

Funeral of Kennedy John B. Charge to \_\_\_\_\_ Account No. 198  
 Ordered by \_\_\_\_\_ Guaranteed by Mrs. Hattie Kennedy Serial No. 330  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church M.E. Date 4-21-36 Hour Three (3) P.M. Annual No. \_\_\_\_\_  
 Clergyman Rev. Finch Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
 Singers  
 Insurance Policies

| Date | Description of Service             | Amount | Date         | ✓ | Credits |
|------|------------------------------------|--------|--------------|---|---------|
|      | Casket and Services.....           | 200.00 | June 23-1936 |   |         |
|      | 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>with Hattie Kennedy</i>         |        |              |   |         |
|      | <i>on June 10-1936</i>             |        |              |   |         |
|      | To Funeral Complete                | 200.00 |              |   | 200.00  |

NAME OF DECEASED John B. Kennedy RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Troy Mch DATE April 24 1936 HOUR 3 PM CLERGYMAN Rev. Finick  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST                             |        | CREDITS | PERSONAL AND STATISTICAL           |  |
|--|--------|---------|------------------------------------|--|
| Charge for Complete Funeral                              |        | 200.00  | Place of Death                     | <u>his home Troy Kansas</u>                          |
| Casket No. <u>890</u> Styl. <u>large panel stand</u>     |        |         | Date of Death                      | <u>April 18-1936</u>                                 |
| Interior <u>grey silk</u> Covering <u>silver brocade</u> |        |         | Cause of Death                     | Contributory _____                                   |
| Manufacturer <u>Berk</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"/>          |
| Vault  |        |         | Widowed _____                      | Divorced _____                                       |
| Embalming  |        |         | Child _____                        |  |
| Clothing   |        |         | Date of Birth <u>April 29-1873</u> | Age, Years <u>62</u> Months <u>11</u> Days <u>19</u> |
|  |        |         | Occupation                         | <u>Archardist</u>                                    |
|  |        |         | How Long at Place of Death         | <u>life (entire)</u>                                 |
|  |        |         | Birthplace—City or County          | <u>Troy</u> State or Country <u>Kansas</u>           |
|  |        |         | Name of Father                     | <u>John Butler Kennedy</u>                           |
|  |        |         | Birthplace of Father               | <u>Watertown N.Y.</u>                                |
| Total Cash Advances                                      |        |         | Maiden Name of Mother              | <u>Eliza Breckinridge</u>                            |
|  |        |         | Birthplace of Mother               | <u>Missouri</u>                                      |
|  |        |         | Signed <u>D. Hall</u> M.D.         | Coroner  |
|  |        |         | Address <u>Troy Kan</u>            | Date _____   |
|  |        |         | Interment at                       | <u>St. Charles Troy-Kan</u>                          |
|  |        |         | Lot or Grave No.                   | Section No.  |
|  |        |         | Shipped to                         |  |
|  |        |         | Arrived from                       |  |
|  |        |         | Via                                | R. R. Date   |
| Total Net Cost of Funeral                                |        |         | In Charge of                       |  |
| Gross Profit on Funeral                                  |        | 100.55  | 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.





Charge to Allen D. Bull Account No. \_\_\_\_\_  
 Guaranteed by see note agreement Serial No. 332  
 Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Moxy Date May 1936 Hour 2:30 P.M. Annual No. \_\_\_\_\_  
 Clergyman Rev. Gaston Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers 5:00  
2:00  
Pa  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

| Date                | Description of Service                    | Amount | Date    | ✓ | Credits |
|---------------------|---|--------|---------|---|---------|
|                     | Casket and Services                       | 135.00 | 5-17-36 |   |         |
|                     | Embalming                                 |        | 6-20-36 |   | 5.00    |
|                     | Outer Case or Vault                       |        | 6-26-36 |   | 15.00   |
|                     | Washing and Dressing                      |        | 7-25-36 |   | 5.00    |
|                     | Shaving                                   |        | 8-19-36 |   | 15.00   |
|                     | Slumber Robe                              |        | 9-4-36  |   | 10.00   |
|                     | Suit or Dress <u>dress &amp; clothing</u> | 5.00   | 10-5-36 |   | 25.00   |
|                     | Other Articles of Clothing                |        |         |   | 10.00   |
|                     | 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 |   |        |         |   |         |

