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HARMAN FUNERAL HOME  
1934 - 1936

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HARMAN FUNERAL HOME  
1934 - 1936

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FUNERAL OF Margaret Elizabeth Meek CHARGE TO Oscar Meek ACCOUNT No. 99  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ SERIAL No. 234  
 PHONE \_\_\_\_\_ DATE Jan 4-1934 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	V	CREDITS	
Casket and Services <i>complete</i>	185.00	1-12-34		201	45
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress <i>dress</i>	9.95				
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					
<i>Rev. Finch</i>	1.50				
	5.00				
To FUNERAL COMPLETE				201	45

NAME OF DECEASED Margaret E. Meek RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE Jan 4-1934 HOUR 2 P.M. CLERGYMAN Rev. Finch  
 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 Kansas</u>
Casket No. _____ Style _____			Date of Death <u>Jan 2, 1934</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____			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>July 21, 1856</u> Age, Years <u>77</u> Months <u>5</u> Days <u>11</u>
Embalming _____			Occupation <u>housewife</u>
Clothing _____	9.95		How Long at Place of Death <u>5 years</u>
_____			Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
_____			Name of Father <u>Melvin S. Meek</u>
_____			Birthplace of Father <u>Virginia</u>
Total Cash Advances _____			Maiden Name of Mother <u>Fannie Weaver</u>
_____			Birthplace of Mother <u>Virginia</u>
_____			Signed <u>C. E. Miller</u> M.D. _____ Coroner
_____			Address <u>Troy Kansas</u> Date _____
_____			Interment at <u>Courtes 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 _____		175.55	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.



NAME OF DECEASED Elsie Pauline Rice RESIDENCE Bremmer Kans.  
 FUNERAL AT Bendena RESIDENCE Bendena MORTUARY Bendena CHURCH Bendena DATE Jan 5 1934 HOUR 2 PM CLERGYMAN Rev Peterson  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral	100	
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		dp 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death Home of Louis Stolp near Bendena  
 Date of Death Jan 4 - 1934  
 Cause of Death Thrown from horse contributory concussion  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W  
 Single  Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Aug 14 - 1918 Age, Years 15 Months 4 Days 15  
 Occupation in school  
 How Long at Place of Death 1 day 2 nights  
 Birthplace—City or County Douglas State or Country Kansas  
 Name of Father Henry C Rice  
 Birthplace of Father West Virginia  
 Maiden Name of Mother Elizabeth Underwood  
 Birthplace of Mother Nest Va.  
 Signed R.P. Clutz M.D. \_\_\_\_\_ Coroner  
 Address Bendena Mo Date \_\_\_\_\_  
 Interment at Courtesy 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 \_\_\_\_\_

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 John Hurwell CHARGE TO Earl Hurwell ACCOUNT No. 100  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ SERIAL No. 236  
 PHONE \_\_\_\_\_ DATE Jan 5-1934 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	15.00	1-27-34		<del>15.00</del>
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	15.00			<del>15.00</del>

NAME OF DECEASED John (Infant) Hurwell RESIDENCE Troy F.D.  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE Jan 5-1934 HOUR 10 A.M. CLERGYMAN Rev. Finch  
 SINGERS Mrs. Harv & Rev. Finch LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		15.00	Place of Death	<u>Home N.W. of Troy</u>
Casket No. _____ Style _____			Date of Death	<u>Jan 4-1934</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 _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____			Date of Birth <u>Jan 3-1934</u>	Age, Years _____ Months <u>1</u> Days _____
Embalming _____			Occupation <u>child</u>	
Clothing _____			How Long at Place of Death <u>1 day</u>	
_____			Birthplace—City or County <u>Troy</u>	State or Country <u>Kansas</u>
_____			Name of Father <u>Earl Hurwell</u>	
_____			Birthplace of Father <u>Farming Kansas</u>	
Total Cash Advances _____			Maiden Name of Mother <u>Marie Robertson</u>	
_____			Birthplace of Mother <u>Troy Kansas</u>	
_____			Signed <u>A.S. Cordover</u> M.D.	Coroner
_____			Address <u>Troy Kan</u>	Date _____
_____			Interment at <u>Mt. Olive cemetery Troy</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 _____		14.55	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 OF Burkhalter Louis T. CHARGE TO Geo. Burkhalter ACCOUNT No. 101

PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ SERIAL No. 237

PHONE \_\_\_\_\_ DATE Jan. 21-1934 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	2.90	00	Jan 24-34 By check	250 00
Embalming			Feb 6-34	45 00
<del>Outer Case or Vault</del>	1 00	00	Mar 5-34	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			5.00 ✓	
Clergyman				
Singers				
Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision				
To FUNERAL COMPLETE	395	00		395 00

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NAME OF DECEASED Louisa T. Burkhalter RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Troy M.E. DATE Jan 21 1934 HOUR 2 P.M. CLERGYMAN Rev. Peterson  
Rev. French  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		395.00	Place of Death <u>her home Troy Kansas</u>
Casket No. <u>1600</u> Style <u>Cathedral Gate</u>			Date of Death <u>Jan 19 1934</u>
Interior <u>gs w/pe</u> Covering <u>A Broadcloth</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Beck</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 <u>W.S. silver marble</u>			Date of Birth <u>Feb. 5-1863</u> Age, Years <u>70</u> Months <u>11</u> Days <u>14</u>
Embalming _____			Occupation <u>housewife</u>
Clothing _____			How Long at Place of Death <u>36 yrs</u>
_____			Birthplace—City or County <u>Murray</u> State or Country <u>Kansas</u>
_____			Name of Father <u>Louis Nelson</u>
_____			Birthplace of Father <u>Kansas</u>
Total Cash Advances _____			Maiden Name of Mother _____
_____			Birthplace of Mother _____
_____			Signed <u>L. Walker</u> M.D. _____ Coroner _____
_____			Address <u>Troy Kansas</u> Date _____
_____			Interment at <u>Mt. Olive Troy Mo.</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>70d 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 *Dittmore Wm P* CHARGE TO \_\_\_\_\_ ACCOUNT No. *102*  
 PAYMENT GUARANTEED BY *Law* ADDRESS *Severance Kansas* SERIAL No. *238*  
 PHONE \_\_\_\_\_ DATE *Jan 22 1934* ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	REMARKS	✓	CREDITS
Casket and Services	<i>175.00</i>	<i>Feb 16 34</i>	<i>Psych Mrs Dittmore</i>		<i>201.50</i>
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress <i>suit</i>	<i>24 00</i>				
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 <i>boards</i>	<i>750</i>				
To FUNERAL COMPLETE	<i>701 50</i>				<i>201.50</i>

NAME OF DECEASED Wm P. Dittmore RESIDENCE Severance Kansas  
 FUNERAL AT Severance RESIDENCE Severance MORTUARY Christian CHURCH Christian DATE Jun 22 34 HOUR 2 PM CLERGYMAN Rev. Walter Myers  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		175 <sup>00</sup>	Place of Death <u>his home south of severance</u>
Casket No. _____ Style _____			Date of Death <u>June 20 - 1934</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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>Dec 5 1853</u> Age, Years <u>80</u> Months <u>1</u> Days <u>15</u>
Embalming _____			Occupation <u>Ret. farmer</u>
Clothing <u>suit</u>	24 <sup>00</sup>		How Long at Place of Death _____
			Birthplace—City or County <u>Buchanan County Mo</u>
			Name of Father <u>Geo. Dittmore</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Emily Tylers</u>
			Birthplace of Mother <u>Buchanan Co. Mo.</u>
			Signed <u>R. A. Clutz</u> M.D. _____ Coroner _____
			Address <u>Severance Mo</u> Date _____
			Interment at <u>St. Anne Troy Mo.</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		10 <sup>00</sup>	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 *Sampson Albert J* CHARGE TO *Mrs Sampson* ACCOUNT No. *103*  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ SERIAL No. *239*  
 PHONE \_\_\_\_\_ DATE *Feb 18-1934* ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	<i>155 00</i>	<i>2-26-34</i>		
Embalming				
Outer Case or Vault <i>vault</i>	<i>75 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				
_____ _____ _____ _____ _____				
<b>To FUNERAL COMPLETE</b>	<i>230 00</i>			<i>230 00</i>

*✓* *By ch Mary C Deaver*

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 ARNES-ROSS CO., INDIANAPOLIS

NAME OF DECEASED Albert D. Sampson RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Christian DATE Feb. 18-1934 HOUR 2:00 PM CLERGYMAN P. H. Elliott  
 SINGERS Male quartette + solo W. M. Webb, Jr. LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		155 <sup>00</sup>	Place of Death <u>Elwood Kansas</u>
Casket No. _____ Style _____			Date of Death <u>Feb. 16-1934</u>
Interior _____ Covering _____			Cause of Death <u>Auto accident</u> Contributory _____
Manufacturer _____	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 <u>plain</u>	75 <sup>00</sup>		Date of Birth <u>Aug. 15-1934</u> Age, Years <u>62</u> Months <u>6</u> Days <u>1</u>
Embalming _____			Occupation <u>filling station operator</u>
Clothing _____			How Long at Place of Death <u>at Troy 47 years</u>
			Birthplace—City or County <u>De Kalb</u> State or Country <u>Mo.</u>
			Name of Father <u>Benjamin Sampson</u>
			Birthplace of Father <u>Illinois</u>
			Maiden Name of Mother <u>Eliza Ewell</u>
			Birthplace of Mother <u>Nashville Mo</u>
Total Cash Advances _____			Signed _____ M.D. <u>F. C. Albright</u> Coroner
			Address <u>Troy Kansas</u> Date _____
			Interment at <u>Mt Olive cemetery Troy</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		Mod 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 OF Mabel C. Merrick CHARGE TO R. H. Merrick ACCOUNT No. 104  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS Troy Kansas SERIAL No. 240  
 PHONE \_\_\_\_\_ DATE March 11-1934 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓	CREDITS
Casket and Services	100. <sup>00</sup>	Mar. 13-1934	By Clerk		100. <sup>00</sup>
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. <sup>00</sup>				100. <sup>00</sup>

NAME OF DECEASED Mabel C Merrick RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE  MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE March 11-1934 HOUR 2 P.M. CLERGYMAN M. W. Johnson  
 SINGERS Mrs Zealand LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		100.00	Place of Death	<u>her home Troy Kansas</u>
Casket No. <u>51</u> Style <u>left lid</u>			Date of Death	<u>March 9-1934</u>
Interior <u>new silk</u> Covering <u>plain dove</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>White</u>
Outer Case			Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____	
Vault <input checked="" type="checkbox"/>			Date of Birth <u>April 30-1878</u> Age, Years <u>55</u> Months <u>10</u> Days <u>19</u>	
Embalming <input checked="" type="checkbox"/>			Occupation <u>Housewife</u>	
Clothing <input checked="" type="checkbox"/>			How Long at Place of Death <u>24 years</u>	
			Birthplace—City of <u>Troy</u> County <u>Franklin</u> State of <u>Kansas</u>	
			Name of Father <u>Samuel G. Magland</u>	
			Birthplace of Father <u>Norcross</u>	
			Maiden Name of Mother <u>Jessie Peterson</u>	
Total Cash Advances			Birthplace of Mother _____	
			Signed <u>none</u> M.D. _____ Coroner _____	
			Address _____ Date _____	
			Interment at <u>not alive 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		<u>dep 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 Roy Blanton CHARGE TO Mr Alice Blanton ACCOUNT NO. 105  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS Troy Kansas SERIAL NO. 241  
 PHONE \_\_\_\_\_ DATE March 11-1934 ANNUAL NO. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT		DATE	REMARKS	✓	CREDITS	
Casket and Services <u>complety</u>	<u>100<sup>00</sup></u>	<u>76 85</u>	<u>4-3-34</u>	<u>By check</u>		<u>176 85</u>	
Embalming <u>cost at Leavenworth 36 85</u>							
Outer Case or Vault							
Washing and Dressing							
Shaving							
Slumber Robe							
Suit or Dress <u>20 00</u>							
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>to Leavenworth + funeral 17 00</u>							
Use of _____ Funeral Cars							
Use of Flower Cars							
Professional Supervision <u>Edward 3.00</u>							
<b>To FUNERAL COMPLETE</b>	<b>176</b>	<b>85</b>				<b>176</b>	<b>85</b>

182.62

NAME OF DECEASED Roy A. Blanton RESIDENCE Lansing Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_  
 DATE March 11-14 1934 <sup>3:30 P.M.</sup> CLERGYMAN Wm Drombly  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS W.O.W.

