

NAME OF DECEASED Mabel Rebecca Kibeler RESIDENCE Troy Kans
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Jan 19-33 HOUR 7 P.M. CLERGYMAN Rev. Finch
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		70.00	Place of Death	<u>Frank M^c Coy home</u>
Casket No. <u>50</u> Style <u>flat top crepe</u>			Date of Death	<u>Jan 17-1933</u>
Interior <u>cr silk</u> Covering <u>gr crepe</u>			Cause of Death	
Manufacturer <u>Ret</u>	DEBITS		Duration	
Total Net Cost of Casket			Sex <u>A</u>	Color or Race <u>W</u>
Outer Case			Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>	
Vault			Date of Birth <u>July 13-1899</u> Age, Years <u>33</u> Months <u>6</u> Days <u>4</u>	
Embalming			Occupation <u>housewife</u>	
Clothing			How Long at Place of Death <u>31 years</u>	
			Birthplace—City or County <u>Delphos</u> State or Country <u>Nebraska</u>	
			Name of Father <u>Frank M^c Coy</u>	
			Birthplace of Father <u>Cromfordville Ind</u>	
			Maiden Name of Mother <u>Nancy Foxrock</u>	
			Birthplace of Mother <u>Butler County Nebr</u>	
Total Cash Advances			Signed _____ M.D. _____ Coroner _____	
			Address _____ Date _____	
			Interment at <u>M^c Olive cemetery</u>	
			Lot or Grave No. _____ Section No. _____	
			Shipped to _____	
			Arrived from _____	
			Via _____ R. R. Date _____	
			In Charge of _____	
Total Net Cost of Funeral			Source of Call _____	
Gross Profit on Funeral		95.55	Insured in _____ Amount _____	
*Less Overhead Per Funeral			Beneficiary _____	
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.

NAME OF DECEASED Char Edward Reddick RESIDENCE Troy Karoo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Jan 24-33 HOUR 2:30 AM CLERGYMAN Rev. Mullins
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	75.00	Place of Death <u>2 miles east of Troy</u>
Casket No. <u>51</u> Style <u>left hand of side</u>		Date of Death <u>Jan 24-1932</u>
Interior <u>W. S. H.</u> Covering <u>plain dark</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Ry</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>M</u> Color or Race <u>W</u>
Outer Case		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>Oct 25-1884</u> Age, Years <u>48</u> Months <u>7</u> Days <u>27</u>
Embalming		Occupation <u>farmer</u>
Clothing		How Long at Place of Death _____
		Birthplace—City or County _____ State or Country _____
		Name of Father <u>Joseph Reddick</u>
		Birthplace of Father <u>Ohio</u>
		Maiden Name of Mother <u>Margaret Rose</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>E. E. Hallist</u> M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Mt Olive cemetery</u>
		Lot or Grave No. _____ Section No. <input checked="" type="checkbox"/>
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral	<u>24.55</u>	Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
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.

NAME OF DECEASED Raymond Lee Cary RESIDENCE Troy Kansas.
 FUNERAL AT No public RESIDENCE MORTUARY CHURCH DATE March 7 1933 HOUR 11 a.m. CLERGYMAN Parham
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Isolation Hospital St Joseph Mo</u>
Casket No. _____ Style _____			Date of Death <u>March 6 1933</u>
Interior _____ Covering _____			Cause of Death <u>cerebral spinal meningitis</u>
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____			Date of Birth <u>3-28-1931</u> Age, Years <u>1</u> Months <u>11</u> Days <u>8</u>
Embalming _____			Occupation <u>child at home</u>
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County _____ State or Country _____
_____			Name of Father <u>Earl Cary</u>
_____			Birthplace of Father <u>Troy Kansas</u>
_____			Maiden Name of Mother <u>Mary Sutton</u>
_____			Birthplace of Mother <u>Troy Kansas</u>
Total Cash Advances _____			Signed <u>B. W. Moore</u> M.D. _____ Coroner
_____			Address <u>St Joseph Mo</u> Date <u>3-6-1933</u>
_____			Interment at <u>Courtes Cemetery Troy K</u>
_____			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 _____		<u>115.53</u>	_____
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			Insured in _____ Amount _____
REMARKS:			Beneficiary _____

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

NAME OF DECEASED Laura G. Eader RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE April 16 1933 HOUR 2 P.M. CLERGYMAN Rev Sapp
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	185.00	Place of Death <u>her home Troy Kan</u>
Casket No. <u>807</u> Style <u>hinge cap. Perf. Thru</u>		Date of Death <u>April 14 1933</u>
Interior <u>Cermet</u> Covering <u>sil & grey brocade</u>		Cause of Death <u>arteriosclerosis</u>
Manufacturer <u>Net</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>F</u> Color or Race <u>W</u>
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault		Date of Birth <u>May 26 1863</u> Age, Years <u>69</u> Months <u>10</u> Days <u>18</u>
Embalming		Occupation <u>housewife</u>
Clothing		How Long at Place of Death <u>24 years</u>
<u>boards</u>	4.75	Birthplace—City or County <u>Delkath</u> State or Country <u>Missouri</u>
<u>flannel</u>	4.50	Name of Father <u>Henry F. Goss</u>
		Birthplace of Father <u>Springfield Ind</u>
Total Cash Advances		Maiden Name of Mother <u>Sarah A. Dittenger</u>
		Birthplace of Mother <u>Buchanan County Mo</u>
		Signed <u>Henry Eader</u> M.D. <u>Dr. Cordnier</u> Coroner
		Address _____ Date _____
		Interment at <u>W. Blue Troy Kansas</u>
		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	<u>MM \$5</u>	
*Less Overhead Per Funeral		
Net Profit Apparent		Source of Call _____
REMARKS:		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 Everett Williams CHARGE TO _____ ACCOUNT No. 87
 PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL No. 212
 PHONE _____ DATE May 9-1933 ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	110 00	7-15-33		75.00
Embalming	25 00	11-4-33		90 00
Outer Case or Vault				
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress <u>suit</u>	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	15 00			
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision				
<u>filed with Govt 6-19-33</u>				
To FUNERAL COMPLETE	165 00			165 00

FUNERAL OF Joseph Euler CHARGE TO John + Cal Euler ACCOUNT No. 84
 PAYMENT GUARANTEED BY John + Cal Euler ADDRESS Troy Kansas SERIAL No. 214
 PHONE _____ DATE May 17-1933 ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	REMARKS	✓	CREDITS
Casket and Services	250.00	5-17-33	By Chy (for flowers)		10.00
Embalming			" " John Euler		342.00
Outer Case or Vault <u>Casket</u>	90.00				
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress <u>wool suit + hose</u>	120.00				
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of doz. Chairs					
Flowers	110.00				
Clergyman					
Singers					
Casket Coach					
Use of Funeral Cars					
Use of Flower Cars					
Professional Supervision					
<u>Filed June 1-1933</u>					
To FUNERAL COMPLETE					
					352.00

