Services funeral complete	285.00	July 8-31	By note		385.00
Embalming					
~~Outer Case or~~ Vault	100.00				
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
TO FUNERAL COMPLETE	385.00				385.00

Paid

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Name of Deceased: Etherton Wm H. Residence: Troy Kansas

Funeral at: Residence ___ Mortuary ___ Church: Christian Date: June 2 2-31 Hour: 2-30 Clergyman: Myers & Sapp.

Singers: ___ Lodge Affiliations: ___

REVENUE ITEMS AND THEIR COST	DEBITS		CREDITS	
Charge for Complete Funeral				
Casket No. 806 Style: State Wolf Cloth				
Interior ___ Covering ___				
Manufacturer: Rx				
Total Net Cost of Casket	45	55		
Outer Case				
Vault				
Embalming				
Clothing				
Total Cash Advances				
Total Net Cost of Funeral				
Gross Profit on Funeral			N/A	55
*Less Overhead Per Funeral				
Net Profit Apparent				

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death: Troy Kansas

Date of Death: June 2 - 1931

Cause of Death: Chronic Nephritis Contributory: ___

Duration: ___ Autopsy: ___

Sex: M Color or Race: W.

Single: ___ Married: ✓ Widowed: ___ Divorced: ___ Child: ___

Date of Birth: Jan 22 1874 Age, Years: 57 Months: 4 Days: 28

Occupation: farmer

How Long at Place of Death: ___

Birthplace—City or County: DeKalb State or Country: Mo

Name of Father: James Etherton

Birthplace of Father: Nashville Tenn

Maiden Name of Mother: Lou Roberts

Birthplace of Mother: DeKalb Mo

Signed: A E Cordonier M.D. Coroner

Address: Troy Ks. Date: ___

Interment at: Mt Olive Cemetery

Lot or Grave No. ___ Section No. ___

Shipped to: ___

Arrived from: ___

Via: ___ R. R. Date: ___

In Charge of: ___

Source of Call: ___

Insured in: ___ Amount: ___

Beneficiary: ___

FUNERAL OF Dietz Frances

CHARGE TO

ACCOUNT NO.

PAYMENT GUARANTEED BY

ADDRESS 5507 King Hill St Joseph Mo

SERIAL NO. 125

PHONE

DATE July 2 1931

ANNUAL NO. 17

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
✓ Casket and Services	100.00	7-2-31	Cash W.B. Joyce		55.00
✓ Embalming		7-6-31	Ck Geo. V. Flaherty		45.00
✓ Outer Case or Vault					
Washing and Dressing					
✓ Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
✓ Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers					
Clergyman					
Singers					
✓ Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
✓ Professional Supervision					
TO FUNERAL COMPLETE	100.00				100.00

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Name of Deceased: Dietz Francis Residence:

Funeral at: Residence Mortuary Church held at St Charles Mo Date Hour Clergyman

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		100.00
Casket No. 130 Style left panel gray		
Interior silk Covering silk crepe		
Manufacturer Bx		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		Pd .55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death: Belmont Bend Mo River Nathena Ks
Date of Death: July 1-1931
Cause of Death: Drowning accidental Contributory
Duration Autopsy
Sex: M. Color or Race: W
Single Married ✓ Widowed Divorced Child
Date of Birth: Dec 2-1908 Age, Years: 22 Months: 6 Days: 9
Occupation: Employee W. W. Forney Const. Co River work
How Long at Place of Death: 4
Birthplace—City or County: St Charles State or Country: Mo
Name of Father: Chas Dietz
Birthplace of Father: Mo
Maiden Name of Mother: Gertrude Tipp.
Birthplace of Mother: Mo
Signed: E. A. Kaw: Coroner Coroner
Address: Troy Kan Date: 7-2-31
Interment at: St Charles Mo
Lot or Grave No. Section No.
Shipped to: St Charles Mo
Arrived from
Via: express from R.R. Date: 7-2-31
In Charge of: St Joseph

Source of Call

Insured in Amount
Beneficiary

FUNERAL OF Newbury Walter CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 126

PHONE _____ DATE death 7-18-31 ANNUAL NO. 18

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
✓ Casket and Services	165 00	7-23-31	By check		116 54
✓ Embalming		8-16-31	" cash		10 00
✓ Outer Case or Vault		9-1-31	" "		195 00
✓ Washing and Dressing					
✓ Shaving					
Slumber Robe					
Suit or Dress suit	35 00				
✓ Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls	2 10				
Use of ____ doz. Chairs					
Flowers	5 00				
Clergyman					
Singers					
✓ Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
✓ Professional Supervision					
Efforts paid on body	14 44				
TO FUNERAL COMPLETE	321 54				321 54

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Name of Deceased Walter Newberry Residence Died at Parsons Kans

Funeral at Residence Mortuary Church Date July 20-31 Hour 2 30 Clergyman Finch

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. 807 Style state heavy cloth		
Interior Cr Olympic Covering fine		
Manufacturer Bry		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MOM SS
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Parsons Kansas

Date of Death July 18-1931

Cause of Death Contributory

Duration Autopsy

Sex M. Color or Race W

Single Married Widowed Divorced Child

Date of Birth Mch 9-1885 Age, Years 46 Months 4 Days 9

Occupation farmer

How Long at Place of Death 10 years

Birthplace—City or County Whitewater State or Country Kans

Name of Father John P. Newberry

Birthplace of Father Mis

Maiden Name of Mother Emma Newberry

Birthplace of Mother Penn

Signed M.D. Coroner

Address Date

Interment at Mt Olive Cemetery Tro

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Laverne Buck CHARGE TO August Buck ACCOUNT NO.