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Lansing Kansas</u>
Casket No. <u>51-</u> Style <u>buff panel</u>			Date of Death <u>March 29-1934</u>
Interior <u>with</u> Covering <u>plain doe</u>			Cause of Death <u>T.B.</u> Contributory _____
Manufacturer <u>ret</u>	DEBITS		Duration _____ Autopsy <u>✓</u>
Total Net Cost of Casket			Sex <u>M.</u> Color or Race <u>W</u>
Outer Case <u>Special size</u>			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault <u>7 ft 4 in bottom</u>			Date of Birth _____ Age, Years _____ Months _____ Days _____
Embalming			Occupation _____
Clothing			How Long at Place of Death <u>about 2 years</u>
			Birthplace—City _____ County _____ State or Country _____
			Name of Father <u>James Blanton</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Alice Thomas</u>
			Birthplace of Mother _____
Total Cash Advances <u>casket</u>	05 55		Signed <u>W M McKinley</u> M.D. _____ Coroner
<u>No Davis Leavenworth</u>	0 P Nd		Address <u>Lansing</u> Date <u>Kans</u>
<u>suit</u>	P Md		Interment at _____
<u>gas oil Phone &amp; expenses</u>	P 76		Lot or Grave No. _____ Section No. _____
<u>burials</u>	0 55		Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral			Source of Call _____
Gross Profit on Funeral		<u>T 9. PS</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.

10262

FUNERAL OF *Reynolds Charlotte Lavan* CHARGE TO

ACCOUNT No. *106*

PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_

SERIAL No. *242*

PHONE \_\_\_\_\_ DATE \_\_\_\_\_

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

DESCRIPTION OF SERVICE	AMOUNT		DATE		CREDITS	
Casket and Services	<i>12</i>	<i>50</i>	<i>Mar 20-24</i>	<i>By Check</i>	<i>12</i>	<i>50</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>12</i>	<i>50</i>			<i>12</i>	<i>50</i>

NAME OF DECEASED Rubake Charlotte Lavonne RESIDENCE Troy, Ks.  
 FUNERAL AT RESIDENCE MORTUARY CHURCH ✓ DATE Mar. 21 HOUR 2:00 CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	12 50	Place of Death <u>Troy, Ks.</u>
Casket No. # <u>50</u> Style <u>Lomb</u>		Date of Death <u>Mar. 20 - 1934</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>F.</u> Color or Race <u>W.</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Feb. 9 - 1924</u> Age, Years _____ Months <u>1</u> Days <u>11</u>
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death <u>life</u>
_____		Birthplace—City or County _____ State or Country _____
_____		Name of Father <u>Ernest Rubake</u>
_____		Birthplace of Father <u>Troy, Ks.</u>
_____		Maiden Name of Mother <u>Ethel Cruise</u>
_____		Birthplace of Mother <u>Missouri</u>
Total Cash Advances _____		Signed <u>R. E. Cordomine</u> M.D. _____ Coroner _____
_____		Address <u>Troy, Ks.</u> Date _____
_____		Interment at <u>Dr. Sutherland 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 _____		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.

FUNERAL OF Leah Louise Dillenbach CHARGE TO Frank Dillenbach ACCOUNT No. 107  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ SERIAL No. 243  
 PHONE \_\_\_\_\_ DATE April 4-1934 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	V	CREDITS
Casket and Services	265.00	Apr 25-35		376.48
Embalming <i>at Topical C.H. Debler</i>	75.00			
Outer Case or Vault <i>vault</i>	75.00			
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress				
Other Articles of Clothing <i>125 75- wear, hose, slip 1.98</i>	3.98		✓	
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs	7.50		✓	
Flowers				
Clergyman				
Singers				
Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision				
To FUNERAL COMPLETE	376.48			376.48

NAME OF DECEASED Sarah Louise Dellinback RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE  MORTUARY CHURCH DATE April 4-1934 HOUR 2:30 CLERGYMAN Rev. Irwin Res. Reitzel  
 SINGERS C. H. Rankin home in Highland

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral  
 Casket No. 258 Sty. Diagonal haly comb  
 Interior Cv satin Covering Shek Jacquard  
 Manufacturer Robt  
 Total Net Cost of Casket  
 Outer Case  
 Vault  
 Embalming at Topeka - Peubler  
 Clothing  
 Total Cash Advances  
 Total Net Cost of Funeral  
 Gross Profit on Funeral 705 55  
 \*Less Overhead Per Funeral  
 Net Profit Apparent

Place of Death Topeka Kansas  
 Date of Death April 2-1934  
 Cause of Death T.B. Contributory  
 Duration Autopsy  
 Sex F Color or Race W  
 Single Married  Widowed Divorced Child  
 Date of Birth May 16-1898 Age, Years 35 Months 10 Days 16  
 Occupation  
 How Long at Place of Death 11 years  
 Birthplace—City or County Highland State or Country Kansas  
 Name of Father Charles Rankin  
 Birthplace of Father Highland Kan  
 Maiden Name of Mother Myrtle Grubb  
 Birthplace of Mother  
 Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Coroner  
 Address Topeka Kan Date 4-2-34  
 Interment at Highland cemetery Highland 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

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 Ralph VanRebber CHARGE TO \_\_\_\_\_ ACCOUNT No. 108  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ SERIAL No. 244  
 PHONE \_\_\_\_\_ DATE April 18-1934 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE		CREDITS
Casket and Services	250.00	May 19-1934	By Check	400.00
Embalming		Mar. 30-1935	By Cash	15.00
Outer Case or Vault <u>Manuel</u>	195.00	Apr 26-1935	By cash	30.00
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				
<u>Filed May 10-34</u>				
To FUNERAL COMPLETE	445.00			445.00

NAME OF DECEASED William Ralph Van Bebler RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH M.E. DATE April 18-34 HOUR 7 PM CLERGYMAN Rev. Fairish  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS Troy A.F. & A.M.

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Drug store Troy Kansas</u>
Casket No. <u>807</u> Style <u>state half Couch</u>			Date of Death <u>April 16-1934</u>
Interior <u>dark blue</u> covering <u>st. Mulberry plush</u>			Cause of Death <u>Heart disease</u> Contributory
Manufacturer <u>Rea</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 <u>Mauroleum</u>	<u>195.00</u>		Date of Birth <u>Aug. 7-1894</u> Age, Years <u>39</u> Months <u>8</u> Days <u>14</u>
Embalming			Occupation <u>Druggist owner</u>
Clothing			How Long at Place of Death _____
			Birthplace—City or County <u>Keweenaw</u> State or Country <u>Kansas</u>
			Name of Father <u>Wm. N. Van Bebler</u>
			Birthplace of Father <u>Buchanan County Mo</u>
			Maiden Name of Mother <u>Bertha Osborne</u>
			Birthplace of Mother <u>Jacks County Mo</u>
Total Cash Advances			Signed <u>W. T. Cordonis</u> M.D. _____ Coroner
			Address <u>Troy Kansas</u> Date _____
			Interment at <u>St. Olive cemetery Troy</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>YMS 55</u>	
*Less Overhead Per Funeral			
Net Profit Apparent			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 CHARGE TO: *Jonathan C. Sittenor* ACCOUNT No. *109*  
 PAYMENT GUARANTEED BY: ADDRESS: SERIAL No. *245*  
 PHONE: DATE *May 26-1934* ANNUAL No.

DESCRIPTION OF SERVICE	AMOUNT	DATE	METHOD OF PAYMENT	CREDITS
Casket and Services <i>complete</i>	295.00	<i>May 28-34</i>	<i>By check</i>	<del>295.00</del>
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	295.00			295.00

NAME OF DECEASED J. C. (Jot.) Dittmore RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Troy Church DATE May 26 1934 HOUR 2 P.M. CLERGYMAN Rev. Elliot  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_ Rev. Sapp.

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	<u>cathedral stabs</u>	<u>295.<sup>00</sup></u>	Place of Death <u>his home west of Troy</u>
Casket No. <u>1600</u> Style <u>day room</u>			Date of Death <u>May 24 - 1934</u>
Interior <u>gray reps</u> Covering <u>pt. gr. B.C.</u>			Cause of Death <u>Coronary of heart</u> Contributory _____
Manufacturer <u>Besh</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 <u>June 3 - 1871</u> Age, Years <u>62</u> Months <u>11</u> Days <u>21</u>
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death <u>29 years</u>
			Birthplace—City or County <u>De Kalb</u> State or Country <u>Missouri</u>
			Name of Father <u>John Dittmore</u>
			Birthplace of Father <u>Indiana</u>
			Maiden Name of Mother <u>Wesley Norman</u>
			Birthplace of Mother <u>Troy Kansas</u>
			Signed <u>E. E. Halker</u> M.D. _____ Coroner
Total Cash Advances			Address <u>Troy Kan</u> Date <u>5-25-34</u>
			Interment at <u>McAlister Troy Kan</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>YMS \$5</u>	Insured in <input checked="" type="checkbox"/> 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 Eugene L. Brown CHARGE TO Frank Brown ACCOUNT NO. 110  
 PAYMENT GUARANTEED BY Frank Brown ADDRESS Chicago Ill. SERIAL NO. 246  
 PHONE \_\_\_\_\_ DATE June 2-1934 ANNUAL NO. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	PROFIT TO SURETY	CREDITS
Casket and Services <u>complete</u>	<u>145.00</u>	<u>June 11-34</u>	<u>By Ch Frank Brown</u>	<u>145.00</u>
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	<u>145.00</u>			<u>145.00</u>

NAME OF DECEASED Eugene L. Brown RESIDENCE Troy, Kansas  
 FUNERAL AT his RESIDENCE MORTUARY CHURCH DATE HOUR CLERGYMAN J.M. Finch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		145.00	Place of Death	<u>his home Troy Mo.</u>
Casket No. <u>73</u> Style <u>large panel Perf. Thron</u>			Date of Death	<u>May 31 - 1934</u>
Interior <u>Walsh</u> Covering <u>Emb. doe</u>			Cause of Death	<u>Heart block</u> Contributory <u>arterio sclerosis</u>
Manufacturer <u>Rex</u>	DEBITS		Duration	Autopsy
Total Net Cost of Casket			Sex	<u>M.</u> Color or Race <u>W</u>
Outer Case			Single	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child
Vault			Date of Birth	<u>Sept 1 - 1858</u> Age, Years <u>75</u> Months <u>9</u> Days
Embalming			Occupation	<u>ret farmer</u>
Clothing			How Long at Place of Death	<u>70 years</u>
			Birthplace—City or County	<u>Platt Co. State or Country Missouri</u>
			Name of Father	<u>Frank Brown</u>
			Birthplace of Father	<u>Richmond Mo.</u>
			Maiden Name of Mother	<u>Melinda Macdonald</u>
			Birthplace of Mother	<u>North Carolina</u>
Total Cash Advances			Signed	<u>G.C. Cadover</u> M.D. Coroner
			Address	<u>Troy Mo</u> Date <u>6-1-34</u>
			Interment at	<u>St. Olives Troy Mo.</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>10.55</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

*Ed Clary*

CHARGE TO

*Mrs Clary*

ACCOUNT No.