James M. Sample
 CHARGE TO *CHAS. M. EDSON*
 ACCOUNT NO. *215*
 PAID BY GUARANTEE BY *Mrs. Ella M. Edson* ADDRESS *910 N. Kanawha*
 SERIAL NO. *215*
 PHONE _____ DATE *May 21-1933* ANNUAL NO. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE		CHECKS
Casket and Services <i>complete</i>	<i>165.00</i>	<i>5-19-33</i>	<i>Chas. M. Edson</i>	<i>75.00</i>
Embalming				
Outer Case or Vault		<i>3-9-35</i>	<i>Chas. M. Edson</i>	
Washing and Dressing			<i>Ella M. Edson</i>	<i>30.00</i>
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				

*Unit Probate Judge
 Agency Indiana*

not Filed

TO FUNERAL COMPLETE

NAME OF DECEASED Jose M Finagle RESIDENCE Topeka Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE May 21-1933 HOUR 3 P.M. CLERGYMAN Rev. Howard St. Joseph Mo.
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	165.00	Place of Death <u>State Hospital Topeka Kan</u>
Casket No. <u>234</u> Style <u>single panel - C of thorn</u>		Date of Death <u>May 18-1933</u>
Interior <u>CW silk</u> Covering <u>Emb. lawn</u>		Cause of Death <u>Burienia with cystitis</u>
Manufacturer <u>Rex</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>M.</u> Color or Race <u>W</u>
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault		Date of Birth <u>Jan 13-1863</u> Age, Years <u>70</u> Months <u>4</u> Days <u>5</u>
Embalming		Occupation <u>farmer</u>
Clothing		How Long at Place of Death <u>2 years</u>
		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 <u>St. Olive Gray Kansas</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>TM 55</u>	
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS: Embalmed by Frank Conwell
Topeka Kan charged 35.00

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
See statement filed 5-21-1933

NAME OF DECEASED D. F. Whittaker RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH M.E. DATE May 27, 1933 HOUR 2 P.M. CLERGYMAN Rev. Finich
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		<u>447.50</u>	Place of Death <u>his home Troy</u>
Casket No. <u>817</u> Style <u>State hay couch</u>			Date of Death <u>May 24-1933</u>
Interment <u>Gold Barony covering tan tinogae</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Ret</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M.</u> Color or Race <u>W</u>
Outer Case			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault <u>W.D.</u>			Date of Birth <u>May 21-1865</u> Age, Years <u>68</u> Months _____ Days <u>3</u>
Embalming			Occupation <u>Wagon dealer</u>
Clothing			How Long at Place of Death <u>17 years</u>
			Birthplace—City of County <u>Smith of Mo.</u> State or Country _____
			Name of Father <u>John W. Whittaker</u>
			Birthplace of Father <u>Huntington Co. Penna</u>
			Maiden Name of Mother <u>Mary M. Crum</u>
			Birthplace of Mother <u>Huntington Co Penna</u>
Total Cash Advances			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>St. Anne's Troy Kansas</u>
			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		<u>050.55</u>	
*Less Overhead Per Funeral			
Net Profit Apparent			Source of Call _____
REMARKS:			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 *George C Sinclair* CHARGE TO *Geo Roberts Adm.* ACCOUNT No. *86*
 PAYMENT GUARANTEED BY _____ ADDRESS *Denton Kansas* SERIAL No. *217*
 PHONE _____ DATE *May 29-1933* ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	250.00	Def. 5-35	By ch Geo Robert	264.00
Embalming				
Outer Case or Vault				
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress				
Other Articles of Clothing <i>Underwear shirt tie</i>	2.50			
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs				
Flowers	7.00			
Clergyman				
Singers				
Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision				
<i>heavy board</i>	2.25			
<i>funeral notices</i>	2.25			
To FUNERAL COMPLETE	467.00			264.00

Filed June 2-1933

NAME OF DECEASED George C. Sinclair RESIDENCE Home of Grace Kibler Troy
 FUNERAL AT M.E. Troy CHURCH M.E. Troy DATE May 29-33 HOUR 2 P.M. CLERGYMAN Rev. Finch.
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>758</u> Style <u>half comb</u>	
Interior <u>curt</u> Covering <u>platinum lacced</u>	
Manufacturer <u>Ru</u>	
Total Net Cost	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Ac	
Profit on Funeral	<u>MAY SS</u>
Apparent	
Remarks:	
* Be sure that properly	

Man and Wife Succumb on Successive Days
 (Special to The Gazette.)
 TROY, Kan., May 27.—A double funeral service will be held at 2 o'clock Monday afternoon in Troy Methodist Church for Mr. and Mrs. George Sinclair, Doniphan County residents sixty-two years, who died Friday and Saturday, respectively, less than thirty hours apart, at the home of their daughter, Mrs. Grace Kibler of Troy. The Rev. S. M. Finch will conduct the service and burial will be in Mount Olive Cemetery here.
 Mr. Sinclair, eighty-six years old, died at 3:30 o'clock Friday afternoon, and his wife, Ellen Elizabeth, eighty-two, at 7:15 o'clock Saturday night. He was a native of Hunterton County, N. J., and she was born in Schuyler County, N. Y. They were married Nov. 11, 1869, at Mecklenburg, N. Y., and came to Doniphan County in 1871.
 They lived on farms near Brenner and near Denton, this county, before removing to Troy a few years ago. The observance of their sixtieth wedding anniversary, in 1929, drew widespread attention. They are survived by one son, W. E. Sinclair of Troy, besides the daughter at whose home they died. In addition, Mr. Sinclair is survived by one sister, Mrs. Mary Kline of Clinton, N. J. Mrs. Sinclair leaves two sisters, Mrs. Della Morehead, Highland, Kan., and Mrs. F. F. Paige, Troy. The bodies are at the Karr mortuary here.

Place of Death Home of Grace Kibler Troy Kan.
 Date of Death May 26-1933
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M. Color or Race _____
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Nov. 13-1846 Age, Years 86 Months 5 Days 13
 Occupation _____
 How Long at Place of Death about 2 years
 Birthplace—City or County Hunterton Co. State of Country N. J.
 Name of Father ambition
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed Ch. Odomey M.D. _____ Coroner
 Address Troy Kan Date _____
 Interment at Mt Olive Cemetery Troy Kan.
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

SINCLAIR—Double funeral services for George C. Sinclair, 86 years old, and Ellen Elizabeth Sinclair, 82 years old, husband and wife, will be held from the M. E. Church in Troy Monday at 2 p. m., Rev. S. M. Finch in charge. Burial in Mt. Olive Cemetery. For information call Karr Funeral Home, Troy, Kan.