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# Karr Funeral Home

Troy, Kansas

Funeral of Mrs Bull

|                               |                   |
|-------------------------------|-------------------|
| Embalming                     |                   |
| Casket & service              | 135 <sup>00</sup> |
| Outside Box or Vault          |                   |
| Funeral Coach                 |                   |
| Personal Services             |                   |
| Dress or Suit                 | 4 <sup>50</sup>   |
| Underwear, Hose, & Etc.       | 1 <sup>50</sup>   |
| Flowers                       |                   |
| Grave Lining                  |                   |
| Auto Service                  |                   |
| Delivery Charges              |                   |
| Death Notices                 |                   |
| Telephone or Telegraph        |                   |
| Other Charges                 |                   |
| Total <u>140<sup>00</sup></u> |                   |

140  
85  
55

May 16-1936

Agreement

The Karr Funeral Home by its representative

E. F. Karr

Agrees to furnish funeral merchandise and service for the funeral of

Nevada Ann Bull

For the sum of \$ 140<sup>00</sup> Dollars

Signed: KARR FUNERAL HOME, E. F. Karr  
By

140<sup>00</sup> The amount of One hundred forty Dollars

being the funeral expense of Nevada Ann Bull

I, We, do hereby accept the same as correct and satisfactory, and do promise and guarantee payment of the same to The Karr Funeral Home or its representative as follows:

Signed: Oscar Cowley  
Virgil Courter  
Dalton Courter  
Allen Bull

## Children of Mrs Bull

- ~~Mrs Nannie J. Brown~~ ----- Whitecloud Kansas dead
- Mrs Josephene Etters ----- Trenton Mo.
- Mrs Gertie Jerrell ----- Pittsburg Kans
- Mrs Ruth Glazebrook-608 E. ----- Jefferson Pittsburg Kans
- Virgil Courter ----- Pittsburg, Kans 1017 E. 14th
- Virgil Courter ----- Polo, Mo.
- Oscar Courter ----- Lawson, Mo.

Mrs Bertie Jerrell - 608 E Jefferson  
Pittsburg Kans - husband Jack Jerrell

Mr Viler Courter Pittsburg Ks  
works on steam shovel

Virgil Courter Polk Mo day laborer  
Oscar Courter Lawson Mo Farmer.

Allen Bull

Son lives Nichols Iowa.





NAME OF DECEASED Sarah Ellen Hargis RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE June 16 1936 HOUR 2.30 CLERGYMAN Rev. Elliot  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST                         | CREDITS       |
|--|---------------|
| Charge for Complete Funeral                          |               |
| Casket No. <u>333</u> Style <u>Cotman half Couch</u> |               |
| Interior <u>#3</u> Covering <u>silver cloth gasp</u> |               |
| Manufacturer <u>Balmain</u> <u>Ref</u>               |               |
| Total Net Cost of Casket <u>silver</u>               |               |
| Outer Case   |               |
| Vault  |               |
| Embalming  |               |
| Clothing <u>dress + hose 6.50</u>                    |               |
| Total Cash Advances                                  |               |
| Total Net Cost of Funeral                            |               |
| Gross Profit on Funeral                              | <u>MAS 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 Home of Mrs Robert Syer Bendena 16  
 Date of Death June 13 1936  
 Cause of Death Apoplexy Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F. Color or Race W.  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth June 1 1858 Age, Years 78 Months \_\_\_\_\_ Days 12  
 Occupation housewife  
 How Long at Place of Death Born near Troy  
 Birthplace—City or County Troy State or Country Kansas  
 Name of Father Thomas Kirby  
 Birthplace of Father England  
 Maiden Name of Mother Elizabeth Hill  
 Birthplace of Mother England  
 Signed A. E. Cordonier M.D. Coroner  
 Address Troy - Kansas Date 6-15-36  
 Interment at W. Blue cemetery Troy  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