*111*

PAYMENT GUARANTEED BY

ADDRESS

SERIAL No.

*247*

PHONE

DATE

*June 21-1934*

ANNUAL No.

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	<i>260 00</i>	<i>7-9-34</i>	<i>By check Mrs Ed Clary</i>	<i>291.75</i>
Embalming				
Outer Case or Vault				
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress <i>suit</i>	<i>24 00</i>			
Other Articles of Clothing <i>shirt tie removed not</i>	<i>2 75</i>			
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of doz. Chairs				
Flowers	<i>5 00</i>			
Clergyman				
Singers				
Casket Coach				
Use of Funeral Cars				
Use of Flower Cars				
Professional Supervision				
To FUNERAL COMPLETE	<i>291 75</i>			<i>291.75</i>

NAME OF DECEASED Ed Clary RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE June 21-34 HOUR 2:30 PM PREGYMA Rev Halowell  
 SINGERS Baptist Church Deacons AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		291.75	Place of Death	<u>his home Troy Kansas</u>
Casket No. <u>258</u>	Style <u>Decorated casket</u>		Date of Death	<u>June 19-1934</u>
Interior <u>Czech</u>	Covering <u>Platinum blue cloth</u>		Cause of Death	
Manufacturer <u>Rt</u>	<u>Jacquard</u>		Contributory	
Total Net Cost of Casket			Duration	
Outer Case			Autopsy	<input checked="" type="checkbox"/>
Vault			Sex	<u>M</u>
Embalming			Color or Race	<u>W</u>
Clothing			Single	<input type="checkbox"/>
			Married	<input checked="" type="checkbox"/>
			Widowed	<input type="checkbox"/>
			Divorced	<input type="checkbox"/>
			Child	<input type="checkbox"/>
			Date of Birth	<u>July 28-1867</u>
			Age, Years	<u>64</u>
			Months	<u>10</u>
			Days	<u>21</u>
			Occupation	<u>County road work</u>
			How Long at Place of Death	
			Birthplace—City or County	<u>Troy Kansas</u>
			State or Country	<u>Kansas</u>
			Name of Father	<u>Isaac B. Clary</u>
			Birthplace of Father	<u>Indiana</u>
			Maiden Name of Mother	<u>Abigail Ann Foster</u>
			Birthplace of Mother	<u>Iowa</u>
			Signed	<u>C. E. Hallett</u>
			M.D.	
			Coroner	
			Address	<u>Troy Kansas</u>
			Date	
			Interment at	<u>Mt. Dewey 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	<u>S. B. A.</u>
			Amount	
			Beneficiary	

Total Net Cost of Funeral  
 Gross Profit on Funeral MTS 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.

FUNERAL OF Charles F. Tilbury CHARGE TO \_\_\_\_\_ ACCOUNT No. 112  
 PAYMENT GUARANTEED BY Mrs. Char. Tilbury ADDRESS \_\_\_\_\_ SERIAL No. 248  
 PHONE \_\_\_\_\_ DATE July 6-1934 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	325.00	July 28 34	✓	575.00
Embalming including Keenan + trip				
Outer Case or Vault <u>Mausoleum</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	5.00		✓	
Clergyman				
Singers				
Casket Coach				
Use of Funeral Cars				
Use of Flower Cars				
Professional Supervision				
<u>Embalming, casket, flowers, grave decoration complete service 325</u>				
<u>Mausoleum case 195</u>				
<u>flowers 5.00 total 525</u>				
<b>To FUNERAL COMPLETE</b>	<b>525.00</b>			<b>575.00</b>

NAME OF DECEASED Charles F. Tilbury RESIDENCE \_\_\_\_\_  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Benedictine DATE July 6 HOUR 2:30 PM CLERGYMAN J.W. Peterson  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Rolf Sanatorium, Kansas City, Mo</u>
Casket No. <u>817</u> Style <u>1/2 crown</u>			Date of Death <u>July 4 - 1934</u>
Interior <u>plaid</u> Covering <u>beverage</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Wells</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 <u>mausoleum</u>	<u>195.00</u>		Date of Birth <u>Jan 24 1883</u> Age, Years <u>51</u> Months <u>6</u> Days <u>2</u>
Embalming			Occupation <u>mechanic</u>
Clothing			How Long at Place of Death <u>42 days</u>
			Birthplace—City or County <u>Manhattan</u> State or Country <u>Kansas</u>
			Name of Father <u>John Tilbury</u>
			Birthplace of Father <u>Indiana</u>
			Maiden Name of Mother <u>Estelle Kurty</u>
			Birthplace of Mother <u>Germany</u>
Total Cash Advances			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Marag 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		<u>055.55</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.





NAME OF DECEASED *Mr + Mrs Grant Dechon Jr* RESIDENCE *Troy Kan*  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH *grace* DATE *7-10-34* HOUR *4<sup>30</sup> PM* ALERGYMAN *Furish*  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	<i>17 50</i>	Place of Death <i>Grant Dechon Jr home</i>
Casket No. <i>50</i> Style _____		Date of Death <i>7-10-34</i>
Interior <i>as sets</i> Covering <i>white Gamba</i>		Cause of Death <i>Stillborn</i> Contributory _____
Manufacturer <i>Ry</i>		Duration _____ Autopsy <i>W</i>
Total Net Cost of Casket		Sex <i>M</i> Color or Race <i>W</i>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <i>7-10-34</i> Age, Years <i>Stillborn</i> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City of County _____ State of Country _____
_____		Name of Father <i>Grant Dechon Jr</i>
_____		Birthplace of Father <i>Troy Kan</i>
_____		Maiden Name of Mother <i>Jessie Pruitt</i>
_____		Birthplace of Mother <i>Troy Kan</i>
Total Cash Advances _____		Signed <i>L. F. Coudorick</i> Coroner
_____		Address <i>Troy Kan</i> Date <i>7-10-34</i>
_____		Interment at <i>St. Paul cemetery</i>
_____		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 _____	<i>17 50</i>	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 CHARGE TO *Mary Eleanor Cordonia*  
 PAYMENT GUARANTEED BY *Hugh Cordonia* ADDRESS  
 PHONE \_\_\_\_\_

DATE *July 13-1936*

ACCOUNT No. \_\_\_\_\_  
 SERIAL No. *250*  
 ANNUAL No. *228*

DESCRIPTION OF SERVICE	AMOUNT	DATE	PAID BY	CHECK NO.	✓	CREDITS
Casket and Services <i>complete</i>	215.00	2-22-36	By notel Hugh Cordonia			227.50
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	3.00		21-3 flowers pd.			3.00
Clergyman						
Singers						
Casket Coach						
Use of _____ Funeral Cars						
Use of Flower Cars						
Professional Supervision						
<i>metal box top</i>	7.50					
To FUNERAL COMPLETE	225.50					225.50

*See next*

NAME OF DECEASED Mary Eleanor Cordome RESIDENCE S.W. Nathera  
 FUNERAL AT \_\_\_\_\_ RESIDENCE  MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE July 13, 34 HOUR 2:30 PM CLERGYMAN Rev. Rizer  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS Nathera Ks

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>240</u> Style <u>half couch</u>		
Interior <u>linen</u> Covering <u>Cotton Jacquard</u>		
Manufacturer <u>R+</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>11.55</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.

PERSONAL AND STATISTICAL	
Place of Death <u>her home S.W. of Nathera</u>	
Date of Death <u>July 11-1934</u>	
Cause of Death <u>Diphtheria</u>	Contributory <u>Cancer Lungs</u>
Duration _____	Autopsy _____
Sex <u>F</u>	Color or Race <u>W</u>
Single _____ Married _____ Widowed <input checked="" type="checkbox"/>	Divorced _____ Child _____
Date of Birth <u>Nov. 23, 1870</u>	Age, Years <u>63</u> Months <u>7</u> Days <u>19</u>
Occupation <u>housewife</u>	
How Long at Place of Death <u>life</u>	
Birthplace—City or County _____	State or Country _____
Name of Father <u>John M. Patterson</u>	
Birthplace of Father <u>Ohio</u>	
Maiden Name of Mother <u>Jennie Richards</u>	
Birthplace of Mother <u>Maryland</u>	
Signed <u>W.E. Cordome</u> M.D.	Coroner
Address <u>909 Ns</u>	Date _____
Interment at <u>Cordome Cemetery</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 _____	

FUNERAL *John Ritchie Lubbins*

CHARGE TO

ACCOUNT No. *114*

PAYMENT GUARANTEED BY

ADDRESS

SERIAL No. *251*

PHONE

DATE *July 15-1934*

ANNUAL No.