NAME OF DECEASED Ellen Elizabeth Sinclair RESIDENCE Home of Grace Kibler Troy 14.
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH M.E. DATE May 29-33 HOUR 2 P.M. CLERGYMAN Rev. Finch
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Home of Grace Kibler Troy 14.</u>
Casket No. <u>258</u> Styl. <u>Cotman half Oak</u>		Date of Death <u>May 27-1933</u>
Interior <u>Ce rich</u> Covering <u>Platinum Jacquard</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Rx</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>F</u> Color or Race <u>W</u>
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault		Date of Birth <u>May 9-1851</u> Age, Years <u>82</u> Months _____ Days <u>18</u>
Embalming		Occupation <u>housewife</u>
Clothing		How Long at Place of Death _____
		Birthplace—City or County <u>Schuyler County</u> State or Country <u>N.Y.</u>
		Name of Father <u>Isaac Brown</u>
		Birthplace of Father <u>N.Y.</u>
Total Cash Advances		Maiden Name of Mother <u>untaken</u>
		Birthplace of Mother _____
		Signed <u>W.E. Cordone</u> M.D. _____ Coroner _____
		Address <u>Troy 14</u> Date _____
		Interment at <u>Mt Olive cemetery Troy 14</u>
		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 <u>115 55</u>		Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____

REMARKS: Double funeral
Husband & wife.

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

FUNERAL CHARGE TO Sarah Elizabeth Gabriel ACCOUNT No. 88
 PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL No. 219
 PHONE _____ DATE June 5-1933 ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	V	CREDITS
Casket and Services <i>funeral complete</i>	375.00	June 24, 1933		388 29
Embalmng				
Outer Case or Vault				
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress <i>dress + slip</i>	12.50			
Other Articles of Clothing <i>hose</i>	79			
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	388 29			388 29

NAME OF DECEASED Sarah Elizabeth Gabriel RESIDENCE Home of Mrs W.G. King 6 mi North Blair
 FUNERAL AT Blair RESIDENCE Blair MORTUARY Blair CHURCH Baptist DATE June 5-33 HOUR 2:30 PM CLERGYMAN Rev. John Parr
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral	375 00	
Casket No. <u>244</u> Style <u>1/2 comb effect</u>		
Interior <u>W. silk</u> Covering <u>tan and blue</u>		
Manufacturer <u>Belmont</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing <u>dress & slip 12.58</u> <u>shoes 79</u>		13 29
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>YAS 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

PERSONAL AND STATISTICAL

Place of Death Home of W.G. King 6 miles North of Blair
 Date of Death June 3 1933
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth July 1 1853 Age, Years 79 Months 11 Days 2
 Occupation housewife
 How Long at Place of Death that locality 76 yrs
 Birthplace—City or County _____ State or Country Illinois
 Name of Father Henry Moore
 Birthplace of Father _____
 Maiden Name of Mother Elizabeth Cooper
 Birthplace of Mother _____
 Signed W.E. Cordomey M.D. _____ Coroner
 Address Troy, Ill. Date _____
 Interment at New Hope 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 _____

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

FUNERAL OF Roy V. Van Bebber CHARGE TO _____ ACCOUNT No. 89
 PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL No. 220
 PHONE _____ DATE June 16-1933 ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓	CREDITS
Casket and Services	200.00	Aug 1-33	By check		395.00
Embalming					
Outer Case or Vault ²⁵ <u>Mansoleum</u>	195.00				
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 <u>10</u>					
Use of _____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To FUNERAL COMPLETE	395.00				395.00

NAME OF DECEASED Roy V. VanBebber RESIDENCE Troy Kansas
 FUNERAL AT Court House yard RESIDENCE MORTUARY CHURCH June 16 1933 HOUR 2:30 PM CLERGYMAN Rev. Fritch

LODGE AFFILIATIONS Troy Lodge A.F.A.M. in charge

Roy Vest Van Bebber, forty-two years old, mayor of Troy, Kan., prominent there in business, fraternal and political affairs and in the national guard, and holder of an enviable World War record, died late Wednesday afternoon at St. Joseph's Hospital following an operation. He was taken suddenly ill late Sunday night at his home and brought here for treatment by Dr. C. E. Waller of Troy and Dr. L. Paul Forgrave of St. Joseph. Following an appendicitis operation, he was found to be suffering also from stomach ulcers.

Mr. Van Bebber was born at Amity, Mo., where his parents, Mr. and Mrs. W. N. Van Bebber, now of Troy, were pioneer residents. A few years later the family moved to Severance, Kan. He was graduated from high school there and from the Kansas University school of pharmacy.

For the last eighteen years, except during the war, he was associated in the drug business at Troy with his brother, Ralph Van Bebber, who survives him. He was the first Doniphan County, Kan., man to enlist in the army during the war, and first was assigned to the officers' training corps at Camp Funston, then spent nineteen months in active service in France, as a captain in a New York regiment.

Returning, he was married in 1920 to Miss Ann Wenner of Brunswick, Md. At Troy he organized battery F, field artillery, of the Kansas national guard, altered last year into a supply and ammunition train, and was captain of the unit for the last nine years. He was a member of the officers' reserve corps, recently was elected junior commander of the American Legion for the northeast Kansas district, and was captain of the Doniphan

HEIR COST	CREDITS	PERSONAL AND STATISTICAL
	395	Place of Death <u>Sisters Hosp. St. Joseph Mo</u>
		Date of Death <u>June 14 - 1933</u>
		Cause of Death <u>Contributory</u>
		Duration _____ Autopsy _____
		Sex <u>M</u> Color or Race <u>W</u>
		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
		Date of Birth <u>Dec 24 1890</u> Age, Years <u>42</u> Months <u>5</u> Days <u>20</u>
		Occupation <u>Druggist (owner)</u>
		How Long at Place of Death _____
		Birthplace—City or County <u>Unity</u> State or Country <u>Missouri</u>
		Name of Father <u>Wm VanBebber</u>
		Birthplace of Father <u>Bushman Co. Mo</u>
		Maiden Name of Mother <u>Bertha Osborne</u>
		Birthplace of Mother <u>Uniontown Mo</u>
		Signed <u>Paul Forgrave D.</u> Coroner
		Address <u>St Joseph Mo</u> Date <u>6-14-33</u>
		Interment at <u>Mt Olive Cemetery Troy Mo</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____

County legion post. He was active in Democratic affairs in that county, and recently began his third two-year term as mayor of Troy.

He was a Mason, a Shriner, and a member of the I. O. O. F. and the Elks' Lodge. Besides his parents, wife and brother, he is survived by one daughter, Miss Virginia Ann Van Bebber, and three sons, John Gregory, William Garrett and George Thomas Van Bebber, all at home. The body is at the Karr mortuary in Troy pending funeral arrangements.

VANBEBBER—Funeral services for Capt. Roy V. VanBebber will be held from the M. E. Church in Troy, Kan., at 2:30 p. m. Friday, June 16. Burial in Mt. Olive Cemetery. For information call Karr Funeral Home.

Net Cost of Funeral	
Gross Profit on Funeral	
Overhead Per Funeral	
Net Profit Apparent	

services held in court house yard

direct charges are included in overhead and properly proportioned to each and every case.