PAYMENT GUARANTEED BY Paid. ADDRESS Troy Kans. SERIAL NO. 127

PHONE DATE Aug 15-1931 ANNUAL NO. 19

DESCRIPTION OF SERVICE	AMOUNT		DATE			√	CREDITS	
Casket and Services	13	50	8-15-31		By Ck.		13.	50
Embalming								
Outer Case or Vault								
Washing and Dressing								
Shaving								
Slumber Robe								
Suit or Dress								
Other Articles of Clothing								
Transferring Body								
Door Badge								
Opening Grave								
Newspaper Notices								
Telegrams and Telephone Calls								
Use of ____ doz. Chairs								
Flowers								
Clergyman								
Singers								
Casket Coach								
Use of ____ Funeral Cars								
Use of Flower Cars								
Professional Supervision								
TO FUNERAL COMPLETE	13	50					13	50

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Name of Deceased Lavern Burch Residence Troy Kans.

Funeral at ✓ Residence ✓ Mortuary ✓ Church no service Date 8-15-13 Hour — Clergyman —

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		13.50
Casket No. 50 Style size 2-0		
Interior Counter Covering White Velvet.		
Manufacturer Pat		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		N.d.S
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Troy Kan R.F.D.
Date of Death Aug 15-1931
Cause of Death Stillborn Contributory
Duration Autopsy
Sex M. Color or Race W.
Single Married Widowed Divorced Child ✓
Date of Birth Aug 15-31 Age, Years Months Days
Occupation
How Long at Place of Death
Birthplace—City or County State or Country
Name of Father August Burch
Birthplace of Father Farmington Kans.
Maiden Name of Mother Nellie Emma Thornton
Birthplace of Mother Clarksdale Mo
Signed John H. Jacobs M.D. Coroner
Address Atchison Ks. Date
Interment at Counter Cemetery
Lot or Grave No. Section No.
Shipped to
Arrived from
Via R.R. Date
In Charge of

Source of Call

Insured in Amount
Beneficiary

FUNERAL OF Hall John Melvin CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY Family. ADDRESS Troy Kansas. SERIAL NO. 128

PHONE _____ DATE Aug 26-1931 ANNUAL NO. 210

DESCRIPTION OF SERVICE	AMOUNT	DATE		√	CREDITS
Casket and Services funeral complete	275.00	8-27-31	By cash		286.75
✓ Embalming					
✓ Outer Case or ~~Vault~~					
✓ Washing and Dressing					
✓ Shaving					
✓ Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
~~Newspaper~~ Notices funeral	1.75				
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers	10.00				
Clergyman					
Singers					
✓ Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
✓ Professional Supervision					
To FUNERAL COMPLETE	286.75				286.75

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Name of Deceased John Melvin Hall Residence Troy Kansas

Funeral at Residence Mortuary Church Christian Date Aug 26 31 Hour 2 P.M. Clergyman Rev Myers.

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST	DEBITS		CREDITS	
Charge for Complete Funeral				
Casket No. 806 Style State Half Cover				
Interior Cream with Covering Burlap				
Manufacturer Ref				
Total Net Cost of Casket	25	00		
Outer Case				
Vault				
Embalming				
Clothing				
Total Cash Advances				
Total Net Cost of Funeral				
Gross Profit on Funeral	75	00		
*Less Overhead Per Funeral				
Net Profit Apparent				

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death Troy Kansas

Date of Death Aug 24 - 1931

Cause of Death Contributory

Duration Autopsy

Sex M Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth 2-23-1854 Age, Years 77 Months 6 Days 1

Occupation Farmer Ret

How Long at Place of Death 8 yrs

Birthplace—City or County Columbus State or Country Ohio

Name of Father John R. Hall

Birthplace of Father Ky

Maiden Name of Mother Patience Collier

Birthplace of Mother Ky

Signed C. E. Haller M.D. Coroner

Address Troy Ks. Date 8-26-31

Interment at Mt Olivet Cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Mrs. Estella Edel M. — Charge to: Estate — Account No.

Address — Serial No. 129

Phone — Date: Aug 27-31 — Annual No.

Description of Service	Amount	Date			✓	Credits
✓ Casket and Services complete	265 00					
✓ Embalming						
✓ Outer Case or ~~Vault~~						
✓ Washing and Dressing						
Shaving						
✓ Slumber Robe						
~~Suit or~~ Dress	15 00					
Other Articles of Clothing						
Transferring Body						
✓ Door Badge						
Opening Grave						
✓ Newspaper Notices						
Telegrams and Telephone Calls						
Use of ____ doz. Chairs						
Flowers						
Clergyman						
Singers						
✓ Casket Coach						
Use of ____ Funeral Cars						
Use of Flower Cars						
✓ Professional Supervision						
Filed Oct 16 - 1931						
To Funeral Complete						

Drs not paid

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Name of Deceased Ida M. Hedrick Residence Fanning Kans.

Funeral at Residence Mortuary Church Fanning Date 8-27-31 Hour 2.30 P.M. Clergyman

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST	DEBITS		CREDITS	
Charge for Complete Funeral				
Casket No. 806 Style State Half couch				
Interior Cr Olympic Covering Plush				
Manufacturer Na				
Total Net Cost of Casket	05	55		
Outer Case				
Vault				
Embalming				
Clothing				
Total Cash Advances				
Total Net Cost of Funeral				
Gross Profit on Funeral			MTd	55
*Less Overhead Per Funeral				
Net Profit Apparent				

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death Fanning Kans - Hoffman's Home

Date of Death Aug 25-1931

Cause of Death Cerebral Hemorrhage Coroner's Autopsy

Duration Autopsy

Sex F Color or Race W

Single ✓ Married Widowed Divorced Child

Date of Birth 2-10-1874 Age, Years 57 Months 6 Days 15

Occupation housewife

How Long at Place of Death life

Birthplace—City or County Fanning State or Country Kans.

Name of Father Wm Hedrick

Birthplace of Father Ind

Maiden Name of Mother Mary W Collins

Birthplace of Mother Tenn

Signed C. E. Haller M.D. Coroner

Address Troy Kn. Date 8-26-31

Interment at Fanning Cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Elder Andrew J. CHARGE TO ACCOUNT No. 171

PAYMENT GUARANTEED BY Mrs Elder & Blevins ADDRESS Greg SERIAL No. 130

PHONE DATE ~~Sept~~ 30-1931 ANNUAL No.