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
<input checked="" type="checkbox"/> Casket and Services	145.00	7-17-34	By cash (G.R.K.)	25.00
<input checked="" type="checkbox"/> Embalming		2-19-35	By check (E.R.K.)	128.50
<input checked="" type="checkbox"/> Outer Case or Vault <i>box</i>				
<input checked="" type="checkbox"/> Washing and Dressing				
<input checked="" type="checkbox"/> Shaving				
Slumber Robe				
Suit or Dress				
Other Articles of Clothing <i>tu</i>	.50			
<input checked="" type="checkbox"/> Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of doz. Chairs				
Flowers				
Clergyman <i>Rev. Kinnel</i>		2-7-35	✓	
Singers				
<input checked="" type="checkbox"/> Casket Coach				
Use of Funeral Cars				
Use of Flower Cars				
Professional Supervision				
<b>To FUNERAL COMPLETE</b>	<b>153.50</b>			<b>153.50</b>

NAME OF DECEASED John Mitchell Gubbins RESIDENCE Troy Kara (R.D.)  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Troy ME DATE July 15-34 HOUR 2:30 PM URGYMAN Funk  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>His home North of Troy</u>
Casket No. <u>622</u> Style <u>1/2 Court</u>		Date of Death <u>July 13-1934</u>
Interior <u>Cream</u> Covering <u>Emb. doe</u>		Cause of Death <u>Apoplexy</u> Contributory _____
Manufacturer <u>Gateway</u>	DEBITS	Duration _____ Autopsy <input checked="" type="checkbox"/>
Total Net Cost of Casket		Sex <u>M.</u> Color or Race _____
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault		Date of Birth <u>Apr. 1-1869</u> Age, Years <u>65</u> Months <u>4</u> Days <u>12</u>
Embalming		Occupation <u>Retired School Teacher</u>
Clothing		How Long at Place of Death _____
		Birthplace—City or County <u>Andrew Co.</u> State or Country <u>Mo</u>
		Name of Father <u>James N. Gubbins</u>
		Birthplace of Father <u>Berryville Ky</u>
Total Cash Advances		Maiden Name of Mother <u>Mary Eleanor Ritchie</u>
		Birthplace of Mother <u>Rushville, Del</u>
		Sign <u>W. F. Cardon</u> M.D. _____ Coroner _____
		Address <u>Troy 15</u> Date _____
		Interment at <u>Courtesy 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 <u>TA. ds</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 John William Charles CHARGE TO

ACCOUNT No. 115

PAYMENT GUARANTEED BY

Troy Korman

SERIAL No. 252

PHONE

DATE July 19-1934 ANNUAL No.

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services <u>complete</u>	<u>295.00</u>	<u>July 14-34</u>		<u>396.50</u>
Embalming				
Outer Case or Vault <u>concrete</u>	<u>95.00</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	<u>10.00</u>			
Clergyman				
Singers				
Casket Coach				
Use of Funeral Cars				
Use of Flower Cars				
Professional Supervision				
<u>funeral notices</u>	<u>1.50</u>			
<u>less reduction in vault</u>	<u>401.50</u>			
	<u>5.00</u>			
<b>TO FUNERAL COMPLETE</b>	<b>396.50</b>			<b>396.50</b>

NAME OF DECEASED John Wm Charles RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Christian DATE July 19 34 HOUR 2:30 PM URGYMAN Res. Sapp  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>his home Troy Ks</u>
Casket No. <u>817</u> Style <u>state haycock</u>		Date of Death <u>July</u>
Interior <u>gray Durumeth</u> Ureting <u>Plat Colorado</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Ref</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 <u>June 22 1867</u> Age, Years <u>67</u> Months <u>25</u> Days
Embalming		Occupation <u>retired farmer</u>
Clothing		How Long at Place of Death <u>life</u>
		Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
		Name of Father <u>Geo. Charles</u>
		Birthplace of Father <u>England</u>
Total Cash Advances		Maiden Name of Mother <u>Elizabeth Darr</u>
		Birthplace of Mother <u>England</u>
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>St. Olive Cemetery Troy</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>44.55</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

Hiram L. Blanton

RESIDENCE

2 miles south of Sparks

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH

Fanning

DATE

July 20, 1934 2 PM

CLERGYMAN

Wm. Trumbly

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death Home of Jess Blanton, south of Sparks
Casket No. 817 Style state hick/couch		Date of Death July 19, 1934
Interior Grey Barretto covering Plot welcome		Cause of Death Carcinoma Contributory
Manufacturer Rx Lily patterns		Duration Autopsy
Total Net Cost of Casket		Sex M. Color or Race
Outer Case		Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault		Date of Birth Jan 15-1875 Age, Years 59 Months 6 Days 4
Embalming		Occupation
Clothing		How Long at Place of Death
		Birthplace—City or County Louisville, State of Country Ky
		Name of Father Louis Blanton
		Birthplace of Father Ky
		Maiden Name of Mother Barbara Skilton
		Birthplace of Mother Ky
		Signed Ray Madunghe, Coroner
		Address Highland Ky Date 7-20-34
		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
Total Net Cost of Funeral		
Gross Profit on Funeral 2nd 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.

FUNERAL OF Nelson Barton Sharp CHARGE TO \_\_\_\_\_ ACCOUNT No. 117  
 PAYMENT GUARANTEED BY Lorena Sharp ADDRESS Troy Kansas SERIAL No. 254  
 PHONE \_\_\_\_\_ DATE Aug-30-1934 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services <i>25 gold</i>	310 <sup>00</sup>	Nov, 14-34	By check	359 <sup>60</sup>
Embalming				
Outer Case or Vault				
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress <i>suit</i>	25 <sup>00</sup>			
Other Articles of Clothing <i>waiver, hose, shirt, tie</i>	3 <sup>60</sup>			
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs				
Flowers	7 <sup>50</sup>			
Clergyman				
Singers				
Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision				
<i>funeral notices</i>	1.50		✓	
<i>To minister</i>	5.00		✓	
<i>grave digging</i>	7.00		✓	
<b>To FUNERAL COMPLETE</b>	<b>359<sup>60</sup></b>			<b>359<sup>60</sup></b>

NAME OF DECEASED Nelson Barton Sharp RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE Aug 30-34 HOUR 2-30 PM CLERGYMAN Rev. Meyer  
 SINGERS Melo Incutelli LODGE AFFILIATIONS Nathanael

REVENUE ITEMS AND THEIR COST      CREDITS      PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Ma Meth. Hosp St Joseph Mo.</u>
Casket No. <u>817</u> Style <u>State hall coach</u>		Date of Death <u>Aug 27-1934</u>
Interior <u>grey Barrette</u> Springs <u>Beverly Phet. Velour</u>		Cause of Death <u>Accident on river work</u>
Manufacturer <u>Ray</u>	DEBITS	Duration <u>crushed between barge &amp; boat</u>
Total Net Cost of Casket		Sex <u>M.</u> Color or Race <u>W</u>
Outer Case <u>Box</u>		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>Jan 5-1910</u> Age, Years <u>24</u> Months <u>7</u> Days <u>22</u>
Embalming		Occupation <u>river worker</u>
Clothing		How Long at Place of Death <u>1 hour</u>
		Birthplace—City or County <u>Lawrence</u> State or Country <u>Kansas</u>
		Name of Father <u>Jess Sharp</u>
		Birthplace of Father <u>Lawrence Kans</u>
		Maiden Name of Mother <u>Jennie Nelson</u>
		Birthplace of Mother <u>Lawrence Kans</u>
		Signed <u>M. D. Forest Thomas</u> Coroner
Total Cash Advances		Address <u>St Joseph Mo</u> Date <u>Aug. 27-1934</u>
		Interment at <u>St. Charles</u> <u>Troy Kans</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>YMT 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 *Sherman Sanford Dawson* CHARGE TO *Dow. Co* ACCOUNT No. *118*  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ SERIAL No. *255*  
 PHONE \_\_\_\_\_ DATE \_\_\_\_\_ ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	<i>50<sup>00</sup></i>	<i>Oct. 6 - 1924</i>	<i>by Cash</i>	<i>50<sup>00</sup></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>50<sup>00</sup></i>			<i>50<sup>00</sup></i>

NAME OF DECEASED Sherman S. Dawson RESIDENCE Sparks Kansas  
 FUNERAL AT Sparks RESIDENCE Christian MORTUARY \_\_\_\_\_ CHURCH Christian DATE Sept 16/1934 HOUR 7 P.M. CLERGYMAN Rev. Walter Myers  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		570.00	Place of Death	<u>Sparks Kansas</u>
Casket No. <u>51</u> Style <u>Hyf panel</u>			Date of Death	<u>Sept. 14 - 1934</u>
Interior <u>ce. nch</u> Covering <u>blue crepe</u>			Cause of Death	Contributory
Manufacturer <u>Rex</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 <u>Sept 30 1864</u> Age, Years <u>69</u> Months <u>11</u> Days <u>24</u>	
Embalming			Occupation <u>laborer</u>	
Clothing			How Long at Place of Death <u>life</u>	
			Birthplace—City or County <u>Sparks</u> State or Country <u>Kansas</u>	
			Name of Father _____	
			Birthplace of Father _____	
Total Cash Advances			Maiden Name of Mother _____	
			Birthplace of Mother _____	
			Signed <u>Rex Maden</u> M.D. _____ Coroner	
			Address <u>Highland Rd</u> _____ Date _____	
			Interment at <u>Local cemetery Sparks Kas.</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		35	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 Henry Francis Goss CHARGE TO Mrs Goss ACCOUNT No. 119  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ SERIAL No. 256  
 PHONE \_\_\_\_\_ DATE Sept. 22-1934 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services <u>complete</u>	<u>150.00</u>	<u>10-15-34</u>		<u>50.00</u>
Embalming		<u>11-3-34</u>		<u>100.00</u>
Outer Case or Vault		<u>11-13-34</u>		<u>2.50</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				
<u>top box lumber</u>	<u>2.75</u>			
<u>phone to Mrs Myers Oneida</u>	<u>.75</u>			
<b>To FUNERAL COMPLETE</b>	<b>152.50</b>			<b>152.50</b>

NAME OF DECEASED Henry Francis Goss RESIDENCE 9707 Kansas  
 FUNERAL AT RESIDENCE MORTUARY Christian CHURCH DATE Sept. 22-34 HOUR 2:30 PM CLERGYMAN Rev. Stout  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Mo. Meth. Hosp.</u>
Casket No. <u>250</u> Styl <u>Perf. Shrinol</u>			Date of Birth <u>Sept. 19-1934</u>
Interior <u>Green</u> Covering <u>Blue cloth</u>			Cause of Death <u>Heart trouble</u> Contributory _____
Manufacturer <u>Reichsman's Co.</u> DEBITS			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M.</u> Color or Race <u>C</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>June 27-1890</u> Age, Years <u>44</u> Months <u>7</u> Days <u>22</u>
Embalming			Occupation <u>Barber</u>
Clothing			How Long at Place of Death <u>1 hour</u>
			Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
			Name of Father <u>Henry F. Goss</u>
			Birthplace of Father <u>Essexport Ind.</u>
Total Cash Advances			Maiden Name of Mother <u>Sarah W. Dittmore</u>
			Birthplace of Mother _____
			Signed <u>H. L. Foran</u> Coroner
			Address <u>St. Louis Mo.</u> Date _____
			Interment at <u>St. Charles cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral <u>Total 55</u>			In Charge of _____
Gross Profit on Funeral			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.