FUNERAL OF *Robert George Ricklifs* CHARGE TO *Mrs Ricklifs* ACCOUNT No. *90*
 PAYMENT GUARANTEED BY _____ ADDRESS *Bendona Kansas* SERIAL No. *231*
 PHONE _____ DATE *Aug 8-1933* ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE		CREDITS
Casket and Services <i>425 extra size 21.80</i>	<i>446.80</i>	<i>9-7-33</i>	<i>By check service</i>	<i>446.80</i>
Embalming		<i>9-20-33</i>	<i>" " account</i>	<i>195.00</i>
Outer Case or Vault <i>Mausoleum</i>	<i>195.00</i>			
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	<i>641.80</i>			<i>641.80</i>

FUNERAL OF David M. Duncan CHARGE TO Percy Duncan ACCOUNT No. 91
 PAYMENT GUARANTEED BY Paid ADDRESS Denver Colorado SERIAL No. 232
 PHONE _____ DATE Aug 7-1933 ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services		Aug 9 33		43 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 <u>To Belmont cemetery (PH 8-9-33)</u>	81.00			
Newspaper Notices				
Telegrams and Telephone Calls				
Use of doz. Chairs				
Flowers ✓	10.00			
Clergyman <u>Rev. Fuchs (PH 8-9-33)</u> ✓	5.00			
Singers				
Casket Coach <u>and services</u>	20.00			
Use of Funeral Cars				
Use of Flower Cars				
Professional Supervision				
To FUNERAL COMPLETE	43 ⁰⁰			43.00

NAME OF DECEASED Duncan David M. RESIDENCE Denver Colo + Troy K.
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE Aug 7-33 HOUR 2 P.M. CLERGYMAN Finch
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Denver Colo.</u>
Casket No. _____ Style _____			Date of Death <u>Aug. 3-1933</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M.</u> Color or Race <u>W.</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>Oct. 7-1861</u> Age, Years <u>71</u> Months <u>9</u> Days <u>27</u>
Embalming _____			Occupation <u>ret farmer</u>
Clothing _____			How Long at Place of Death <u>3 years</u>
			Birthplace—City or County <u>Jackson</u> State or Country <u>Ind</u>
			Name of Father <u>Craig C. Duncan</u>
			Birthplace of Father <u>Kentucky</u>
			Maiden Name of Mother <u>Martha Sturgis</u>
			Birthplace of Mother <u>Ind</u>
Total Cash Advances			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Belmont Cemetery</u> <u>Mathena</u>
			Lot or Grave No. _____ Section No. <u>1</u>
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral			Source of Call _____
Gross Profit on Funeral <u>MS SS</u>			Insured in _____ Amount _____
*Less Overhead Per Funeral			Beneficiary _____
Net Profit Apparent			

REMARKS: Shipped from Chicago
Mortuary Denver Colo.

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

FUNERAL OF *Anna Hatfield* CHARGE TO *Clara Hatfield* ACCOUNT No. *226*
 PAYMENT GUARANTEED BY *Note & Mortgage by Clara Hatfield* ADDRESS *Clara Hatfield* SERIAL No. *228*
 PHONE _____ DATE _____ ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services <i>complete</i>	<i>85.00</i>			
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	<i>85.00</i>			<i>85.00</i>

Mortgage for 85.00

See note

The Balance of 975 on this account was assumed by Louis Oregon

NAME OF DECEASED Anna Hatfield RESIDENCE Blair Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Aug 7-1933 HOUR 10 AM CLERGYMAN Finch
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral	85.00	
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	20.55	
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL

Place of Death Sisters Hosp St Joseph Mo
 Date of Death Aug 5-1933
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Mar 31-1888 Age, Years 45 Months 4 Days 4
 Occupation housewife
 How Long at Place of Death 3 days
 Birthplace—City or County Bend State or Country Kans
 Name of Father Joseph Gregorie
 Birthplace of Father France
 Maiden Name of Mother Katherine Blair
 Birthplace of Mother Ill.
 Signed Paul Ferguson D. _____ Coroner
 Address St Joseph Mo Date 8-5-1933
 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 _____

REMARKS:

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

CHARGE TO *Nevada Byers* *Burton & Helen* ACCOUNT No. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL No. *224*
PHONE _____ DATE *Aug 17-1933* ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT		DATE	V	CREDITS	
Casket and Services <i>complete</i>	150.00		<i>Oct. 10-33</i>	<i>By Chl Helen Byers</i>	10.00	
Embalming			<i>Nov. 7-33</i>	<i>By Chl " "</i>	10.00	
Outer Case or Vault			<i>Nov. 28-33</i>	<i>" " "</i>	10.00	
Washing and Dressing			<i>Dec. 27-33</i>	<i>" cash "</i>	10.00	
Shaving			<i>Jan. March-34</i>	<i>by check "</i>	10.00	
Slumber Robe			<i>6-26-35</i>	<i>" cash "</i>	10.00	
Suit or Dress <i>dress</i>	7.50		<i>9-7-35</i>	<i>" " "</i>		7.50
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	157.50					

NAME OF DECEASED Nezada Byers RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE Aug 17-1933 HOUR 7 PM CLERGYMAN Rev. Finish
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____			Place of Death <u>her home Troy.</u>
Casket No. <u>734</u> Style <u>large panel Pay thro</u>			Date of Death <u>Aug 15-1933</u>
Interior <u>Couch</u> Covering <u>Emb. Lamb</u>			Cause of Death <u>Uremia</u> Contributory _____
Manufacturer <u>Roy</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>F</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>Oct 25-1876</u> Age, Years <u>56</u> Months <u>9</u> Days <u>20</u>
Embalming <u>dress</u>			Occupation <u>housewife</u>
Clothing _____			How Long at Place of Death <u>life</u>
			Birthplace—City or County <u>Rock Port</u> State or Country <u>Missouri</u>
			Name of Father <u>James C Brown</u>
			Birthplace of Father <u>Plattburg Mo</u>
			Maiden Name of Mother <u>Matildab Byers</u>
			Birthplace of Mother <u>Walt County Mo.</u>
			Signed <u>Cordonej</u> M.D. _____ Coroner _____
			Address <u>Troy Mo.</u> Date _____
			Interment at <u>MT OLIVE</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
			Source of Call _____
			Insured in _____ Amount _____
			Beneficiary _____
Total Net Cost of Funeral _____			
Gross Profit on Funeral _____		<u>155.55</u>	
*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.