DESCRIPTION OF SERVICE	AMOUNT	DATE			✓	CREDITS
Casket and Services complete	265 00	Sept	1-31	Cha Jane Elder		365 00
Embalming						
~~Outer Case~~ or Vault	100 00					
Washing and Dressing						
Shaving						
Slumber Robe						
Suit or Dress						
Other Articles of Clothing						
Transferring Body						
Door Badge						
Opening Grave						
Newspaper Notices						
Telegrams and Telephone Calls						
Use of ____ doz. Chairs						
Flowers						
Clergyman						
Singers						
Casket Coach						
Use of ____ Funeral Cars						
Use of Flower Cars						
Professional Supervision						
Expend baggage Paid	1 78					
TO FUNERAL COMPLETE						

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Name of Deceased Andrew J. Elder Residence Blevins home Troy Ks.

Funeral at ✓ Residence Mortuary Church Date Aug 31-31 Hour " Clergyman "

Hubbel Nebraska

Singers Lodge Affiliations Masonic

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 897 Style State half couch		
Interior Cr Olympic Covering Plush		
Manufacturer Bet		
Total Net Cost of Casket		
Outer Case		
Vault ✓		
Embalming ✓		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		GDA 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death Home of Chas Blevins Troy

Date of Death Aug 28-1931

Cause of Death Cancer throat Contributory

Duration Autopsy

Sex M. Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth Oct. 13-1852 Age, Years 79 Months 10 Days 15

Occupation blacksmith

How Long at Place of Death

Birthplace—City or County Wayne Co State or Country Ohio

Name of Father Thomas Elder

Birthplace of Father Penn

Maiden Name of Mother Matilda Dearth

Birthplace of Mother Penn

Signed C. E. Hall M.D. Coroner

Address Troy Ks. Date 8-29-31

Interment at Hubbel Nebr.

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Kelly Joseph A. CHARGE TO Paid by C.L. McGowan ACCOUNT NO.

PAYMENT GUARANTEED BY Paid. ADDRESS 426 Ross Ave Hilsenbury Penn SERIAL NO. 131

PHONE DATE Aug 29-31 ANNUAL NO. 21

DESCRIPTION OF SERVICE	AMOUNT	DATE			✓	CREDITS
Casket and Services	240 00	8-31-31	Cash received by			
Embalming	25 00		C.L. McGowan			366.70
Outer Case or ~~Vault~~	10 00					
Washing and Dressing shaving	10.00					
Shaving						
Slumber Robe						
Suit or Dress						
Other Articles of Clothing						
Transferring Body						
Door Badge						
Opening Grave						
Newspaper Notices						
Telegrams and Telephone Calls						
Use of ____ doz. Chairs						
Flowers						
Clergyman						
Singers						
Casket Coach	15 00					
Use of ____ Funeral Cars						
Use of Flower Cars						
Professional Supervision						
expenses paid	66 70					
TO FUNERAL COMPLETE	366 70					366.70

Itemized bill furnished of family as per their record.

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Name of Deceased Joseph A Kelly. Residence

Funeral at Residence Mortuary Church Date Hour Clergyman

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 806 Style half round style		
Interior Grey art silk Covering Emb Burmah		
Manufacturer Rex		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death 9 miles S.E. of Troy near Stolz home

Date of Death 8-29-1931

Cause of Death revolver wound of head Contributory

Duration Autopsy

Sex M. Color or Race W.

Single ✓ Married Widowed Divorced Child

Date of Birth Jan 6-1902 Age, Years 29 Months 7 Days 23

Occupation electrical Engineer

How Long at Place of Death

Birthplace—City or County Pittsburg State or Country Pa

Name of Father Alexander Kelly

Birthplace of Father Pa

Maiden Name of Mother Lucy Parsons

Birthplace of Mother St Louis Mo

Signed E. A. Karr ~~M.D.~~ Coroner Coroner

Address Date

Interment at body shipped to C. L. McGowan

Lot or Grave No. Section No.

Shipped to Hillsburg Pa Hillsburg Penn.

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Sapton Hiram L. CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY Mrs Sapton ADDRESS Troy Kansas. SERIAL NO. 132

PHONE _____ DATE Sept. 3-1931 ANNUAL NO. 22

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
Casket and Services complete	350 00	Sept 18-31	By ck.		361 75
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
~~Newspaper~~ Notices funeral	1 75				
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers	10 00				
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
TO FUNERAL COMPLETE	361 75				361 75

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Name of Deceased: Hiram L. Sapton Residence: Troy Kansas.

Funeral at: Residence ___ Mortuary ___ Church: Troy M.E. Date: Sept 3-1931 Hour: 2:30 P.M. Clergyman: Rev. Finch.

Singers ___ Lodge Affiliations ___

REVENUE ITEMS AND THEIR COST		CREDITS
Charge for Complete Funeral		
Casket No. 260 Style: Round end Stab		
Interior: Flesh Domet underneath Covering:		
Manufacturer: Rx	DEBITS	
Total Net Cost of Casket: AP.55	~~[illegible]~~	
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		yd 2.55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death: Troy Kansas.
Date of Death: Sept 1-1931
Cause of Death: Cerebral Hemorrhage ~~Contributory~~
Duration ___ Autopsy ___
Sex: M. Color or Race: W.
Single ___ Married ✓ Widowed ___ Divorced ___ Child ___
Date of Birth: Aug 28-1853 Age, Years: 78 Months: 4 Days: 3
Occupation: Farmer
How Long at Place of Death: 71 yrs.
Birthplace—City or County: Hampsera State or Country: Ohio
Name of Father: Hiram Platt Sapton
Birthplace of Father: Ohio
Maiden Name of Mother: Mary White
Birthplace of Mother: Ohio.
Signed: C.E. Hallet M.D. ___ Coroner
Address: Troy Ks. Date ___
Interment at: Mt Olive
Lot or Grave No. ___ Section No. ___
Shipped to
Arrived from
Via ___ R. R. Date ___
In Charge of ___

Source of Call ___

Insured in ___ Amount ___
Beneficiary ___

FUNERAL OF Chapple John Wm CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS Troy. Kansas. SERIAL NO. 133

_____ PHONE _____ DATE Sept. 8-1931 ANNUAL NO. 23

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
✓ Casket and Services complete	550.00	Sept 22-30	By Check		668.00
✓ Embalming					
~~Outer Case or~~ Vault	100.00				
✓ Washing and Dressing					
✓ Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing shirt 1.50 underwear 1.50	3.00				
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers	15.00				
Clergyman					
Singers					
✓ Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
✓ Professional Supervision					
To FUNERAL COMPLETE	668.00				668.00

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Name of Deceased John W. Chapple Residence

Funeral at Residence ✓ Mortuary Church Date Sept 8-1931 Hour 2:30 Clergyman Rev. Finch

Singers Lodge Affiliations S.B.A.