Funeral of Gray Ripley M. (Dad) Charge to Donnigan County Account No. 191  
 Ordered by F. W. Kottach Guaranteed by F. W. Kottach Serial No. 334  
 Funeral at Residence  Mortuary  Church  Date June 24, 1936 Hour 10 A.M. Annual No. \_\_\_\_\_  
 Clergyman Rev. Funch Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
 Singers  
 Insurance Policies

| Date | Description of Service             | Amount | Date    | V | Credits |
|------|------------------------------------|--------|---------|---|---------|
|      | Casket and Services.....           | 50 00  | 7-11-36 |   | 50 00   |
|      | Embalming.....                     |        |         |   |         |
|      | Outer Case or Vault.....           |        |         |   |         |
|      | Washing and Dressing.....          |        |         |   |         |
|      | Shaving.....                       |        |         |   |         |
|      | Slumber Robe.....                  |        |         |   |         |
|      | Suit or Dress.....                 |        |         |   |         |
|      | Other Articles of Clothing.....    |        |         |   |         |
|      | Transferring Body.....             |        |         |   |         |
|      | Door Badge.....                    |        |         |   |         |
|      | Opening Grave.....                 |        |         |   |         |
|      | Newspaper Notices.....             |        |         |   |         |
|      | Telegrams and Telephone Calls..... |        |         |   |         |
|      | Use of..... doz. Chairs.....       |        |         |   |         |
|      | Flowers.....                       |        |         |   |         |
|      | Clergyman.....                     |        |         |   |         |
|      | Singers.....                       |        |         |   |         |
|      | Casket Coach.....                  |        |         |   |         |
|      | Use of..... Funeral Cars.....      |        |         |   |         |
|      | Use of Flower Cars.....            |        |         |   |         |
|      | Professional Supervision.....      |        |         |   |         |
|      | <u>Filed 1-25-36</u>               |        |         |   |         |
|      | To Funeral Complete                | 50 00  |         |   | 50 00   |

NAME OF DECEASED Ripley Montross (Dad) Gray RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE June 24 1936 HOUR 10 A.M. CLERGYMAN Finish  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST                      | CREDITS           |
|---|-------------------|
| Charge for Complete Funeral                       | 50. <sup>00</sup> |
| Casket No. <u>100</u> Style <u>left panel</u>     |                   |
| Interior <u>Panel</u> Covering <u>Steel crepe</u> |                   |
| Manufacturer <u>Ret</u>                           |                   |
| Total Net Cost of Casket                          |                   |
| Outer Case  |                   |
| Vault   |                   |
| Embalming   |                   |
| Clothing  |                   |
| Total Cash Advances                               |                   |
| Total Net Cost of Funeral                         |                   |
| Gross Profit on Funeral                           | 75. <sup>85</sup> |
| *Less Overhead Per Funeral                        |                   |
| Net Profit Apparent                               |                   |

PERSONAL AND STATISTICAL

Place of Death W.D. Mc Clelland home N. of Troy  
 Date of Death June 22 1936  
 Cause of Death Carcinoma of Colon Contributory  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M. Color or Race W.  
 Single  Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Nov. 5 1847 Age, Years 88 Months 7 Days 17  
 Occupation printer  
 How Long at Place of Death 45 yrs.  
 Birthplace—City or County \_\_\_\_\_ State or Country Ohio  
 Name of Father Unknown  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birthplace of Mother \_\_\_\_\_  
 Signed Berkowitz M.D. \_\_\_\_\_ Coroner  
 Address Troy Mo. Date 6-24-36  
 Interment at McClure Troy  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