NAME OF DECEASED Wagner Theodore RESIDENCE Troy, Kas.  
 FUNERAL AT RESIDENCE MORTUARY CHURCH  DATE Oct. 23/34 HOUR 9:00 AM CLERGYMAN Father Edwards  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		225 00	Place of Death	<u>Troy, Kansas.</u>
Casket No. <u>240</u> Style <u>1/2 Couch - Jan. Vale - Octagon</u>			Date of Death	<u>Oct. 21, 1934</u>
Interior _____ Covering _____			Cause of Death	<u>Cerebral Hemorrhage Contributory Diabetes</u>
Manufacturer <u>Ry</u>			Duration _____ Autopsy <u>no</u>	
Total Net Cost of Casket	LA BS		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>April 29, 1860</u> Age, Years <u>74</u> Months <u>6</u> Days <u>23</u>	
Embaling _____			Occupation <u>Farmer.</u>	
Clothing			How Long at Place of Death <u>22 years.</u>	
<u>Underwear &amp; tie</u>	PD	1 50	Birthplace—City or County <u>Germany</u> State or Country _____	
<u>Funeral Notices</u>		1 75	Name of Father <u>Joseph W. Wagner</u>	
Total Cash Advances _____			Birthplace of Father <u>Germany</u>	
			Maiden Name of Mother <u>Unknown</u>	
			Birthplace of Mother <u>Germany</u>	
			Signed <u>C.E. Walker</u> M.D. _____ Coroner _____	
			Address <u>Troy, Kas.</u> Date <u>Oct. 22, 1934</u>	
			Interment at <u>Mt. Calvary - Wallace, Kas.</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>man ds</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 Abbett Melvin George CHARGE TO Joseph Abbett ACCOUNT NO. \_\_\_\_\_  
 PAYMENT GUARANTEED BY Joe Abbett ADDRESS \_\_\_\_\_ SERIAL NO. 258  
 PHONE \_\_\_\_\_ DATE Oct. 24, 1934 ANNUAL NO. 229

DESCRIPTION OF SERVICE	AMOUNT	DATE	REMARKS	V	CREDITS
Casket and Services <u>complete</u>	125.00	Nov. 6 34	By note		159.00
Embalming		7-10-35	By cash flower		3.00
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing <u>Underwear, tie, socks, shirt, belt</u>	3 60				
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls <u>To Rev. Elliot. Fennerworth</u>	40				
Use of doz. Chairs					
Flowers <u>ordered by Leon</u>	2 00				
Clergyman					
Singers					
Casket Coach					
Use of Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To FUNERAL COMPLETE	162 00				162 00

*Pd by note  
see note*

GHIT 1927  
 ARNES-ROSS CO., INDIANAPOLIS  
*Ent Recd  
 10.18*

NAME OF DECEASED Abbott Melvin George RESIDENCE Troy, Kas.  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE Oct 25, 1934 HOUR 2:30 P.M. CLERGYMAN Rev. Finch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		162 00	Place of Death <u>Mo. Methodist Hosp. St. Joe, Mo</u>
Casket No. _____ Style _____			Date of Death <u>Oct. 24, 1934, 4:45 A.M.</u>
Interior _____ Covering _____			Cause of Death <u>General Peritonitis</u> Contributory <u>Appendix</u>
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>no.</u>
Total Net Cost of Casket	04 55		Sex <u>m</u> Color or Race <u>W.</u>
Outer Case _____			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>Aug 26, 1916</u> Age, Years <u>18</u> Months <u>1</u> Days <u>28</u>
Embalming _____			Occupation <u>Student</u>
Clothing _____			How Long at Place of Death <u>6 days</u>
			Birthplace—City or County <u>Troy</u> State or Country <u>Ka.</u>
			Name of Father <u>Joseph Abbott</u>
			Birthplace of Father <u>Troy, Kansas</u>
Total Cash Advances _____			Maiden Name of Mother <u>Bertha Sutton</u>
			Birthplace of Mother <u>Falla City, Neb.</u>
			Signed <u>Blond Spencer</u> M.D. _____ Coroner
			Address <u>St. Joe, Mo</u> Date <u>Oct. 24, 1934</u>
			Interment at <u>St. Olive - Troy, Kas.</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral			
Gross Profit on Funeral		157 55	
*Less Overhead Per Funeral			
Net Profit Apparent			
REMARKS:			Source of Call <u>Virgil Abbott, St. Joe, Mo.</u>
			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.



NAME OF DECEASED *Infant of Mr & Mrs Bert Brackin* RESIDENCE *Troy Kansas*  
 FUNERAL AT *St. Benedict's cemetery* RESIDENCE MORTUARY CHURCH DATE *Nov. 12 34* HOUR CLERGYMAN *Father Patrick*  
 SINGERS *Santon 14* LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		12.50	Place of Death <i>Brackin home</i>
Casket No. _____ Style _____			Date of Death <i>Nov. 11 1934</i>
Interior _____ Covering _____			Cause of Death <i>Stillborn</i> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <i>M</i> Color or Race <i>W</i>
Outer Case _____			Single <i>child</i> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <i>Nov. 11 34</i> Age, Years _____ Months _____ Days _____
Embalming _____			Occupation <i>infant (Still born)</i>
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County _____ State or Country _____
			Name of Father <i>Bert Brackin</i>
			Birthplace of Father <i>Santon Kan</i>
Total Cash Advances _____			Maiden Name of Mother <i>Christina Thompson</i>
			Birthplace of Mother <i>Robinson Kan</i>
			Signed <i>C. C. Haller</i> M.D. _____ Coroner
			Address <i>Troy Kan</i> Date _____
			Interment at <i>St. Benedict's cemetery</i>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral		9.55	In Charge of _____
Gross Profit on Funeral			
*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 OF Ethel Etherton CHARGE TO \_\_\_\_\_ ACCOUNT NO. 124  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ SERIAL NO. 260  
 PHONE \_\_\_\_\_ DATE Nov. 27. 1934 ANNUAL NO. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	V	CREDITS
<del>Casket</del> and Services <i>+ notice in paper</i>	<u>25.00</u>	<u>12.20.34</u>	<u>By Ch. Beane Etherton</u>	<u>25.00</u>
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				
<b>To FUNERAL COMPLETE</b>	<u>25.00</u>			<u>25.00</u>

NAME OF DECEASED Ethel Etherton RESIDENCE Garden City Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE Nov. 27-34 HOUR 2 PM CLERGYMAN Sapp  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Garden City Kansas</u>
Casket No. _____ Style _____			Date of Death	<u>Nov. 24-1934</u>
Interior _____ Covering _____			Cause of Death	Contributory _____
Manufacturer _____	DEBITS		Duration _____	Autopsy _____
Total Net Cost of Casket _____			Sex <u>F</u>	Color or Race <u>W</u>
Outer Case _____			Single <input checked="" type="checkbox"/>	Married _____
Vault _____			Widowed _____	Divorced _____
Embalming _____			Child _____	
Clothing _____			Date of Birth	<u>Jan 2-1878</u> Age, Years <u>56</u> Months <u>10</u> Days <u>22</u>
			Occupation	<u>Reg. nurse</u>
			How Long at Place of Death	
			Birthplace—City or County	<u>De Kalb, Mo.</u> State or Country <u>Mo.</u>
			Name of Father	<u>James Etherton</u>
		Birthplace of Father	<u>Nashville Tenn</u>	
Total Cash Advances _____		Maiden Name of Mother	<u>Lou Roberts</u>	
		Birthplace of Mother	<u>Tenn</u>	
		Signed _____	M.D. _____ Coroner _____	
		Address _____	Date _____	
		Interment at	<u>Mt Olive cemetery Troy Mo.</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>MO 50</u>			
*Less Overhead Per Funeral _____		Source of Call _____		
Net Profit Apparent _____				
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 *Mary Emily Gregson* CHARGE TO \_\_\_\_\_

ACCOUNT No. *125*

PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_

SERIAL No. *261*

PHONE \_\_\_\_\_

DATE *Dec. 5-1934* ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	<i>100<sup>00</sup></i>	<i>12-7-34</i>	<i>Chas B. H. Prugh &amp; son</i>	<i>100<sup>00</sup></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				
<i>Body shipped to</i>				
<i>C. A. Prugh &amp; son</i>				
<i>Burlington, Iowa</i>				
To FUNERAL COMPLETE	<i>100<sup>00</sup></i>			<i>100<sup>00</sup></i>

NAME OF DECEASED *Gregson Mary Emily* RESIDENCE *Burlington Iowa*  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_  
 DATE *Dec 5-1934* HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	100.00	Place of Death <i>Calman Home - Troy Kans.</i>
Casket No. <i>120</i> Style <i>Octagon left panel</i>		Date of Death <i>Dec. 4 - 1934</i>
Interior <i>Walrus</i> Covering <i>Walrus</i>		Cause of Death <i>Intussusception</i>
Manufacturer <i>Middle &amp; Valley Co.</i>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <i>F</i> Color or Race <i>W</i>
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault		Date of Birth <i>Mar. 30 - 1854</i> Age, Years <i>80</i> Months <i>8</i> Days <i>4</i>
Embalming		Occupation <i>housewife</i>
Clothing		How Long at Place of Death <i>8 days</i>
		Birthplace—City or County <i>Stoughton</i> State or Country <i>Mass.</i>
		Name of Father <i>James Calman</i>
		Birthplace of Father <i>New Brunswick, Canada</i>
Total Cash Advances		Maiden Name of Mother <i>Catherine Kieblin</i>
		Birthplace of Mother <i>Ireland</i>
		Signed <i>C.E. Kelly</i> M.D. Coroner
		Address <i>Troy Kans</i> Date <i>12-4-1934</i>
		Interment at <i>Burlington Iowa (shipped to)</i>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via <i>C.B. &amp; O</i> R. R. Date <i>12-5-1934</i>
Total Net Cost of Funeral		In Charge of <i>Miss Anna Calman</i>
Gross Profit on Funeral	<i>Ad 55</i>	Source of Call <i>By Chas. Calman - Troy</i>
*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.