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. 1079 Style Metal, State ½ Couch		
Interior Cr Carmen, Cr Covering Metal		
Manufacturer Missouri Casket Co		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		99A 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Troy Kans R.F.D.

Date of Death Sept 5-1931

Cause of Death Apoplexy Contributory

Duration Autopsy

Sex M Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth 1-18-1856 Age, Years 75 Months 7 Days 11

Occupation Farmer

How Long at Place of Death 73 yrs.

Birthplace—City or County Virginia State or Country

Name of Father Wm Chapple

Birthplace of Father ~~Va~~ England

Maiden Name of Mother Elizabeth Craft

Birthplace of Mother Va

Signed A.E. Cordonier M.D. Coroner

Address Troy Kans. Date

Interment at Mt Olive Cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Eduards Malonial CHARGE TO C.F. Eduards ACCOUNT NO.

PAYMENT GUARANTEED BY C.F. Eduards ADDRESS St Joseph Mo. SERIAL NO. 134

PHONE DATE Sept 7-1931 ANNUAL NO. 24

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
✓ Casket and Services complete	135 00	Sept 7-31	By note		147.50
✓ Embalming					
✓ Outer Case or ~~Vault~~					
✓ Washing and Dressing					
Shaving					
✓ Slumber Robe					
Suit or Dress dress + hose	12 50				
Other Articles of Clothing					
✓ Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers					
Clergyman					
Singers					
✓ Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
✓ Professional Supervision					
To FUNERAL COMPLETE	147 50				147 50

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Name of Deceased Mrs Malvina Edwards Residence Doniphan Kans.

Funeral at Residence Mortuary Church Christian Date 9-7-31 Hour 230 Clergyman Soff & Myers

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 130 Style St gray crepe		
Interior Cr silk Covering Crepe		
Manufacturer Rf		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		Nd SS
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death Doniphan Ks Home of Mrs Martin

Date of Death Sept 5-1931

Cause of Death gall stone Contributory

Duration Autopsy

Sex F Color or Race W

Single Married Widowed ✓ Divorced Child

Date of Birth Sept 17 1850 Age, Years 80 Months 8 Days 24

Occupation at home

How Long at Place of Death 2 months

Birthplace—City or County Platt Co State or Country Mo

Name of Father Henry Cox

Birthplace of Father Ky

Maiden Name of Mother Malvina Howard

Birthplace of Mother Platt Co Mo.

Signed W. E. Cordonier M.D. Coroner

Address Troy Ks. Date

Interment at Mt Olive cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Strahan Robert George CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS Troy Kansas SERIAL NO. 135

PHONE _____ DATE _____ ANNUAL NO. 25

DESCRIPTION OF SERVICE	AMOUNT	DATE			√	CREDITS
Casket and Services complete	350.00	Nov.	14-31	By check		463.25
Embalming						
~~Outer Case or~~ Vault	100.00					
Washing and Dressing						
Shaving						
Slumber Robe						
Suit or Dress						
Other Articles of Clothing underwear	1.50					
Transferring Body						
Door Badge						
Opening Grave						
~~Newspaper~~ Notices funeral	1.75					
Telegrams and Telephone Calls						
Use of ____ doz. Chairs						
Flowers	10.00					
Clergyman						
Singers						
Casket Coach						
Use of ____ Funeral Cars						
Use of Flower Cars						
Professional Supervision						
To Funeral Complete	463.25					463.25

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Name of Deceased Robert G. Strahan Residence Troy, Kansas

Funeral at Residence Mortuary Church St Charles Date Sept 24-31 Hour 10 a.m. Clergyman Father Hall

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST	DEBITS		CREDITS	
Charge for Complete Funeral				
Casket No. 260 Style Round end style 6				
Interior flesh tint Covering Pan Velo				
Manufacturer Rey				
Total Net Cost of Casket	PA.	55		
Outer Case				
Vault				
Embalming				
Clothing				
Total Cash Advances				
Total Net Cost of Funeral				
Gross Profit on Funeral			0 gd.	55
*Less Overhead Per Funeral				
Net Profit Apparent				

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death Troy Kansas

Date of Death Sept 22-1931

Cause of Death Chronic Nephritis Contributory

Duration Autopsy

Sex M Color or Race W

Single ✓ Married Widowed Divorced Child

Date of Birth July 21-1882 Age, Years 49 Months 2 Days 1

Occupation Rly station agent

How Long at Place of Death 20 years.

Birthplace—City or County Leon Ks State or Country Kans.

Name of Father George Strahan

Birthplace of Father Lewisburg Pa

Maiden Name of Mother Mary Cullinan

Birthplace of Mother Paris Ky

Signed C. E. Cordoner M.D. Coroner

Address Troy Ks. Date

Interment at Mt Olivet cemetery

Lot or Grave No. Section No. ✓

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Gibson James Arthur CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 136

PHONE _____ DATE Sept 26-31 ANNUAL NO. 26

DESCRIPTION OF SERVICE	AMOUNT	DATE			V	CREDITS
Casket and Services complete	50.00	Oct	16-31	Ch Dont Co.		50.00
Embalming						
Outer Case or Vault						
Washing and Dressing						
Shaving						
Slumber Robe						
Suit or Dress						
Other Articles of Clothing						
Transferring Body						
Door Badge						
Opening Grave						
Newspaper Notices						
Telegrams and Telephone Calls						
Use of _____ doz. Chairs						
Flowers						
Clergyman						
Singers						
Casket Coach						
Use of _____ Funeral Cars						
Use of Flower Cars						
Professional Supervision						
TO FUNERAL COMPLETE	50.00					50.00

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Name of Deceased James Arthur Gibson Residence

Funeral at Residence Mortuary ✓ Church Date Sept 27/1931 Hour 2 P.M. Clergyman Finch

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		50 00
Casket No. Style		
Interior Covering		
Manufacturer		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		50 00
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death County Farm

Date of Death Sept 25-1931

Cause of Death Contributory

Duration Autopsy

Sex M. Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth 12-13-1856 Age, Years 74 Months 9 Days 13

Occupation cemetery sexton

How Long at Place of Death

Birthplace—City or County State or Country N.Y.