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 Christine Martin RESIDENCE Troy - Kan  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE June 24-1936 HOUR 2:30 PM CLERGYMAN Rev. M. C. Green  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST                          |        | CREDITS | PERSONAL AND STATISTICAL   |   |
|---|--------|---------|----------------------------|---|
| Charge for Complete Funeral                           |        | 150.00  | Place of Death             | <u>her home Troy - Kansas</u>   |
| Casket No. <u>234</u> Style <u>large panel</u>        |        |         | Date of Death              | <u>June 22-1936</u>   |
| Interior <u>emb. web</u> Covering <u>gray Brocade</u> |        |         | Cause of Death             |   |
| Manufacturer <u>Rx</u>                                | DEBITS |         | Contributory               |   |
| Total Net Cost of Casket                              |        |         | Duration                   |   |
| Outer Case  |        |         | Autopsy                    |   |
| Vault   |        |         | Sex                        | <u>F</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>Mch. 10-1884</u> Age, Years <u>52</u> Months <u>3</u> Days <u>17</u> |
|   |        |         | Occupation                 | <u>housewife &amp; school teacher</u>                                   |
|   |        |         | How Long at Place of Death | <u>life</u>   |
|   |        |         | Birthplace—City or County  |   |
|   |        |         | State or Country           |   |
|   |        |         | Name of Father             | <u>Henry Edwards</u>  |
|   |        |         | Birthplace of Father       | <u>unknown</u>  |
|   |        |         | Maiden Name of Mother      | <u>Melvina Cox</u>  |
|   |        |         | Birthplace of Mother       | <u>unknown</u>  |
|   |        |         | Signed                     |   |
|   |        |         | M.D.                       |   |
|   |        |         | Coroner                    |   |
|   |        |         | Address                    |   |
|   |        |         | Date                       |   |
|   |        |         | Interment at               | <u>Mt. Olive Troy - Mo.</u>   |
|   |        |         | Lot or Grave No.           |   |
|   |        |         | Section No.                |   |
|   |        |         | Shipped to                 |   |
|   |        |         | Arrived from               |   |
|   |        |         | Via                        |   |
|   |        |         | R. R.                      |   |
|   |        |         | Date                       |   |
|   |        |         | In Charge of               |   |
|   |        |         |                            |   |
|   |        |         | Source of Call             |   |
|   |        |         |                            |   |
|   |        |         | Insured in                 | Amount  |
|   |        |         | Beneficiary                |   |
|   |        |         |                            |   |
|   |        |         |                            |   |

REMARKS:

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

# Karr Funeral Home

Troy, Kansas

June 24 - 1936

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

|  |       |    |
|--|-------|----|
| <input checked="" type="checkbox"/> Embalming                  |       |    |
| <input checked="" type="checkbox"/> Casket <i>and services</i> | \$150 | 00 |
| <input checked="" type="checkbox"/> Outside Box or Vault       |       |    |
| <input checked="" type="checkbox"/> Funeral Coach              |       |    |
| <input checked="" type="checkbox"/> Personal Services          |       |    |
| Dress or Suit  |       |    |
| Underwear, Hose, & Etc.  |       |    |
| Flowers  |       |    |
| <input checked="" type="checkbox"/> Grave Lining               |       |    |
| <input checked="" type="checkbox"/> Auto Service               |       |    |
| <input checked="" type="checkbox"/> Delivery Charges           |       |    |
| Death Notices  |       |    |
| Telephone or Telegraph   |       |    |
| Other Charges  |       |    |
|  |       | 00 |

Total \$150

Agreement June 24-1936  
The Karr Funeral Home by its representative

*E. F. Karr*

Agrees to furnish funeral merchandise and service for the funeral of

*Christine (Mrs Perry) Martin*

For the sum of \$ 150 *One hundred fifty* Dollars

Signed: KARR FUNERAL HOME,  
By *E. F. Karr*

\$ 150 *One hundred fifty* Dollars  
The amount of

being the funeral expense of *Christine (Mrs Perry) Martin*

I, We, do hereby accept the same as correct and satisfactory, and do promise and guarantee payment of the same to The Karr Funeral Home or its representative as follows:

*Indemnity with interest from date at 7%*

Signed: *Perry D. Martin*  
*Bernard B. Martin*  
*Mona Daroutte*  
*Christine Gerardy*

9  
 113P  
 120.00

ENDORSEMENTS

| INTEREST   | DATE | PRINCIPAL | BY                |
|------------|------|-----------|-------------------|
| \$ 6.25    | 1936 | \$ 45     | Perry Martin      |
| \$ 6.27    | 1936 | \$ 5      | "                 |
| \$ 11-6-39 | 19   | \$ 10     | "                 |
| \$ 6-7-40  | 19   | \$ 30     | Christian Herardy |
| \$         | 19   | \$        |                   |
| \$         | 19   | \$        |                   |

Total

ENDORSEMENTS

Functional items by the representative

merchandise and receive for the amount of

Christian Herardy

Signed: Perry Martin

Christian Herardy



Funeral of *Macomber Eva Ethel* charge to *Harry Macomber* Account No. *192*  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. *336*  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date *July 23<sup>rd</sup>* Hour *9.30 A.M.* Annual No. \_\_\_\_\_  
 Clergyman *Rev. Eduw. Schmitz* Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

| Date | Description of Service                 | Amount | Date    | ✓ | Credits |
|------|--|--------|---------|---|---------|
|      | ✓ Casket and Services                  | 185.00 | 7-6-36  | ✓ | 150.00  |
|      | ✓ Embalming <i>at Anatomie</i>         | 35.00  | 12-4-36 | ✓ | 250.00  |
|      | ✓ Outer Case or Vault <i>Mausoleum</i> | 195.00 | 12-4-36 | ✓ | 2895    |
|      | ✓ Washing and Dressing                 |        |         |   |         |
|      | Shaving                                |        |         |   |         |
|      | Slumber Robe                           |        |         |   |         |
|      | ✓ Suit or Dress <i>7 on wear</i>       | 7.95   |         |   |         |
|      | Other Articles of Clothing             |        |         |   |         |
|      | Transferring Body                      |        |         |   |         |
|      | Door Badge                             |        |         |   |         |
|      | Opening Grave                          |        |         |   |         |
|      | Newspaper Notices                      |        |         |   |         |
|      | Telegrams and Telephone Calls          |        |         |   |         |
|      | Use of _____ doz. Chairs               |        |         |   |         |
|      | Flowers                                | 6.00   |         |   |         |
|      | Clergyman                              |        |         |   |         |
|      | Singers                                |        |         |   |         |
|      | Casket Coach                           |        |         |   |         |
|      | Use of _____ Funeral Cars              |        |         |   |         |
|      | Use of Flower Cars                     |        |         |   |         |
|      | Professional Supervision               |        |         |   |         |
|      | <i>Dress pd. Dec 24-36</i>             |        |         |   |         |
|      | <i>ch. no 2537 - 7my Stab.</i>         |        |         |   |         |
|      | To Funeral Complete                    | 428.95 |         |   | 428.95  |