NAME OF DECEASED Sarah Wayman RESIDENCE 1010 N-6th St St Joseph Mo
 FUNERAL AT Wayman RESIDENCE Church MORTUARY 8 miles N.E. of Albany Mo CHURCH Church DATE Sept 4-33 HOUR 2 P.M. CLERGYMAN Rev. D. W. Wayman
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		208.50	Place of Death	<u>1010 N-6th St St Joseph Mo</u>
Casket No. <u>807</u>	Style <u>Union Bond State</u>		Date of Death	<u>Sept. 2-1933</u>
Interior <u>W. web</u>	Covering <u>steel lacade</u>		Cause of Death	<u>Home of G. C. Wayman</u>
Manufacturer <u>Rx</u>	DEBITS		Duration	Contributory _____
Total Net Cost of Casket			Sex <u>F</u>	Autopsy _____
Outer Case			Color or Race _____	
Vault			Single _____	Married _____
Embalming			Widowed <input checked="" type="checkbox"/>	Divorced _____
Clothing			Child _____	
			Date of Birth <u>Feb 14-1852</u>	Age, Years <u>81</u> Months <u>5</u> Days <u>18</u>
			Occupation <u>housewife</u>	
			How Long at Place of Death <u>2 years</u>	
			Birthplace—City or County <u>Wentz Co</u>	State or Country <u>Missouri</u>
			Name of Father <u>Archibald Ross</u>	
			Birthplace of Father <u>Ohio</u>	
			Maiden Name of Mother <u>Paradise Rice</u>	
			Birthplace of Mother <u>Ky.</u>	
Total Cash Advances			Signed <u>J. M. Callman</u> M.D.	Coroner
			Address <u>St Joseph Mo</u>	Date <u>9-2-33</u>
			Interment at <u>Wayman cemetery Albany Mo.</u>	
			Lot or Grave No. _____	Section No. _____
			Shipped to _____	
			Arrived from _____	
			Via _____	R. R. Date _____
			In Charge of _____	
Total Net Cost of Funeral			Source of Call _____	
Gross Profit on Funeral		<u>165.55</u>	Insured in _____	Amount _____
*Less Overhead Per Funeral			Beneficiary _____	
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.

FUNERAL OF Charles C. Howard CHARGE TO Estate ACCOUNT No. 92
 PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL No. 226
 PHONE _____ DATE Sept. 30 - 1933 ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services <u>complete</u>	<u>285.00</u>	<u>Oct. 26 33</u>	<u>by Charles Howard adm</u>	<u>00</u>
Embalming				
Outer Case or Vault <u>mausoleum</u>	<u>195.00</u>			<u>480</u>
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		<u>480.00</u>		<u>480.00</u>

NAME OF DECEASED Charles Cleveland Howard RESIDENCE Bendena Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Sept 30. 33 HOUR 2:30 CLERGYMAN Rev. Sepp.
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		285.00	Place of Death <u>Bendena Kansas</u>
Casket No. <u>817</u> Style <u>State</u>			Date of Death <u>Sept. 28 - 1933</u>
Interior <u>W Barnett</u> covering <u>Platinum velours</u>			Cause of Death <u>Huntingtons chorea</u> Contributory
Manufacturer <u>W</u>	DEBITS		Duration Autopsy
Total Net Cost of Casket			Sex <u>M.</u> Color or Race <u>W</u>
Outer Case			Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault <u>Mansel</u>	195.00		Date of Birth <u>June 10. 1884</u> Age, Years <u>49</u> Months <u>3</u> Days <u>18</u>
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death <u>life</u>
			Birthplace—City or County <u>Bendena</u> State or Country <u>Kansas</u>
			Name of Father <u>Philip F. Howard</u>
			Birthplace of Father <u>J. Payson Ell</u>
Total Cash Advances			Maiden Name of Mother <u>Larula Bernard</u>
			Birthplace of Mother <u>Ridgely Mo.</u>
			Signed <u>R.R. Dutz</u> M.D. Coroner
			Address <u>Bendena Ks.</u> Date <u>9-28-33</u>
			Interment at <u>Mt. Olive</u> <u>9099 Kan.</u>
			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		YTM 55	
*Less Overhead Per Funeral			
Net Profit Apparent			
REMARKS:			Source of Call
			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 CHARGE TO Emeline Davison Bird ACCOUNT No. 93
 PAYMENT GUARANTEED BY _____ ADDRESS Denton Kansas SERIAL No. 227
 PHONE _____ DATE Nov. 1-1933 ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓	CREDITS
Casket and Services <i>complete</i>	265.00	May 5, 1934	By Check		285.95
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress <i>dress</i>	10.95				
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	285.95				285.95

NAME OF DECEASED Emeline Davison Bird RESIDENCE Denton Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Nov. 1-1933 HOUR 2:30 PM CLERGYMAN Phylar Stewart
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>her home Denton Kansas</u>
Casket No. <u>258</u> Style <u>diamond lid</u>			Date of Death	<u>Oct 30-1933</u>
Interior <u>W silk</u> Covering <u>gold velvet</u>			Cause of Death	Contributory _____
Manufacturer <u>Pear</u>	DEBITS		Duration	Autopsy _____
Total Net Cost of Casket			Sex <u>F</u>	Color or Race <u>W</u>
Outer Case			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____	
Vault			Date of Birth <u>April 26 1847</u> Age, Years <u>86</u> Months <u>6</u> Days <u>4</u>	
Embalming			Occupation <u>housewife</u>	
Clothing			How Long at Place of Death <u>22 years</u>	
			Birthplace—City or County <u>Tarrytown</u> State or Country <u>N.Y.</u>	
			Name of Father <u>Henry Davison</u>	
			Birthplace of Father <u>Orford N.Y.</u>	
Total Cash Advances			Maiden Name of Mother <u>Anna Young</u>	
			Birthplace of Mother <u>Tarrytown N.Y.</u>	
			Signed <u>Dr. Burkhardt</u> M.D. Coroner	
			Address <u>Denton Kan</u> Date <u>Oct 31-33</u>	
			Interment at <u>Highland Kansas</u>	
			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		<u>MTd. 55</u>	Source of Call _____	
*Less Overhead Per Funeral			Insured in _____ Amount _____	
Net Profit Apparent			Beneficiary _____	
REMARKS:				

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

FUNERAL OF *Mrs. Emma Rilda Lux* CHARGE TO _____ ACCOUNT No. *94*
 PAYMENT GUARANTEED BY _____ ADDRESS *Tray, Ka.* SERIAL No. *228*
 PHONE _____ DATE *Nov. 11, 1923* ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
<input checked="" type="checkbox"/> Casket and Services	<i>75 00</i>	<i>Nov. 11 - 23</i>	<i>By Cash</i>		<i>75 95</i>
<input checked="" type="checkbox"/> Embalming					
<input checked="" type="checkbox"/> Outer Case or Vault					
<input checked="" type="checkbox"/> Washing and Dressing					
Shaving					
<input checked="" type="checkbox"/> Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
<input checked="" type="checkbox"/> Transferring Body					
<input checked="" type="checkbox"/> Door Badge					
Opening Grave					
<input checked="" type="checkbox"/> Newspaper Notices					
Telegrams and Telephone Calls					
Use of _____ doz. Chairs					
Flowers					
Clergyman					
Singers					
<input checked="" type="checkbox"/> Casket Coach					
Use of _____ Funeral Cars					
Use of Flower Cars					
<input checked="" type="checkbox"/> Professional Supervision					
<i>Gravels</i>					<i>95</i>
TO FUNERAL COMPLETE	<i>75 95</i>				<i>75 95</i>