NAME OF DECEASED Lois Pauline Horner RESIDENCE Troy Kans (R.F.D.)  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Mt Olive Cemetery DATE Dec 20-34 HOUR 10 AM CLERGYMAN Rev. Finch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		35.00	Place of Death <u>Roy Horner Home near Troy</u>
Casket No. _____ Style _____			Date of Death <u>Dec 19-1934</u>
Interior _____ Covering _____			Cause of Death <u>Arthrospiral Meningitis - Epidemic</u>
Manufacturer _____			Duration _____ Autopsy <input checked="" type="checkbox"/>
Total Net Cost of Casket			Sex <u>F</u> Color or Race _____
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____			Date of Birth <u>Aug 4-1930</u> Age, Years <u>4</u> Months <u>4</u> Days <u>15</u>
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
Total Cash Advances _____			Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
			Name of Father <u>Roy Horner</u>
			Birthplace of Father <u>Troy Kansas</u>
			Maiden Name of Mother <u>Beva Garhart</u>
			Birthplace of Mother <u>Troy Kansas</u>
			Signature <u>A. B. Gordon</u> M.D. _____ Coroner
			Address <u>Troy Kans</u> Date _____
			Interment at <u>Mt Olive 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		11.55	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 OF Malita Thorman CHARGE TO Herrman Thorman ACCOUNT No. 127  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ SERIAL No. 263  
 PHONE \_\_\_\_\_ DATE Dec 31-1934 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services <u>complete</u>	<u>300.00</u>	<u>Jan 26-35</u>		<u>By cash + Disc. 300.00</u>
✓ 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	<u>300.00</u>			<u>300.00</u>



FUNERAL OF Mary T. Byers CHARGE TO Mrs Walter Reckler ACCOUNT No. 128  
 PAYMENT GUARANTEED BY Mrs Walter Reckler ADDRESS 909 Hammond SERIAL No. 264  
 PHONE \_\_\_\_\_ DATE Jan 2-1935 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE		CHECK OR PARTY CASH	✓	CREDITS
Casket and Services	255 <sup>00</sup>	Jan 7-35	By ch.	WOR. 9 months		351.90
Embalming						
Outer Case or Vault <u>vault</u>	90 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	5 <sup>00</sup>					
Clergyman						
Singers						
Casket Coach						
Use of _____ Funeral Cars						
Use of Flower Cars						
Professional Supervision	1 50					
<u>Funeral notices</u>						
<b>To FUNERAL COMPLETE</b>	<b>351 90</b>					<b>351 90</b>

*4.00 included with 1933 bill*

NAME OF DECEASED Mary T. Byers RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE Jan 2-1935 HOUR 1:30 PM CLERGYMAN Rev. Finich  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Home of Mrs Walter Rescher</u>
Casket No. <u>807</u> Style <u>State half Couch</u>	<u>345.00</u>		Date of Death <u>Dec 31-1934</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer <u>Boh</u>			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>OK</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
<input checked="" type="checkbox"/> Vault	<u>90.00</u>		Date of Birth <u>Sept 10-1867</u> Age, Years <u>72</u> Months <u>8</u> Days <u>21</u>
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>Life near Troy</u>
			Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
			Name of Father <u>Moses R Townsend</u>
			Birthplace of Father <u>Indiana</u>
Total Cash Advances _____			Maiden Name of Mother <u>Annuel Cox</u>
			Birthplace of Mother <u>Arkansas</u>
			Signed <u>A. E. Cordone</u> M.D. Coroner
			Address <u>Troy Kansas</u> Date _____
			Interment at <u>St. 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	<u>700.55</u>		Insured in _____ Amount _____
*Less Overhead Per Funeral			Beneficiary _____
Net Profit Apparent			

REMARKS: This included with 1934 burial

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



FUNERAL OF *Best St. Simpson* CHARGE TO \_\_\_\_\_ ACCOUNT No. *129*  
 PAYMENT GUARANTEED BY *Mrs Simpson* ADDRESS *Sparks Kansas* SERIAL No. *265*  
 PHONE \_\_\_\_\_ DATE *Jan 13-1935* ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
<input checked="" type="checkbox"/> Casket and Services <i>complete</i>	<i>155.00</i>	<i>Jan 23-35</i>	<i>By rail</i>	<i>100.00</i>
<input checked="" type="checkbox"/> Embalming		<i>May 6-35</i>	<i>"</i>	<i>40.00</i>
<input checked="" type="checkbox"/> Outer Case or Vault		<i>May 6-35</i>	<i>"</i>	<i>29.00</i>
<input type="checkbox"/> Washing and Dressing				
<input checked="" type="checkbox"/> Shaving				
Slumber Robe				
Suit or Dress	<i>10.00</i>			
Other Articles of Clothing				
<input checked="" type="checkbox"/> Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs				
<input checked="" type="checkbox"/> Flowers	<i>4.00</i>			
Clergyman				
Singers				
<input checked="" type="checkbox"/> Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
<input checked="" type="checkbox"/> Professional Supervision				
<b>TO FUNERAL COMPLETE</b>	<i>169.00</i>			<i>169.00</i>

*5-12-36 not paid in full*



FUNERAL OF Dameville Louis Caroline CHARGE TO M. M. Dameville ACCOUNT No. 130  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ SERIAL No. 368  
 PHONE \_\_\_\_\_ DATE Jan 24-1935 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	150.00	Jan 28	<i>John Olden Dameville</i>	226.00
Embalming				
Outer Case or Vault <i>vault</i>	75.00			
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress				
Other Articles of Clothing <i>slip</i>	1.00			
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	226.00			226.00



FUNERAL OF *Paul Boech*

CHARGE TO *Louis Boech*

ACCOUNT NO. *131*

PAYMENT GUARANTEED BY

ADDRESS *Troy Karn*

SERIAL NO. *267*

PHONE \_\_\_\_\_ DATE \_\_\_\_\_

ANNUAL NO. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓ CREDITS
Casket and Services	15.00	Jan 31-35	My cash	15 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				
Telegram 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	15.00			15 00

RIGHT 1927  
HARNES-ROSS CO., INDIANAPOLIS

NAME OF DECEASED Paul Boeh RESIDENCE Troy Mo R.D.  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		15.00	Place of Death <u>Paul Boeh home Troy Mo</u>
Casket No. _____ Style _____			Date of Death <u>Jan 25-1935</u>
Interior _____ Covering _____			Cause of Death <u>still born</u> 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 _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____			Date of Birth <u>Jan 25-35</u> Age, Years _____ Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County _____ State or Country _____
_____			Name of Father <u>Louis J Boeh</u>
_____			Birthplace of Father <u>Wathena Mo</u>
Total Cash Advances _____			Maiden Name of Mother <u>Monica Schatz</u>
_____			Birthplace of Mother <u>Wathena Mo</u>
_____			Signed <u>W.E. Cordonis</u> M.D. _____ Coroner
_____			Address <u>Troy Mo</u> Date _____
_____			Interment at <u>St Calvary cemetery Wathena</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 _____		7.55	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.



NAME OF DECEASED Dora Johnson RESIDENCE Fanning, Kans  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Fanning F.D.S. DATE Jan 27 35 HOUR 2 PM CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		100.00	Place of Death	<u>Home of Dora Johnson Fanning, Kans</u>
Casket No. _____ Style _____			Date of Death	<u>Jan 26 1935</u>
Interior _____ Covering _____			Cause of Death _____	Contributory _____
Manufacturer _____	DEBITS		Duration _____	Autopsy _____
Total Net Cost of Casket _____			Sex <u>F</u>	Color or Race _____
Outer Case _____			Single _____	Married _____
Vault _____			Widowed _____	Divorced _____
Embalming _____			Child _____	
Clothing _____			Date of Birth <u>Sept 20 1859</u>	Age, Years <u>75</u> Months <u>4</u> Days <u>6</u>
			Occupation	<u>housewife</u>
			How Long at Place of Death	<u>75 years</u>
			Birthplace - City or County	<u>Quincy Illinois</u>
			Name of Father	<u>Frederick Herman</u>
			Birthplace of Father	<u>Germany</u>
			Maiden Name of Mother	<u>Anderson</u>
			Birthplace of Mother	<u>Germany</u>
Total Cash Advances _____			Signed <u>C. E. Haller</u>	M.D. _____ Coroner
			Address <u>Troy Kans</u>	Date _____
			Interment at <u>Fanning Cemetery Fanning, Kans</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>dn 55</u>		
*Less Overhead Per Funeral _____			Source of Call _____	
Net Profit Apparent _____			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.





NAME OF DECEASED Richard William Lyon RESIDENCE Troy Kans (R.S.)  
 FUNERAL AT RESIDENCE  MORTUARY CHURCH DATE Jan 27-35 HOUR \_\_\_\_\_ CLERGYMAN Fitch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		15.00	Place of Death <u>Home of Archie Morris Troy (R.S.)</u>
Casket No. _____ Style _____			Date of Death <u>Jan 26-1935</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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____			Date of Birth <u>Jan 23 35</u> Age, Years _____ Months <u>4</u> Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>4 days</u>
			Birthplace—City or County <u>Troy</u> State or Country <u>Kans</u>
			Name of Father <u>Edmer Lyon</u>
			Birthplace of Father <u>Clay Center, Kans</u>
Total Cash Advances _____			Maiden Name of Mother <u>Louise Morris</u>
			Birthplace of Mother <u>Troy Mo.</u>
			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Burrell cemetery Troy Mo</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		4.55	
*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.

Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

FUNERAL *Eda Ann Hudson* CHARGE TO *Jake Hudson* ACCOUNT No. *270*  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ SERIAL No. *230*  
 PHONE \_\_\_\_\_ DATE *Feb 5-1935* ANNUAL No. *230*

DESCRIPTION OF SERVICE	AMOUNT	DATE	CREDITS
Casket and Services	235 <sup>00</sup>	April 18-1935	
Embalming		By note and Mortgage	322 <sup>95</sup>
Outer Case or Vault <i>vault</i>	75 <sup>00</sup>	Sept 14-36	By interest 36 <sup>61</sup>
Washing and Dressing			
Shaving			
Slumber Robe			
Suit or Dress <i>+ clothing</i>	12 <sup>95</sup>		
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 <sup>95</sup>		322 <sup>95</sup>

On 12.95  
 Dress Paid by Hel  
 4-17-39

This account is mortgage  
 take care of by a mortgage  
 see Note + Mortgage  
 see note and mortgage

NAME OF DECEASED Ada Ann Hudson RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Troy Christian DATE Feb. 5-35 HOUR 2 P.M. (CLERGYMAN) Halowell  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>her home Troy Kans</u>
Casket No. <u>807</u> Style <u>state hall couch</u>			Date of Death	<u>Feb. 3-1935</u>
Interior <u>Cv. velv.</u> Covering <u>gray flannel</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	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child
Vault			Date of Birth	<u>Dec 19-1861</u> Age, Years <u>73</u> Months <u>10</u> Days <u>14</u>
Embalming			Occupation	<u>housewife</u>
Clothing			How Long at Place of Death	<u>16 years</u>
			Birthplace—City or County	<u>New Port</u> State or Country <u>va</u>
			Name of Father	<u>James Turpin</u>
			Birthplace of Father	<u>va.</u>
Total Cash Advances			Maiden Name of Mother	<u>Julia Starless</u>
			Birthplace of Mother	<u>New Port va</u>
			Signed	<u>A. E. Cordover</u> M.D. _____ Coroner
			Address	<u>Troy Kas</u> Date _____
			Interment at	<u>Mt Olive Troy</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>757.55</u>		
*Less Overhead Per Funeral				
Net Profit Apparent			Source of Call	

REMARKS:

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

COPIED  
 FEB 12 1935

FUNERAL OF *James Thomas Scott* CHARGE TO

ACCOUNT No. *134*

PAYMENT GUARANTEED BY

ADDRESS

SERIAL No. *271*

PHONE

DATE *Feb. 7-1935* ANNUAL No.