NAME OF DECEASED *Eva Ethel Macomber* RESIDENCE *Troy Kans*  
 FUNERAL AT RESIDENCE MORTUARY CHURCH *Catholic* DATE *July 2 1936* HOUR *9:30 AM* CLERGYMAN *Rev. Edw Schmitt*  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST                    |        | CREDITS | PERSONAL AND STATISTICAL   |
|---|--------|---------|--|
| Charge for Complete Funeral                     |        |         | Place of Death <i>Osawatomie Kansas</i>  |
| Casket No. <i>1890</i> Style <i>half couch</i>  |        |         | Date of Death <i>June 30 - 1936</i>  |
| Interior <i>gray silk</i> Covering <i>plush</i> |        |         | Cause of Death <i>Cerebral Arteriosclerosis</i>  |
| Manufacturer <i>Berk</i>                        | DEBITS |         | Duration _____ Autopsy _____   |
| Total Net Cost of Casket                        |        |         | Sex <i>F</i> Color or Race <i>W</i>  |
| Outer Case                                      |        |         | Single _____ Married <i>X</i> Widowed _____ Divorced _____ Child _____                 |
| Vault <i>Mausoleum</i>                          |        |         | Date of Birth <i>Nov. 6 - 1870</i> Age, Years <i>65</i> Months <i>7</i> Days <i>23</i> |
| Embalming                                       |        |         | Occupation <i>housewife</i>  |
| Clothing  |        |         | How Long at Place of Death <i>four months</i>  |
|   |        |         | Birthplace—City or County <i>Troy</i> State or Country <i>Kansas</i>                   |
|   |        |         | Name of Father <i>John F. Kotich</i>   |
|   |        |         | Birthplace of Father <i>Germany</i>  |
|   |        |         | Maiden Name of Mother <i>Mary Neuman</i>   |
|   |        |         | Birthplace of Mother <i>England</i>  |
| Total Cash Advances                             |        |         | Signed _____ M.D. _____ Coroner _____  |
|   |        |         | Address _____ Date _____   |
|   |        |         | Interment at <i>St. Anne Troy Kans</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>55</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 of Swiggett Charles W. Charge to Mrs Mary Swiggett Account No. \_\_\_\_\_  
 Ordered by \_\_\_\_\_ Guaranteed by Mrs + Mrs W. D. Briggs Serial No. 337  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date July 3-36 Hour 10 A M Annual No. 234  
 Clergyman Rev. Finch Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
 Singers  
 Insurance Policies

| Date                | Description of Service         | Amount | Date    | ✓             | Credits |
|---------------------|--------------------------------|--------|---------|---------------|---------|
|                     | Casket and Services            | 100 00 | 8-4-36  | By Mary Order | 5 00    |
|                     | Embalming                      |        | 9-3-36  | P.O. Order    | 5 00    |
|                     | Outer Case or Vault            |        | 10-5-36 | " " " "       | 5 00    |
|                     | Washing and Dressing           |        | 11-6-36 | " " " "       | 5 00    |
|                     | Shaving                        |        | 12-8-36 | " " " "       | 5 00    |
|                     | Slumber Robe                   |        | 1-5-37  | " " " "       | 5 00    |
|                     | Suit or Dress + other clothing | 15 00  | 2-3-37  | " " " "       | 5 00    |
|                     | Other Articles of Clothing     |        | 3-4-37  | " " " "       | 5 00    |
|                     | Transferring Body              |        | 4-3-37  | " " " "       | 5 00    |
|                     | Door Badge                     |        | 5-4-37  | " " " "       | 5 00    |
|                     | Opening Grave                  |        | 6-3-37  | " " " "       | 5 00    |
|                     | Newspaper Notices              |        | 7-3-37  | " " " "       | 5 00    |
|                     | Telegrams and Telephone Calls  |        | 8-2-37  | " " " "       | 5 00    |
|                     | Use of _____ doz. Chairs       |        | 9-2-37  | " " " "       | 5 00    |
|                     | Flowers                        |        | 10-2-37 | " " " "       | 5 00    |
|                     | Clergyman                      |        | 11-1-37 | " " " "       | 5 00    |
|                     | Singers                        |        | 12-5-37 | " " " "       | 5 00    |
|                     | Casket Coach                   |        | 1-3-38  | " " " "       | 5 00    |
|                     | Use of _____ Funeral Cars      |        | 2-2-38  | " " " "       | 5 00    |
|                     | Use of Flower Cars             |        | 3-2-38  | " " " "       | 5 00    |
|                     | Professional Supervision       |        | 4-2-38  | " " " "       | 5 00    |
|                     |                                |        | 5-30-38 | " " " "       | 5 00    |
|                     |                                |        | 6-1-38  | " " " "       | 5 00    |
| To Funeral Complete |                                | 115 00 |         |               | 115 00  |