NAME OF DECEASED Mrs. Emma Rilda Lee RESIDENCE Troy, Ka.
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Nov. 13, 1933 HOUR 2 P.M. CLERGYMAN Rev. Finch
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		75.00	Place of Death <u>Troy, Ka.</u>
Casket No. <u>51</u> Style _____			Date of Death <u>Nov. 11, 1933</u>
Interior _____ Covering _____			Cause of Death <u>Old fracture of R. hip</u> Contributory _____
Manufacturer <u>Rx</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F.</u> Color or Race <u>W.</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>Nov. 25, 1848</u> Age, Years <u>84</u> Months <u>11</u> Days <u>13</u>
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>20 years</u>
			Birthplace—City or County <u>Gasport</u> State or Country <u>Ind.</u>
			Name of Father <u>John Hale</u>
			Birthplace of Father <u>Tennessee</u>
Total Cash Advances _____			Maiden Name of Mother <u>Mary Carson</u>
			Birthplace of Mother <u>unknown</u>
			Signed <u>A. E. Cardenier</u> M.D. _____ Coroner _____
			Address <u>Troy, Ka.</u> Date <u>Nov. 12-33</u>
			Interment at <u>Mt. Olive</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral <u>50.00</u>			In Charge of _____
Gross Profit on Funeral _____		00.55	Source of Call _____
*Less Overhead Per Funeral _____			Insured in _____ Amount _____
Net Profit Apparent _____			Beneficiary _____
REMARKS:			

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

FUNERAL *Mary Catherine Williamson* CHARGE TO *Estate*

ACCOUNT No. *95*

PAYMENT GUARANTEED BY *E. E. Doughty Cdn*

SERIAL No. *229*

PHONE _____ DATE *Nov. 25-1933*

ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE		CREDITS
Casket and Services	285.00	Nov 1-34	<i>Ch E. E. Doughty Cdn</i>	413.25
Embalming				
Outer Case or Vault <i>sanct</i>	100.00			
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress				
Other Articles of Clothing <i>underwear hose & slip</i>	2.75			
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices <i>funeral</i>	1.50			
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				
<i>Funeral 2000 1 1933</i>				
<i>Mt Olive cemetery</i>	9.00			
<i>Rev. F. Smith</i>	10.00			
To FUNERAL COMPLETE	413.25			413.25

NAME OF DECEASED Mary C. Williamson RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Troy M.E. DATE Nov. 23-33 HOUR 2 PM CLERGYMAN Rev. Finch
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	285.00
Casket No. <u>8112</u> Style <u>R.E. State</u>	
Interior <u>gr. silk</u> Covering <u>B. Maple leaf pattern</u>	
Manufacturer <u>Emm. burial case Co</u>	
Total Net Cost of Casket	
Outer Case	
Vault <u>W.S.</u>	100.00
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	74.55
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death Home of Mrs. James Carpenter - Troy
 Date of Death Nov. 23 1933
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth March 4-1852 Age, Years 81 Months 8 Days 19
 Occupation housewife
 How Long at Place of Death _____
 Birthplace—City or County Buchanan State or Country Missouri
 Name of Father Geo. Bronzley
 Birthplace of Father unknown
 Maiden Name of Mother Martha Wood
 Birthplace of Mother Virginia
 Signed C.E. Maller M.D. Coroner
 Address Troy Kans. Date _____
 Interment at Mt. Olive - Troy Kansas
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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

FUNERAL OF Gasper C. Turpin CHARGE TO _____

ACCOUNT No. 96

PAYMENT GUARANTEED BY _____ ADDRESS _____

SERIAL No. 280

PHONE _____

DATE Dec. 12 - 1933 ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE		CREDITS
✓ Casket and Services	400 ⁰⁰	12-23-33	By check	500 ⁰⁰
✓ Embalming				
Outer Case or Vault	100 ⁰⁰			
✓ Washing and Dressing				
✓ Shaving				
Slumber Robe				
Suit or Dress				
✓ Other Articles of Clothing <i>shut his car</i>				
Transferring Body				
Door Badge				
Opening Grave				
✓ Newspaper Notices <i>funeral notice</i>				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs				
✓ Flowers				
Clergyman				
Singers				
Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision				
<i>every thing was launched</i>				
To FUNERAL COMPLETE	500 ⁰⁰			500 ⁰⁰

NAME OF DECEASED *Gaspar C. Turpin* RESIDENCE *Troy Kansas*
 FUNERAL AT RESIDENCE MORTUARY CHURCH *Troy M.E.* DATE *Dec 12-1933* HOUR *2 P.M.* CLERGYMAN *Rev. Furrich*
 SINGERS *Male quartette* LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral	500 ⁰⁰	
Casket No. <i>811</i> Style <i>Octagon state</i>		
Interior <i>Pan flat rope covering cedar Langdon plush</i>		
Manufacturer <i>Ref</i>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	<i>paid .85</i>	
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death *Highway NW. of Troy*
 Date of Death *Dec. 12-1933*
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex *M.* Color or Race *W*
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth *Oct. 24-1864* Age, Years *69* Months *1* Days *16*
 Occupation *farmer*
 How Long at Place of Death *44 years*
 Birthplace—City or County *Newport* State or Country *va*
 Name of Father *James Turpin*
 Birthplace of Father *va*
 Maiden Name of Mother *Julia Starless*
 Birthplace of Mother *va*
 Signed *W.E. Cardonier* M.D. _____ Coroner
 Address *Troy Kansas* Date _____
 Interment at *St Olme Troy Kan.*
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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

FUNERAL OF Craig C. Flett CHARGE TO _____ ACCOUNT No. 98
 PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL No. 232
 PHONE _____ DATE Dec 28-1933 ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE	V	CREDITS
Casket and Services <u>complete</u>	155. ⁰⁰	8-9-34		158. 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	3. ⁵⁰			
Clergyman				
Singers				
Casket Coach				
Use of Funeral Cars				
Use of Flower Cars				
Professional Supervision				
To FUNERAL COMPLETE	158. ⁵⁰			158. ⁵⁰

NAME OF DECEASED Craig C Flett RESIDENCE Highland Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Bendone DATE 12-28-33 HOUR 7.30 CLERGYMAN Rev. Peterson
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		155.00	Place of Death	<u>Higginatha Kansas</u>
Casket No. <u>6211</u> Style <u>1/2 Couch</u>			Date of Death	<u>Dec 27-1933</u>
Interior <u>Tan Ruband overing Tan plush</u>			Cause of Death	<u>Burned to death, accidental</u>
Manufacturer <u>Watney</u>	DEBITS		Duration	Autopsy _____
Total Net Cost of Casket			Sex	<u>M.</u> Color or Race <u>W</u>
Outer Case			Single	Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth	Age, Years _____ Months _____ Days _____
Embalming			Occupation	<u>Oil salesman</u>
Clothing			How Long at Place of Death	<u>one night</u>
			Birthplace—City or County	<u>Salem</u> State of Country <u>MO</u>
			Name of Father	_____
			Birthplace of Father	_____
Total Cash Advances			Maiden Name of Mother	_____
			Birthplace of Mother	_____
			Signature	<u>Joe M. D. Coroner</u> Coroner
			Address	<u>Higginatha Mo</u> Date <u>12-27-33</u>
			Interment at	<u>Watney cemetery</u>
			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		42.55	Source of Call	_____
Net Profit Apparent			Insured in	Amount _____
REMARKS:			Beneficiary	_____