Name of Father Andrew Gibson

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed ~~Lorenzo~~ Lucas Coroner

Address Nashua N.H. Date

Interment at Mt Olive.

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R.R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Brynjulfson John CHARGE TO _____ ACCOUNT NO. 39

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 137

_____ PHONE _____ DATE Oct. 2-1931 ANNUAL NO. _____

DESCRIPTION OF SERVICE	AMOUNT		DATE			√	CREDITS	
Casket and Services complete	200	.00	Mar. 1/32		By Check		50	.00
Embalming			June 3/33		" Cash		20	.00
Outer Case or Vault			Feb. 5-34		" " Mrs B.		50	.00
Washing and Dressing			6-27-34		By Check Fed. Land Bank		100	.93
Shaving								
Slumber Robe								
Suit or Dress suit	20	.00						
Other Articles of Clothing								
Transferring Body								
Door Badge								
Opening Grave								
Newspaper Notices								
Telegrams and Telephone Calls								
Use of ____ doz. Chairs								
Flowers								
Clergyman								
Singers								
Casket Coach								
Use of ____ Funeral Cars								
Use of Flower Cars								
Professional Supervision								
Interest		.93						
Filed Oct. 17-31								
TO FUNERAL COMPLETE	220	.93					220	.93

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Name of Deceased John Brynjulfson Residence

Funeral at Residence Mortuary Church Benbend Date Oct 2-31 Hour 2.30 Clergyman Peterson

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. 206 Style Octagon 1/2 couch		
Interior grey Covering steel doe		
Manufacturer Rex		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		Mdy SS
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Hope south of Troy

Date of Death Sept 29-1931

Cause of Death Contributory

Duration Autopsy

Sex M. Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth Sept 9-1853 Age, Years 78 Months Days 20

Occupation farmer

How Long at Place of Death 18 yrs.

Birthplace—City or County Skien State or Country Norway

Name of Father Brynjulf Field.

Birthplace of Father Norway

Maiden Name of Mother ✓

Birthplace of Mother ✓

Signed M.D. Coroner

Address Date

Interment at Moray

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Pipes Elizabeth CHARGE TO Dave S. Pipes ACCOUNT NO.

PAYMENT GUARANTEED BY ADDRESS Blair Kansas. SERIAL NO. 138

PHONE DATE Oct. 4, 1931 ANNUAL NO. 27

DESCRIPTION OF SERVICE	AMOUNT		DATE			√	CREDITS	
✓ Casket and Services	100	.00	Oct 4	1931	By cash		100	00
✓ Embalming								
✓ Outer Case or Vault								
✓ Washing and Dressing								
Shaving								
✓ Slumber Robe								
Suit or Dress								
Other Articles of Clothing								
✓ Transferring Body								
✓ Door Badge								
Opening Grave								
✓ Newspaper Notices								
Telegrams and Telephone Calls								
Use of ____ doz. Chairs								
Flowers								
Clergyman								
Singers								
✓ Casket Coach								
Use of ____ Funeral Cars								
Use of Flower Cars								
✓ Professional Supervision								
TO FUNERAL COMPLETE	100	00					100	00

Received Pay'd

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Name of Deceased Elizabeth Pipes Residence Blair, Kansas.

Funeral at Residence Mortuary Church Date Oct. 4, 1931 Hour 1:30 Clergyman

Singers Lodge Affiliations

Revenue Items and Their Cost		Credits	
Charge for Complete Funeral		100	00
Casket No. 51 Style Left Panel			
Interior Covering Blue			
Manufacturer Rex - Apt.			
Total Net Cost of Casket			
Outer Case			
Vault			
Embalming			
Clothing			
Total Cash Advances			
Total Net Cost of Funeral			
Gross Profit on Funeral		dAss	
*Less Overhead Per Funeral			
Net Profit Apparent			

Debits

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Blair, Kansas.

Date of Death Oct. 3, 1931.

Cause of Death Contributory

Duration Autopsy

Sex F. Color or Race W.

Single Married Widowed Divorced Child

Date of Birth Sept. 26, 1851 Age, Years 80 Months Days 7

Occupation Housewife

How Long at Place of Death 4 weeks

Birthplace—City or County Des Moines State or Country Iowa

Name of Father John Cason

Birthplace of Father Pa.

Maiden Name of Mother Unknown

Birthplace of Mother

Signed Dr. Swisher M.D. Coroner

Address Wathena Kansas Date Oct 5, 1931

Interment at Cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Sharpe Lydia Emeline CHARGE TO W. O. Sharpe ACCOUNT NO.

PAYMENT GUARANTEED BY W. O. Sharpe ADDRESS 3922 N. St. Omaha Neb. SERIAL NO. 139

PHONE DATE Oct. 2, 1921 ANNUAL NO. 28

DESCRIPTION OF SERVICE	AMOUNT		DATE			V	CREDITS	
Casket and Services			Nov.	12	31 By check		35	00
Embalming								
Outer Case or Vault								
Washing and Dressing								
Shaving								
Slumber Robe								
Suit or Dress								
Other Articles of Clothing								
Transferring Body								
Door Badge								
Opening Grave								
Newspaper Notices								
Telegrams and Telephone Calls								
Use of ____ doz. Chairs								
Flowers								
Clergyman								
Singers								
Casket Coach & services	25	00						
Use of ____ Funeral Cars								
Use of Flower Cars								
Professional Supervision								
Express Charges	10	00						
TO FUNERAL COMPLETE	35	00					35	00

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Name of Deceased Sharpe Lydia Emeline Residence 3922 M. St. Omaha, Neb.