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
<del>Casket</del> and Services <i>ship in service</i>	<i>25 00</i>	<i>2-4-35</i>	<i>By ch.</i>	<i>25 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>25 00</i>			<i>25 00</i>

NAME OF DECEASED Scott James Thomas RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Woz Christian DATE Feb 7 1935 HOUR 2 P.M. CLERGYMAN Rev. Finely  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Ventura, California</u>
Casket No. _____ Style _____			Date of Death <u>Jan 29 - 1935</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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>April 19 1855</u> Age, Years <u>79</u> Months <u>9</u> Days <u>10</u>
Embalming _____			Occupation <u>farmer</u>
Clothing _____			How Long at Place of Death <u>3 mos 9 ds.</u>
			Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
			Name of Father <u>Jarvis Scott</u>
			Birthplace of Father <u>Illinois</u>
			Maiden Name of Mother <u>Josephine Shaw</u>
			Birthplace of Mother <u>Ohio</u>
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Mt 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			Insured in _____ Amount _____
*Less Overhead Per Funeral		<u>MS 35</u>	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 *Gunning Matthew H.* CHARGE TO *Mrs Zola Gunning* ACCOUNT No. *135*  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS *Troy Kansas* SERIAL No. *272*  
 PHONE \_\_\_\_\_ DATE *Feb 17-1935* ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	TRIO SLUIT CALL DEPT 8070	V	CREDITS
Casket and Services	<i>275.00</i>	<i>2-17-35</i>	<i>By cash</i>		<i>10.00</i>
Embalming		<i>4-1-35</i>	<i>By check</i>		<i>200.00</i>
Outer Case or Vault <i>Mausoleum</i>	<i>195.00</i>	<i>5-6-35</i>	<i>By check</i>		<i>116.75</i>
Washing and Dressing		<i>5-9-35</i>	<i>By adv. treasury ch.</i>		<i>100.00</i>
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing <i>shirt, unders, tie, etc</i>	<i>3.75</i>				
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of _____ doz. Chairs					
Flowers	<i>3.50</i>				
Clergyman					
Singers					
Casket Coach					
Use of _____ Funeral Cars					
Use of Flower Cars					
Professional Supervision <i>Statement rendered</i>					
To FUNERAL COMPLETE	<i>476.75</i>				<i>426.75</i>

NAME OF DECEASED Mathew W. Gummig RESIDENCE Troy Kansas (R.F.D)  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Troy M.E. DATE Feb. 17-1935 HOUR 7 P.M. CLERGYMAN Rev. French.  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. 803 Style single panel steel per shrine

Interior cash Covering \_\_\_\_\_

Manufacturer RT

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault mausoleum \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

DEBITS	
	195.00

Total Cash Advances \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral 700 <sup>55</sup>

\*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.

Place of Death Mo. Meth. Hosp. St Joseph Mo.

Date of Death Feb. 15-1935

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

Duration \_\_\_\_\_ Autopsy \_\_\_\_\_

Sex M. Color or Race W

Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_

Date of Birth Mch 10-1892 Age, Years 42 Months 11 Days 5

Occupation farmer

How Long at Place of Death 8 days

Birthplace—City or County Mathew State or Country Kansas

Name of Father W.M. Gummig

Birthplace of Father Kansas

Maiden Name of Mother Frederica Hartman

Birthplace of Mother Mathew Kansas

Signed Paul Forgrave M.D. \_\_\_\_\_ Coroner \_\_\_\_\_

Address St Joseph Mo. Date 2-15-35

Interment at St Paul Cemetery Troy K.

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

Shipped to \_\_\_\_\_ Arrived from \_\_\_\_\_

Via \_\_\_\_\_ B.R. Date \_\_\_\_\_

In Charge of Louis B. Mendeney Post War Legion

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_



FUNERAL OF Wanda Simpson CHARGE TO Jas. O Simpson ACCOUNT No. 136  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS Sparks Kansas SERIAL No. 573  
 PHONE \_\_\_\_\_ DATE Feb 73-1935 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT			DATE	REMARKS	V	CREDITS	
Casket and Services	45.00			4-8-35	By Check		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	5.00							
Clergyman								
Singers								
Casket Coach								
Use of _____ Funeral Cars								
Use of Flower Cars								
Professional Supervision								
_____								
_____								
_____								
To FUNERAL COMPLETE	50.00						50	00

NAME OF DECEASED Wanda Simpson RESIDENCE Sparks, Kansas  
 FUNERAL AT Sparks RESIDENCE Sparks MORTUARY Christian CHURCH Christian DATE Feb. 23-1935 HOUR 7<sup>30</sup> PM CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		45.00	Place of Death	<u>Mo. Meth. Hous. St Joseph Mo.</u>
Casket No. _____ Style _____			Date of Death	<u>Feb. 21-1935</u>
Interior _____ Covering _____			Cause of Death	<u>Branch Pneumonia</u>
Manufacturer _____	DEBITS		Duration _____	Autopsy _____
Total Net Cost of Casket _____			Sex <u>F</u>	Color or Race <u>W</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>	
Vault _____			Date of Birth <u>Oct 2-1933</u>	Age, Years <u>1</u> Months <u>4</u> Days <u>19</u>
Embalming _____			Occupation _____	
Clothing _____			How Long at Place of Death <u>2 days</u>	
			Birthplace—City or County <u>Sparks</u>	State or Country <u>Kansas</u>
			Name of Father <u>Jasper P. Simpson</u>	
			Birthplace of Father <u>Sparks, Kan</u>	
Total Cash Advances _____			Maiden Name of Mother <u>Bertha Gray</u>	
			Birthplace of Mother <u>Sparks, Kan</u>	
			Signed <u>D. Moore</u> M.D.	Coroner
			Address <u>St Joseph Mo</u>	Date <u>2-21-35</u>
			Interment at <u>Local cemetery Sparks, Kan</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		53	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 *Connett Clara Gertrude* CHARGE TO *Douphan C.* ACCOUNT No. *137*  
 PAYMENT GUARANTEED BY *Mrs M. Nutt* ADDRESS *Troy Ramon* SERIAL No. *274*  
 PHONE \_\_\_\_\_ DATE \_\_\_\_\_ ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	<i>50<sup>00</sup></i>	<i>3-7-35</i>	<i>Cash Dow. Co.</i>	<i>50<sup>00</sup></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>50.00</i>			<i>50<sup>00</sup></i>

NAME OF DECEASED Para Gertrude Connett RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE Feb 28-35 HOUR 7 P.M. CLERGYMAN Rev. Finch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		50 <sup>00</sup>	Place of Death	<u>her home Troy Kansas</u>
Casket No. <u>199</u> Style <u>light panel crepe</u>			Date of Death	<u>Feb. 27-1935</u>
Interior <u>with crepe</u> Covering <u>Crepe</u>			Cause of Death	<u>Mitral Stenosis contributory</u>
Manufacturer <u>Mo-Kan</u>	DEBITS		Duration	Autopsy <input checked="" type="checkbox"/>
Total Net Cost of Casket			Sex	<u>F</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>Jan. 6-1882</u> Age, Years <u>53</u> Months <u>1</u> Days <u>21</u>
Embalming			Occupation	<u>housewife</u>
Clothing			How Long at Place of Death	<u>4 years</u>
			Birthplace—City or County	State or Country
			Name of Father	<u>Franklin Bradley</u>
			Birthplace of Father	<u>Mo.</u>
			Maiden Name of Mother	<u>Jamie Moor</u>
			Birthplace of Mother	<u>Mo</u>
Total Cash Advances			Signed	<u>Berkovich</u> M.D. Coroner
			Address	<u>Troy Kansas</u> Date <u>2-28-35</u>
			Interment at	
			Lot or Grave No.	Section No.
			Shipped to	<u>Chenets Kansas</u>
			Arrived from	
			Via	R. R. Date
Total Net Cost of Funeral			In Charge of	<u>Tom Connett</u>
Gross Profit on Funeral		<u>72<sup>55</sup></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 CHARGE TO Louisa Newton ACCOUNT No. 138  
 PAYMENT GUARANTEED BY Mrs. Ora Hall ADDRESS Severance Kansas SERIAL No. 275  
 PHONE \_\_\_\_\_ DATE Mar 5-1935 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓	CREDITS
Casket and Services <i>Complete</i>	<i>95.00</i>	<i>2-6-35</i>	<i>By Clerk</i>		<i>95.00</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					
<b>To FUNERAL COMPLETE</b>	<i>95.00</i>				<i>95.00</i>

1927  
 G. ROSS CO., INDIANAPOLIS

NAME OF DECEASED Louisa Newton RESIDENCE Severance Kansas  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE Mar 5-1935 HOUR 1:30 PM CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	95.00	Place of Death <u>Home of Mrs. Hall Severance Ks.</u>
Casket No. <u>51</u> Style <u>left panel</u>		Date of Death <u>March 3-1935</u>
Interior <u>cr. silk</u> Covering <u>Blk. Crepe</u>		Cause of Death <u>Heart &amp; Endocarditis</u> Contributory _____
Manufacturer <u>Rex</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>March 30-1853</u> Age, Years <u>81</u> Months <u>11</u> Days <u>3</u>
Embalming		Occupation <u>housewife</u>
Clothing		How Long at Place of Death <u>54 years</u>
		Birthplace—City or County <u>Lawrence, Kansas</u> Country <u>near east of Mathene</u>
		Name of Father <u>Louisa Newton</u> <u>Foshee Garner</u>
		Birthplace of Father <u>Kentucky</u>
		Maiden Name of Mother <u>Sarah Nelson</u>
		Birthplace of Mother <u>Indiana</u>
Total Cash Advances		Signed <u>C. E. Waller</u> M.D. _____ Coroner
		Address <u>1207 W. 12th St.</u> Date <u>3-4-35</u>
		Interment at <u>Oak Hill Severance Ks.</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>d.m. 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 *Jennetta Atherton* CHARGE TO *Son. Co.*

ACCOUNT No. *139*

PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_

SERIAL No. *876*

PHONE \_\_\_\_\_ DATE *March 18-1935* ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	V	CREDITS
Casket and Services	<i>50.<sup>00</sup></i>	<i>3-18-35</i>	<i>by cash</i>	<i>15.<sup>00</sup></i>
Embalming		<i>4-20-35</i>	<i>Check Son. Co.</i>	<i>35.<sup>00</sup></i>
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				
<b>To FUNERAL COMPLETE</b>	<i>50.<sup>00</sup></i>			<i>50.<sup>00</sup></i>

*Filed 4-1-35*

RIGHT 1927  
BARNES-ROSS CO., INDIANAPOLIS

NAME OF DECEASED Janetta Atherton (ne Perry) Sparks Kansas RESIDENCE  
 FUNERAL AT Sparks Christian Church RESIDENCE MORTUARY CHURCH DATE March 18-35 HOUR 2:30 P.M. CLERGYMAN  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		<u>50-00</u>	Place of Death <u>her home Sparks Kans.</u>
Casket No. _____ Style _____			Date of Death <u>March 16 1935</u>
Interior _____ Covering _____			Cause of Death <u>Myocardial stenosis</u>
Manufacturer _____	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>Sept 19 1862</u> Age, Years <u>72</u> Months <u>5</u> Days <u>27</u>
Embalming			Occupation <u>home maker</u>
Clothing			How Long at Place of Death <u>9 years</u>
			Birthplace—City or County <u>Denver</u> State or Country <u>Missouri</u>
			Name of Father <u>Amos Birt</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>Elizabeth Whitehead</u>
			Birthplace of Mother <u>Ambsour</u>
			Signed <u>Ray Needham</u> Coroner
			Address <u>Highland</u> Date <u>3-18-1935</u>
			Interment at _____
			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>20.55</u>	
*Less Overhead Per Funeral			
Net Profit Apparent			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 *Samuel A Macomber* CHARGE TO  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_  
 PHONE \_\_\_\_\_