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

NAME OF DECEASED Arnold J. Kesser

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE 12-29-33 HOUR 2:30 PM CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. 234 Style Perf 9 throw

Interior Cream Covering Emb Lamb

Manufacturer Robt

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

155.00

DEBITS

1155 55

Place of Death His home near Sparks

Date of Death Dec 27-1933

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex M. Color or Race W

Single _____ Married _____ Widowed _____ Divorced _____ Child _____

Date of Birth June 30 1862 Age, Years 71 Months 5 Days 27

Occupation farmer

How Long at Place of Death 23 years

Birthplace—City or County Switzerland State or Country _____

Name of Father Arnold Kesser

Birthplace of Father Switzerland

Maiden Name of Mother Barbara Rendschach

Birthplace of Mother Switzerland

Signed W. E. Cardon M.D. Coroner

Address Troy Kent Date _____

Interment at Farmington cemetery

Lot or Grave No. _____ Section No. _____

Shipped to _____

Arrived from _____

Via _____ R. R. Date _____

In Charge of _____

Source of Call _____

Insured in _____

Beneficiary _____

REMARKS:

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

BUSINESS

CREDIT LIMIT

ACCOUNT NO. 3001

NAME *McKinnell Noah*

ADDRESS

DATE	ITEMS	FOLIO	v	DEBITS	DATE	ITEMS	FOLIO	v	CREDITS
<i>1-1-1930</i>	<i>Bal from page 2</i>			<i>17.00</i>					

FOR MORE SHEETS THIS EXACT SIZE AND PUNCHING ORDER FORM 630

SOLD BY L. W. HOLLEY & SONS CO. MFG. STATIONERS DES MOINES, IOWA

SHEET NO. _____

ACCOUNT NO. 1013

RATING _____

CREDIT LIMIT _____

NAME Farley Geneva Mildred

BUSINESS _____

ADDRESS Father Lloyd Farley.

DATE	ITEMS	FOLIO	v	DEBITS	DATE	ITEMS	FOLIO	v	CREDITS
<u>1-1-31</u>	<u>Bal from page 183</u>			<u>29.50</u>					

FOR MORE SHEETS THIS
EXACT SIZE AND PUNCHING
ORDER FORM 630
SOLD BY
L. W. HOLLEY & SONS CO.
MFG. STATIONERS
DES MOINES, IOWA

ACCOUNT NO.

CREDIT LIMIT

NAME *Martin, Hannah*

BUSINESS

ADDRESS

Charge to Dyke Martins

DATE	ITEMS	FOLIO	✓	DEBITS	DATE	ITEMS	FOLIO	✓	CREDITS
<i>1-1-31</i>	<i>Bal from page</i>	<i>210</i>		<i>110⁰⁰</i>					

FOR MORE SHEETS THIS
EXACT SIZE AND PUNCHING
ORDER FORM 630
SOLD BY
L. W. HOLLEY & SONS CO.
MFG. STATIONERS
DES MOINES, IOWA

SHEET NO. _____

ACCOUNT NO. 1015

RATING _____

CREDIT LIMIT _____

NAME Bundel Phillip

BUSINESS _____

ADDRESS _____

Charge to Frank Bundel

DATE	ITEMS	FOLIO	✓	DEBITS	DATE	ITEMS	FOLIO	✓	CREDITS
4-10-29	Funeral exp			30.00					
						By cash			15.00
					Oct. 10, 1931	By cash			2.00
					Oct 24-31	" "			2.00
					Oct 31-30	" "			2.00

FOR MORE SHEETS THIS
EXACT SIZE AND PUNCHING
ORDER FORM 630

SOLD BY
L. W. HOLLEY & SONS CO.
MFG. STATIONERS
DES MOINES, IOWA

ACCOUNT NO. 10-0

CHECK LIMIT

NAME Sallie Joseph

APR 1938

1-1-31

Bal from page 236 285.00

see note

FOR MORE SHEETS THIS
EXACT SIZE AND PUNCHING
ORDER FORM 630

SOLD BY
L. W. HOLLEY & SONS CO.
MFG. STATIONERS
DES MOINES, IOWA

ACCOUNT NO. 1023

DATE BUSINESS

CREDIT LIMIT

NAME Monroe Norma Jean

ADDRESS Father Alfred Monroe

DATE	ITEMS	FOLIO	DEBITS	DATE	ITEMS	FOLIO	CREDITS
2-5-30	Funeral exp		15.00	6-4-31	Pay bank		7.00

FOR MORE SHEETS THIS
EXACT SIZE AND PUNCHING
ORDER FORM 630
SOLD BY
L. W. HOLLEY & SONS CO.
MFG. STATIONERS
DES MOINES, IOWA

SHEET NO. _____

ACCOUNT NO. **1009**
Annual

RATING _____ CREDIT LIMIT _____

NAME *Knight Mrs M. A.*

BUSINESS _____

ADDRESS *Husband James Knight*

DATE	ITEMS	FOLIO	DEBITS	DATE	ITEMS	FOLIO	CREDITS
<i>1-1-31</i>	<i>Bal from page 100</i>	<i>100</i>	<i>12.00</i>	<i>3-3-31</i>	<i>By cash</i>		<i>1000</i>
			<i>12.00</i>	<i>7-8-31</i>	<i>By</i>		<i>200</i>
							<i>1200</i>

FOR MORE SHEETS THIS
 EXACT SIZE AND PUNCHING
 ORDER FORM 630
 SOLD BY
 L. W. HOLLEY & SONS CO.
 MFG. STATIONERS
 DES MOINES, IOWA

SHEET NO.

ACCOUNT NO.

1018

RATING

CREDIT LIMIT

NAME

Malone Alice G.

BUSINESS

ADDRESS

DATE	ITEMS	FOLIO	✓	DEBITS	DATE	ITEMS	FOLIO	✓	CREDITS
9-11-29	Funeral Exp to septon			200. ⁰⁰	9-28-29	Ch P.H. Malone			25.00
				7.00	11-20-29	Ch Katherine Overton			25.00
					2-17-30	Ch R.H. Malone			25.00
					1-3-31	Chy L.B. Malone			25.00
					2-26-31	" F.H. Malone			10.00
					8-25-33	Cash Charles Malone			5.00
									115.00

207.00

207.00
115.00
192.00

See Letter 3-16-33

FOR MORE SHEETS THIS
EXACT SIZE AND PUNCHING
ORDER FORM 630

SOLD BY
L. W. HOLLEY & SONS CO.
MFG. STATIONERS
DES MOINES, IOWA

SHEET NO. _____

ACCOUNT NO. 109

RATING _____

CREDIT LIMIT _____

NAME Hughes Jennie

BUSINESS _____

ADDRESS Wife of Sam Hughes

DATE	ITEMS	FOLIO	DEBITS	DATE	ITEMS	FOLIO	CREDITS
9-25-29	Funeral Exp		205.00	11-5-29	Cash Pearl Hughes		19.00
				11-23-29	Ch O.E.S.		7.00
				11-23-29	Ch Pearl Sportman		31.25
				11-23-29	Ch Aphelia Snoddy		31.25
				11-26-29	Cash Lucile Brown		10.00
							67.50
							01