Funeral at Residence Mortuary Church Date Oct 5, 1921 Hour 3 P.M. Clergyman

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		35 00
Casket No. Style		
Interior Covering		
Manufacturer		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MS 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Gage County Neb. (Institution for feeble minded)

Date of Death Oct. 2, 1921

Cause of Death Cl. Mitral Insufficiency Contributory

Duration Autopsy

Sex Female Color or Race White

Single Married Widowed Divorced Child

Date of Birth Nov. 25, 1915 Age, Years 15 Months 10 Days 8

Occupation

How Long at Place of Death

Birthplace—City or County Omaha State or Country Neb.

Name of Father Clyde Yound

Birthplace of Father

Maiden Name of Mother Stella Byers

Birthplace of Mother

Signed M.D. Coroner

Address Date

Interment at

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R.R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral of Young Clara A. Charge to Estate Account No.

Payment Guaranteed by Address Fanning, Kansas. Serial No. 140

Phone Date Oct. 5, 1931 Annual No.

Description of Service	Amount	Date				√	Credits	
✓ Casket and Services	265	00						
✓ Embalming								
✓ Outer Case or Vault	100	00						
✓ Washing and Dressing								
Shaving								
✓ Slumber Robe								
✓ Suit or Dress	12	00						
✓ Other Articles of Clothing								
Transferring Body								
✓ Door Badge								
Opening Grave								
✓ Newspaper Notices								
Telegrams and Telephone Calls								
Use of ____ doz. Chairs								
Flowers								
Clergyman								
Singers								
✓ Casket Coach								
Use of ____ Funeral Cars								
Use of Flower Cars								
✓ Professional Supervision								
To Funeral Complete	377	00						

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Name of Deceased Clara A. Young Residence Fanning, Kansas.

Funeral at Residence Mortuary Church Date Oct. 6, 1931 Hour 2:00 Clergyman Gruwell

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		377.00
Casket No. 807 Style Stab & cauch		
Interior Covering		
Manufacturer Rex - art		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		94 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Fanning, Kansas.

Date of Death Oct. 4, 1931

Cause of Death Contributory

Duration Autopsy

Sex F. Color or Race W.

Single Married Widowed Divorced Child

Date of Birth May 23, 1876 Age, Years 55 Months 4 Days 11

Occupation Housewife.

How Long at Place of Death Life

Birthplace—City or County Fanning State or Country Kansas.

Name of Father William Hedrick

Birthplace of Father Indiana

Maiden Name of Mother Mary A. Collins

Birthplace of Mother Lawrence Penn.

Signed M.D. Coroner

Address Date

Interment at Fanning Cemetery.

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R.R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Nancy E. Jones CHARGE TO E. B. Kitsen ACCOUNT NO.

PAYMENT GUARANTEED BY E. B. Kitsen ADDRESS Pleasantville Kentucky SERIAL NO. 141

PHONE DATE Oct. 8, 1931 ANNUAL NO. 29

DESCRIPTION OF SERVICE	AMOUNT	DATE		√	CREDITS
Casket and Services	200.00	Oct. 8, 1931	By Check		365 76
Embalming					
Outer Case or Vault	100.00		less expense		43 76
Washing and Dressing					322 00
Shaving					
Slumber Robe					
Suit or Dress	22.00				
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
TO FUNERAL COMPLETE	322 00				322 00

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Name of Deceased: Nancy E. Jones Residence: Pleasureville, Kentucky.

Funeral at: Residence ___ Mortuary ___ Church ___ Date ___ Hour ___ Clergyman ___

Singers ___ Lodge Affiliations ___

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		322 00
Casket No. 206 Style half round		
Interior ___ Covering ___		
Manufacturer Rye-Ast.		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		307 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death: Spoons Lane. (Res. Bowlus)
Date of Death: Oct. 7, 1931
Cause of Death: Cerebral hemorrhage Contributory ___
Duration ___ Autopsy ___
Sex: F. Color or Race: W.
Single ___ Married ___ Widowed: 4 Divorced ___ Child ___
Date of Birth: Dec. 13, 1864 Age, Years: 66 Months: 9 Days: 24
Occupation: Housewife.
How Long at Place of Death: Three weeks.
Birthplace—City or County: Bethlehem State or Country: Kentucky
Name of Father: John Wells.
Birthplace of Father: Kentucky
Maiden Name of Mother: Caroline Moore
Birthplace of Mother: Indiana
Signed ___ M.D. ___ Coroner
Address ___ Date ___
Interment at ___
Lot or Grave No. ___ Section No. ___
Shipped to ___
Arrived from ___
Via ___ R. R. Date ___
In Charge of ___

Source of Call ___

Insured in ___ Amount ___
Beneficiary ___

Funeral of Courter Alva — Charge to Allen Bull — Account No.

Payment Guaranteed by — Address — Serial No. 142

Phone — Date ~~the~~ Oct 15 1934 — Annual No.

Description of Service	Amount	Date		✓	Credits
Casket and Services		2-24-32	By cash		20 00
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers					
Clergyman					
Singers			see letter		
Casket Coach					
Use of ____ Funeral Cars			filed from E.V. Courter		
Use of Flower Cars					
Professional Supervision + funeral coach	25 00				
To Funeral Complete					

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Name of Deceased Alva Counter Residence Moray Kansas

Funeral at Residence Mortuary Church Moray Date Oct. 15-31 Hour 2 P.M. Clergyman Rev. Peterson

Singers Lodge Affiliations

Revenue Items and Their Cost		Credits	
Charge for Complete Funeral		75	10
Casket No. Style			
Interior Covering			
Manufacturer			
Total Net Cost of Casket			
Outer Case			
Vault			
Embalming			
Clothing			
Total Cash Advances			
Total Net Cost of Funeral			
Gross Profit on Funeral		MS	SS
*Less Overhead Per Funeral			
Net Profit Apparent			

Debits

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Jackson Miss

Date of Death Oct. 11. 1931

Cause of Death Pneumonia Contributory

Duration Autopsy.