ACCOUNT No. *140*  
 SERIAL No. *277*  
 DATE *March 21-1935* ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	PAID BY	✓	CREDITS
Casket and Services	195 <sup>00</sup>	4-8-35	Cash Mrs Casey		311.50
Embalmng		5-10-35	By Ch. W.S. Hunt		100.00
Outer Case or Vault <i>Mausoleum</i>	195 <sup>00</sup>				
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress <i>suit</i>	15.00				
Other Articles of Clothing					
Transferring Body					
Door Badge <i>Statement rendered</i>					
Opening Grave <i>embalmng</i>	25.00				
Newspaper Notices <i>casket stand</i>	350.00				
Telegram and Telephone Calls <i>hears</i>	15.00				
Use of doz. Chairs <i>cloth</i>	15.00				
Flowers <i>flowers</i>	5.00				5.00 <sup>x</sup>
Clergyman <i>funeral notices</i>	1.50				
Singers					
Casket Coach					
Use of Funeral Cars					
Use of Flower Cars					
Professional Supervision <i>funeral notices</i>	1.50				1.50 <sup>x</sup>
<b>To FUNERAL COMPLETE</b>					<b>411.50</b>

NAME OF DECEASED Samuel W Macomber RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR 2:30 PM PASTOR Rev. Peterson  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>St. Joseph's Mass.</u>
Casket No. <u>843</u> Styl. <u>Octagon fringe panel</u>		Date of Death <u>March 18, 1935</u>
Interior <u>grey silk</u> Covering <u>steel or lead</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Mo Nam</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 <u>Nov. 11-1843</u> Age, Years <u>92</u> Months _____ Days <u>7</u>
Embalming _____		Occupation <u>farmer</u>
Clothing _____		How Long at Place of Death <u>67 years</u>
		Birthplace—City or County <u>New Bedford</u> State or Country <u>Mass</u>
		Name of Father <u>Alden Macomber</u>
		Birthplace of Father <u>Mass.</u>
		Maiden Name of Mother <u>Mary Pease</u>
		Birthplace of Mother <u>Mass</u>
Total Cash Advances _____		Signed <u>Berkowitz</u> M.D. _____ Coroner _____
		Address <u>Troy Kan</u> Date <u>3-18-35</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 _____		In Charge of _____
Gross Profit on Funeral _____		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 Eva Brandt CHARGE TO \_\_\_\_\_ ACCOUNT No. 278  
 PAYMENT GUARANTEED BY Jack Brandt ADDRESS Droy Kauras SERIAL No. 141  
 PHONE \_\_\_\_\_ DATE March 22 1935 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	✓	CREDITS
Casket and Services	350 <sup>00</sup>	Mar 29-35	By Check	466 <sup>45</sup>
Embalming				
Outer Case or Vault <u>casket</u>	90.00			
Washing and Dressing				
Shaving				
Slumber Robe				
Suit or Dress <u>dress</u>	14.95			
Other Articles of Clothing				
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of _____ doz. Chairs				
Flowers	10 <sup>00</sup>			
Clergyman				
Singers				
Casket Coach				
Use of _____ Funeral Cars				
Use of Flower Cars				
Professional Supervision <u>funeral notice (By Subject)</u>	1.50			
To FUNERAL COMPLETE	466 <sup>45</sup>			466 <sup>45</sup>

NAME OF DECEASED Eva Brandt RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Troy Baptist DATE March 22 1935 TIME 2 PM CLERGYMAN Rev. Carter  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>her home Troy Kansas</u>
Casket No. <u>775</u>	Style <u>Stat half coach</u>		Date of Death	<u>March 20 - 1935</u>
Interior <u>non water worn</u>	Covering <u>Pan Yucca</u>		Cause of Death	<u>Apoplexy</u> Contributory
Manufacturer <u>W.C. Rose</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 <u>National gold rubble</u>			Date of Birth	<u>Dec 29 1872</u> Age, Years <u>62</u> Months <u>2</u> Days <u>21</u>
Embalming			Occupation	<u>housewife</u>
Clothing			How Long at Place of Death	<u>14 years</u>
			Birthplace—City or County	<u>Hickory Point Mo</u>
			Name of Father	<u>Jimmie D. Dues</u>
			Birthplace of Father	<u>Tenn.</u>
Total Cash Advances			Maiden Name of Mother	<u>Cypeline Mathews</u>
			Birthplace of Mother	<u>Arkansas</u>
			Signed	<u>W.E. Cordomec</u> M.D. Coroner
			Address	<u>Troy Kansas</u> Date <u>3-21-35</u>
			Interment at	<u>Mt Olive Troy</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>0yd 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 *John W. Long* CHARGE TO *Paid* ACCOUNT No. *142*  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS \_\_\_\_\_ SERIAL No. *279*  
 \_\_\_\_\_ PHONE \_\_\_\_\_ DATE *March 31 - 1935* ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT	DATE	PAID BY (INITIALS)	V	CREDITS
Casket and Services	70.00	3-30-35	<i>By cash</i>		65.00
Embalming		4-9-35	<i>By cash</i>		5.00
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					
_____					
_____					
_____					
_____					
_____					
<b>To FUNERAL COMPLETE</b>	<b>70.00</b>				<b>70.00</b>

NAME OF DECEASED John Wm Long RESIDENCE Severance Kans  
 FUNERAL AT Severance MORTUARY Christian CHURCH Christian DATE March 31-3:55 P.M. HOUR 2 P.M. CLERGYMAN Wm Droubley  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		70 <sup>00</sup>	Place of Death	<u>Sisters Hosp. South Mo</u>
Casket No. _____ Style _____			Date of Death	<u>March 29-1935</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 <input checked="" type="checkbox"/>
Vault _____			Widowed _____	Divorced _____
Embalming _____			Child _____	
Clothing _____			Date of Birth <u>July 22-1888</u>	Age, Years <u>46</u> Months <u>8</u> Days <u>7</u>
			Occupation <u>Farmer</u>	
			How Long at Place of Death _____	
			Birthplace—City or County <u>Fanning</u>	State or Country <u>Kansas</u>
			Name of Father <u>James W. Long</u>	
			Birthplace of Father <u>Mason Illinois</u>	
			Maiden Name of Mother <u>Rachel Davies</u>	
			Birthplace of Mother <u>Fanning Kansas</u>	
Total Cash Advances _____			Signed <u>Paul Long</u> M.D.	Coroner
			Address <u>St Joseph Mo</u>	Date <u>3-30-35</u>
			Interment at _____	
			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>0d. 53</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 Wilbert L. Clark CHARGE TO Estate ACCOUNT No. 143  
 PAYMENT GUARANTEED BY \_\_\_\_\_ ADDRESS Troy Korman SERIAL No. 280  
 PHONE \_\_\_\_\_ DATE April 5 - 1935 ANNUAL No. \_\_\_\_\_

DESCRIPTION OF SERVICE	AMOUNT		DATE	✓	CREDITS	
Casket and Services	295	00	April 17 - 1935		By Ch. Neil Clark	501.75
Embalming						
Outer Case or Vault	195	00				
<u>Mausoleum</u>						
Washing and Dressing						
Shaving						
Slumber Robe						
Suit or Dress						
Other Articles of Clothing	1.75					
<u>shirt</u>						
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						
<b>To FUNERAL COMPLETE</b>	501	75				501.75

NAME OF DECEASED Wilbert L. Clark RESIDENCE Troy Kansas  
 FUNERAL AT Troy M. E. Church RESIDENCE Troy M. E. Church MORTUARY Troy M. E. Church CHURCH Troy M. E. Church DATE April 5-1935 HOUR 2 PM CLERGYMAN Rev. Finich  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>his home Troy Kansas</u>
Casket No. <u>817</u> Style <u>Stately couch</u>		Date of Death <u>April 1-1935</u>
Interior <u>gr. Barguetts</u> Covering <u>Plat. Calumet</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Ry</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 <u>mausoleum</u>		Date of Birth <u>April 20-1863</u> Age, Years <u>71</u> Months <u>11</u> Days <u>19</u>
Embalming		Occupation _____
Clothing		How Long at Place of Death <u>4 1/2 yrs</u>
		Birthplace—City or County <u>Spring Valley</u> State or Country <u>Iowa</u>
		Name of Father <u>Jas. J. Clark</u>
		Birthplace of Father <u>East Liverpool Ohio</u>
		Maiden Name of Mother <u>M. E. Larson</u>
		Birthplace of Mother <u>Warren County Ohio</u>
Total Cash Advances		Signed <u>W. Nichols, Del.</u> Coroner
		Address <u>Troy, Kan.</u> Date _____
		Interment at <u>Mt. 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 <u>472.55</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 *Betty Ann Davis*

CHARGE TO *Don. Co.*

ACCOUNT No. *144*

PAYMENT GUARANTEED BY

ADDRESS

SERIAL No.

*Ordered by Mrs Battiger*

PHONE

DATE *April 24 - 1935*

ANNUAL No. *281*

DESCRIPTION OF SERVICE	AMOUNT	DATE	PAID BY	✓	CREDITS
Casket and Services	<i>10.00</i>	<i>May 10-35</i>	<i>By cash Don. Co.</i>		<i>10.00</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					
<i>Filed May 2-35</i>					
To FUNERAL COMPLETE	<i>10.00</i>				<i>10.00</i>

NAME OF DECEASED Betty Ann Davis RESIDENCE Sparky Kam  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Cemetery DATE HOOR 3:30 PM CLERGYMAN —  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		<u>10 00</u>	Place of Death	<u>Sisters Hosp Springfield Mo</u>
Casket No. <u>50</u> Style <u>richets Tomb.</u>			Date of Death	<u>April 21 - 1935</u>
Interior _____	Covering _____		Cause of Death	Contributory _____
Manufacturer _____			Duration _____	Autopsy <u>at Hospital</u>
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>W</u>	
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child _____	
Vault _____			Date of Birth <u>April 21 - 1935</u> Age, Years _____ Months _____ Days <u>1 hr</u>	
Embalming _____			Occupation _____	
Clothing _____			How Long at Place of Death _____	
			Birthplace—City or County <u>Sisters Hosp Springfield Mo</u> State or County _____	
			Name of Father <u>Frank Davis</u>	
			Birthplace of Father <u>Forbes Mo</u>	
			Maiden Name of Mother <u>Pearl Collins</u>	
			Birthplace of Mother <u>Sparky Kam</u>	
			Signed <u>L. L. Haldow</u> M.D. _____ Coroner _____	
Total Cash Advances _____			Address <u>Springfield Mo</u> Date _____	
			Interment at <u>Local Point 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		<u>0 57</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.