205
167.50
37.50

FOR MORE SHEETS THIS
EXACT SIZE AND PUNCHING
ORDER FORM 630

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MFG. STATIONERS
DES MOINES, IOWA

ACCOUNT NO. 1018

REPORT NO. _____
 RATING _____ CREDIT LIMIT _____
 BUSINESS _____

NAME Abbett Sarah Elizabeth
 ADDRESS _____

DATE	ITEMS	FOLIO	DEBITS	DATE	ITEMS	FOLIO	CREDITS
5-2-30	Funeral Exp		388.50		See note for credit		388.50

Settlement of this account was made in full on August 13-1938 by Joe Abbett, he gave us a check for \$75 (Troy State Bank ck) for which I agreed to settle the claim in full

Cancelled note given to Joe Abbett

388.50

388.50

FOR MORE SHEETS THIS
 EXACT SIZE AND PUNCHING
 ORDER FORM 630
 SOLD BY
 L. W. HOLLEY & SONS CO.
 MFG. STATIONERS
 DES MOINES, IOWA

STATEMENT

192

Funeral Expenses
 Sarah Elizabeth Abbott

In Account With
E. F. KARR
 Funeral Home
 TROY, KANSAS

April 27-30 Funeral Exp			388.50
June 14-20 Ch John Abbott	50.00		
July 12-30 Ch John Abbott	60.00		
Aug 30-30 Ch John Abbott	40.00		
April 23-31 Ch John Abbott	62.50		
May 23-31 Ch John Abbott	20.27		
Oct 13-31 Ch Grand A.S. Abbott	15.00		
Oct 23-31 Cash	13.25		
May 12-32 Ch John Abbott	27.27		
July 15-32 Cash John Abbott	14.10		
	302.39	388.50	
		302.39	
	Exp brief	86.21	
	Interest	47.62	
	Total	133.83	

Interest due 7
 Interest

SHEET NO.

ACCOUNT NO. **1021**

RATING CREDIT LIMIT

NAME *Wilson, Eula Pearl*

BUSINESS *Dress 15*

pd Ads

ADDRESS *Husband Paul Wilson*

DATE	ITEMS	FOLIO	DEBITS	DATE	ITEMS	FOLIO	CREDITS
<i>1-1-31</i>	<i>From page 244</i>		<i>287.50</i>	<i>Nov. 30-29</i>	<i>By cash</i>		<i>10.00</i>
<i>5-24-32</i>	<i>70 cash</i>		<i>50.00</i>	<i>June 30-31</i>	<i>" "</i>		<i>5.00</i>
				<i>Aug 31-31</i>	<i>" "</i>		<i>10.00</i>
				<i>Sept 12-31</i>	<i>" "</i>		<i>5.00</i>
				<i>June 7-32</i>	<i>By labor to date</i>		<i>35.50</i>
				<i>Feb. 17-31</i>	<i>By farming to date</i>		<i>65.00</i>
				<i>Feb. 17-31</i>	<i>By driver to date</i>		<i>35.00</i>
				<i>2-17-31</i>	<i>New Note to Bal</i>		<i>127.00</i>
			<i>297.50</i>				<i>297.50</i>

TROY, KANSAS *Feb. 17* 1937 \$ *127*^{*00*}

Six months after date I promise to pay to the order of *E. F. Karr*

One hundred twenty seven ^{*no*}/_{*100*} DOLLARS

For value received, payable without defalcation or discount, with interest from _____ at the rate of *seven* per cent per annum until due, and 10 per cent after due until paid. The drawers hereof and the endorsers hereon severally waive notice, protest and appraisalment.

Payable at
THE TROY STATE BANK
TROY, KANSAS

Paul Wilson

No. _____ Due _____

FOR MORE S
EXACT SIZE A
ORDER F
SOLI
L. W. HOLLE
MFG. STA
DES MOINE

P. O. Address

GEO. D. BARNARD STA. CO. ST. LOUIS

SHEET NO.

ACCOUNT NO. 1034

RATING

CREDIT LIMIT

NAME

BUSINESS

ADDRESS

DATE

ITEMS

FOLIO

✓

DEBITS

DATE

ITEMS

FOLIO

✓

CREDITS

Matton No 4
credits on back of note

Complete Settlement
made on this account and
note on same delivered
H. W. Barber
OK

FOR MORE SHEETS THIS
EXACT SIZE AND PUNCHING
ORDER FORM 630

SOLD BY
L. W. HOLLEY & SONS CO.
MFG. STATIONERS
DES MOINES, IOWA

SHEET NO. _____

ACCOUNT NO. 1026

RATING _____

CREDIT LIMIT _____

NAME Rebber Joseph

BUSINESS _____

ADDRESS _____

From Page 260 ^{add} ledger

Mr. Strahan administrator

Date of Death March 19-1930

DATE	ITEMS	FOLIO	DEBITS	DATE	ITEMS	FOLIO	CREDITS
3-22-30	carpet		260.00	3-7-35	By ch. W. M. Strahan		380.00
	embalming		25.00				
	hearse		15.00				
	minister car		15.00				
	Interest		65.00				
			<u>380.00</u>				<u>380.00</u>

FOR MORE SHEETS THIS EXACT SIZE AND PUNCHING ORDER FORM 630

SOLD BY L. W. HOLLEY & SONS CO. MFG. STATIONERS DES MOINES, IOWA

SET NO. _____

ACCOUNT NO. 1027

RATING _____

CREDIT LIMIT _____

NAME Clary Alice May

BUSINESS _____

ADDRESS

Husband J. S. Clary

DATE	ITEMS	FOLIO	DEBITS	DATE	ITEMS	FOLIO	CREDITS
4-12-30	Funeral Exp		265 ⁰⁰	5-1-30	By cash		100 ⁰⁰
				11-10-30	" "		50 ⁰⁰
				Nov. 17-31	By note		115 ⁰⁰
		/				/	
		265 ⁰⁰				265 ⁰⁰	

FOR MORE SHEETS THIS EXACT SIZE AND PUNCHING ORDER FORM 630

SOLD BY L. W. HOLLEY & SONS CO. MFG. STATIONERS DES MOINES, IOWA

SHEET NO.

ACCOUNT NO. 1029

RATING

CREDIT LIMIT

NAME Jones John H.

BUSINESS

ADDRESS Annual 1029
Daugherty + Jenkinson Adm's

DATE	ITEMS	FOLIO	✓	DEBITS	DATE	ITEMS	FOLIO	✓	CREDITS
1-1-31	Bal from page 273			410.95	3-16-31	Ch. by Adm			200.00
	Interest to 5-16-37			24.00	5-16-31	Ch by Adm			110.95
					5-14-37	" " Adm			124.00
				434.95					434.95

FOR MORE SHEETS THIS
 EXACT SIZE AND PUNCHING
 ORDER FORM 630
 SOLD BY
 L. W. HOLLEY & SONS CO.
 MFG. STATIONERS
 DES MOINES, IOWA