Sex M Color or Race W

Single ✓ Married Widowed Divorced Child

Date of Birth Age, Years Months Days

Occupation farmer

How Long at Place of Death

Birthplace—City or County State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed M.D. Coroner

Address Date

Interment at Moray

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Cordonier Eugene Victor CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 143

PHONE _____ DATE Oct 29-1931 ANNUAL NO. 30

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓	CREDITS
Casket and Services complete	200 00	3-12-32	By Ck		20 00
✓ Embalming		3-12-32	By cash.		62 50
✓ Outer Case or ~~Vault~~		4-30-32	By cash		100 00
✓ Washing and Dressing		6-27-32	" "		25 00
✓ Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
✓ Use of ____ doz. Chairs					
Flowers					
Clergyman					
Singers					
✓ Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
metal box cover	7 50				
To Funeral Complete	$207 50				$207 50

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Name of Deceased Eugene V. Cordonier Residence S.W. of Mathena

Funeral at Residence ✓ Mortuary Church Date Oct 29-31 Hour 2:30 P.M. Clergyman

Singers Troy Male Quartette Lodge Affiliations

REVENUE ITEMS AND THEIR COST		CREDITS
Charge for Complete Funeral		
Casket No. 106 Style ½ couch		
Interior grey Covering Cloth dove		
Manufacturer Rex	DEBITS	
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MCMSS
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

PERSONAL AND STATISTICAL

Place of Death Home Marion township

Date of Death Oct 27-1931

Cause of Death stomach ulcer Contributory

Duration Autopsy

Sex Male Color or Race white

Single Married ✓ Widowed Divorced Child

Date of Birth Feb. 13-1860 Age, Years 71 Months 8 Days 14

Occupation farmer

How Long at Place of Death life

Birthplace—City or County Mathena State or Country Kansas

Name of Father Francis Cordonier

Birthplace of Father France

Maiden Name of Mother Abagail Courter

Birthplace of Mother Ohio

Signed A.E. Cordonier M.D. Coroner

Address Troy Kans Date Oct 28-31

Interment at Cordonier Cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Fuller Abram M. CHARGE TO O.C. Fuller ACCOUNT NO. 122

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 144

PHONE _____ DATE Nov. 1-1931 ANNUAL NO. _____

DESCRIPTION OF SERVICE	AMOUNT		DATE			V	CREDITS	
Casket and Services complete	100	00	1-4	32	By E.S.K. acct		14	00
Embalming			1-4	32	By E.F.K. acct		2	00
Outer Case or Vault			4-5	32	By check		10	00
Washing and Dressing			1-31	33	By account		31	50
Shaving			6-15	34	" "		20	00
Slumber Robe			5-1	35	" "		21	50
Suit or Dress					Bal settlement		1	00
Other Articles of Clothing								
Transferring Body								
Door Badge								
Opening Grave								
Newspaper Notices								
Telegrams and Telephone Calls								
Use of ____ doz. Chairs								
Flowers								
Clergyman								
Singers								
Casket Coach								
Use of ____ Funeral Cars								
Use of Flower Cars								
Professional Supervision								
TO FUNERAL COMPLETE	100	00					100	00

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Name of Deceased Edward M. Fuller Residence Troy Kansas

Funeral at Residence ✓ Mortuary Church Date Hour Clergyman

Singers Table Rock Neb. Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		100 00
Casket No. 51 Style high top		
Interior silk Covering sil dbe		
Manufacturer Rx		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		0 A 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Troy Kans. Home of O.C. Fuller

Date of Death Oct 30-1931

Cause of Death Effect of Homicide Contributory

Duration Autopsy

Sex M. Color or Race W.

Single Married ✓ Widowed Divorced Child

Date of Birth Nov. 7-1859 Age, Years 71 Months 11 Days 23

Occupation

How Long at Place of Death 3 months

Birthplace—City or County Peoria State or Country Illinois

Name of Father Benjamin R Fuller

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed C.E. Waller M.D. Coroner

Address Troy Ks Date Oct. 31-31

Interment at Table Rock Neb.

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Bayless Eliza Jane CHARGE TO ACCOUNT NO.

PAYMENT GUARANTEED BY ADDRESS SERIAL NO. 1-15

PHONE DATE ANNUAL NO. 31

DESCRIPTION OF SERVICE	AMOUNT	DATE		√	CREDITS
Casket and Services	200.00	2-27-32	By Ck (adm)		100.00
Embalming		6-2-32	" " W.O. Delaney Gdy		88.00
Outer Case or Vault		6-2-32	" " W.O. Delaney		37.70
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress & underwear	15.00				
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers					
Clergyman	5.00				
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
Embalmer [illegible]					
Interment [illegible]	5.70				
TO FUNERAL COMPLETE	225.70				225.70

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Name of Deceased: Eliza Jane Bayless Residence: Troy Kansas

Funeral at: Residence ___ Mortuary ✓ Church ___ Date: Nov. 13-31 Hour: 2 P.M. Clergyman: Finch

Singers: ___ Lodge Affiliations: ___

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. 206 Style half ch.		
Interior gray silk Covering Cloth doe		
Manufacturer Ray		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MGy 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death: her home north of Troy
Date of Death: Nov. 10-1931
Cause of Death: ___ Contributory: ___
Duration: ___ Autopsy: ___
Sex: F Color or Race: W.
Single ___ Married ___ Widowed ✓ Divorced ___ Child ___
Date of Birth: Jan 2-1850 Age, Years: 81 Months: 10 Days: 8
Occupation: housewife
How Long at Place of Death: 16 yrs.
Birthplace—City or County: ___ State or Country: Ohio
Name of Father: Jake Myers
Birthplace of Father: unknown
Maiden Name of Mother: unknown
Birthplace of Mother: "
Signed: ___ M.D. ___ Coroner
Address: ___ Date: ___
Interment at: Mt Olive Troy Kans.
Lot or Grave No.: ___ Section No.: ___
Shipped to
Arrived from
Via: ___ R. R. Date: ___
In Charge of: ___

Source of Call: ___

Insured in: ___ Amount: ___
Beneficiary: ___

FUNERAL OF Sopert Frances Irene CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 146

_____ PHONE _____ DATE Nov. 14-1931 ANNUAL NO. 32

DESCRIPTION OF SERVICE	AMOUNT		DATE			√	CREDITS	
Casket and Services complete	265	.00	12-	7-31	By check		265	.00
Embalming								
Outer Case or Vault								
Washing and Dressing								
Shaving								
Slumber Robe								
Suit or Dress								
Other Articles of Clothing								
Transferring Body								
Door Badge								
Opening Grave								
Newspaper Notices								
Telegrams and Telephone Calls								
Use of ____ doz. Chairs								
Flowers								
Clergyman								
Singers								
Casket Coach								
Use of ____ Funeral Cars								
Use of Flower Cars								
Professional Supervision								
Paid 12-7-31								
TO FUNERAL COMPLETE	265	00					265	00

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Name of Deceased Mrs Francis Irene Sofer Residence Troy Kans

Funeral at Residence ✓ Mortuary Church Date Nov 14-31 Hour 2.30 P.M. Clergyman Rev. Sapp.

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. 807 Style State half couch		
Interior Cr olympic Covering gr plush		
Manufacturer Rex		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MTd
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death Troy Kansas.

Date of Death Nov. 12-1931

Cause of Death Contributory

Duration Autopsy

Sex F Color or Race W

Single Married Widowed ✓ Divorced Child

Date of Birth March 2-1839 Age, Years 92 Months 8 Days 10

Occupation housewife

How Long at Place of Death 72 yrs.

Birthplace—City or County Peoria State or Country Illinois

Name of Father Cyrus Leland

Birthplace of Father Boston Mass.

Maiden Name of Mother Sarah Howard

Birthplace of Mother

Signed M.D. Coroner

Address Date

Interment at Mt Olive Troy Kans.

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Highley Ellen

CHARGE TO

ACCOUNT NO. 146

PAYMENT GUARANTEED BY

ADDRESS

SERIAL NO. 147

PHONE

DATE Nov. 22 1931

ANNUAL NO.

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
Casket and Services complete	250.00	Dec 3-1937	By Cash Owen P. Shull for Grace Gilson Adm.		262.50
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress dress	12.50				
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of Funeral Cars					
Use of Flower Cars					
Professional Supervision					
Filed 12-14-31					
TO FUNERAL COMPLETE	262.50				262.50

Dress not Paid 6-23-33

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Name of Deceased Highley Ellen Residence Troy Kans

Funeral at Residence Mortuary Church M.E. Date Nov. 22-31 Hour 230 P.M. Clergyman Rev. Finch

Singers Male Quartette Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		262.50
Casket No. 215 Style Victorian 1/2 Couch		
Interior Cr Velvet Covering all g/flush		
Manufacturer Rt		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	MNS	55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death L. H. Gibson Home Troy

Date of Death Nov. 20-1931

Cause of Death Contributory

Duration Autopsy

Sex F Color or Race W.

Single Married Widowed ✓ Divorced Child

Date of Birth Dec. 30-1846 Age, Years 84 Months 10 Days 20

Occupation housewife

How Long at Place of Death 77 years

Birthplace—City or County Chillicothe State or Country Missouri

Name of Father Montgomery Haddell

Birthplace of Father Virginia

Maiden Name of Mother Jane Scott

Birthplace of Mother Virginia

Signed C. E. Haller M.D. Coroner

Address Troy Kans Date

Interment at Colster cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Kylander David Henry CHARGE TO Don. Co. ACCOUNT NO.

PAYMENT GUARANTEED BY O.K. Bowman ADDRESS SERIAL NO. 148

PHONE DATE Nov. 24-1931 ANNUAL NO. 33

DESCRIPTION OF SERVICE	AMOUNT		DATE			V	CREDITS	
Casket and Services	50	00	12/11/31		By Check - County Treas.		50	00
Embalming								
Outer Case or Vault								
Washing and Dressing								
Shaving								
Slumber Robe								
Suit or Dress								
Other Articles of Clothing								
Transferring Body								
Door Badge								
Opening Grave								
Newspaper Notices								
Telegrams and Telephone Calls								
Use of ____ doz. Chairs								
Flowers								
Clergyman								
Singers								
Casket Coach								
Use of ____ Funeral Cars								
Use of Flower Cars								
Professional Supervision								
Full.								
TO FUNERAL COMPLETE	50	00					50	00

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Name of Deceased: David Henry Kilander Residence: Blair Kansas.

Funeral at: Residence ___ Mortuary ___ Church Blair Date Nov. 24-31 Hour 10 a.M. Clergyman Carter

Singers ___ Lodge Affiliations ___

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		50 00
Casket No. 51 Style Blk Crepe		
Interior silk Covering Crepe		
Manufacturer R4		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		79 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Personal and Statistical

Place of Death ½ mile north of Blair
Date of Death Nov. 21- 1923
Cause of Death ___ Contributory ___
Duration ___ Autopsy ___
Sex M. Color or Race W
Single ___ Married ✓ Widowed ___ Divorced ___ Child ___
Date of Birth April 26 1871 Age, Years 60 Months 6 Days 25
Occupation Laborer
How Long at Place of Death 3 months
Birthplace—City or County ___ State or Country Indiana
Name of Father David Kylander
Birthplace of Father Ohio
Maiden Name of Mother Lydia Hillerman
Birthplace of Mother Ohio
Signed ___ M.D. ___ Coroner ___
Address ___ Date ___
Interment at Belmont Cemetery Hiawatha
Lot or Grave No. ___ Section No. ___
Shipped to
Arrived from ___
Via ___ R.R. Date ___
In Charge of ___

Source of Call ___

Insured in ___ Amount ___
Beneficiary ___