NAME OF DECEASED Charles W. Swiggert RESIDENCE St Joseph Mo State Hosp #2  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE July 3-1936 HOUR 10 AM CLERGYMAN Finch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST                           |        | CREDITS           | PERSONAL AND STATISTICAL  |  |
|--|--------|-------------------|---|--|
| Charge for Complete Funeral                            |        | 115 <sup>00</sup> | Place of Death  | <u>State Hosp #2 St Joseph Mo</u>        |
| Casket No. <u>113</u> Style <u>square hinged panel</u> |        |                   | Date of Death   | <u>July 2-1936</u>                       |
| Interior <u>white</u> Covering <u>plain dark</u>       |        |                   | Cause of Death  | <u>Lobar Pneumonia</u>                   |
| Manufacturer <u>F.C. Riddle &amp; Bro.</u>             | DEBITS |                   | Duration  |  |
| Total Net Cost of Casket                               |        |                   | Autopsy   |  |
| Outer Case   |        |                   | Sex   | <u>M</u> Color or Race <u>W</u>          |
| Vault  |        |                   | Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____ |  |
| Embalming  |        |                   | Date of Birth <u>June 25-1873</u> Age, Years <u>63</u> Months _____ Days <u>7</u>                 |  |
| Clothing   |        |                   | Occupation  |  |
|  |        |                   | How Long at Place of Death  | <u>13 years</u>                          |
|  |        |                   | Birthplace—City or County   | <u>Forbes</u> State or Country <u>Mo</u> |
|  |        |                   | Name of Father  | <u>Nathan Swiggert</u>                   |
|  |        |                   | Birthplace of Father  | <u>Salem, Missouri</u>                   |
| Total Cash Advances                                    |        |                   | Maiden Name of Mother   | <u>Mary Simpson</u>                      |
|  |        |                   | Birthplace of Mother  | <u>Mahoning County Ohio</u>              |
|  |        |                   | Signed  | <u>By Finch</u> M.D. Coroner             |
|  |        |                   | Address   | <u>State Hosp #2 Dept 7-2-1936</u>       |
|  |        |                   | Interment at  | <u>St Anne Troop 15</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>P.O.D.S</u>    |   |  |
| *Less Overhead Per Funeral                             |        |                   |   |  |
| Net Profit Apparent                                    |        |                   | Source of Call  |  |
| REMARKS:   |        |                   | Insured in  | Amount                                   |
|  |        |                   | Beneficiary   |  |

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

Funeral of Baby Bowen Charge to Dorifham County Account No. 193  
 Ordered by \_\_\_\_\_ Guaranteed by F.M. Katsch Serial No. 337  
 Funeral at Denton Cemetery Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 7/16/36 hour 5 P.M. Annual No. \_\_\_\_\_  
 Clergyman Rev. Uggel Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_  
Deverance

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers

Singers

Insurance Policies

| Date                | Description of Service             | Amount | Date      | ✓ | Credits |
|---------------------|------------------------------------|--------|-----------|---|---------|
|                     | Casket and Services.....           | 10.00  | Aug 12.36 |   | 10.00   |
|                     | Embalsming.....                    |        |           |   |         |
|                     | 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 |                                    | 10 00  |           |   | 10.00   |

NAME OF DECEASED Baby of Arthur Bowen RESIDENCE Denton Kansas  
 FUNERAL AT Denton Cemetery RESIDENCE MORTUARY CHURCH Denton Cemetery DATE July 16/1936 HOUR 5 A.M. CLERGYMAN Rev. Vigor  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST        |        | CREDITS | PERSONAL AND STATISTICAL                      |  |
|-------------------------------------|--------|---------|---|--|
| Charge for Complete Funeral         |        | 17 50   | Place of Death                                | <u>Sisters Hosp. St. Joseph Mo.</u>                                    |
| Casket No. _____ Style _____        |        |         | Date of Death                                 | <u>July 15 - 1936</u>  |
| Interior _____ Covering _____       |        |         | Cause of Death                                | <u>Stillborn</u> Contributory _____                                    |
| Manufacturer _____                  | DEBITS |         | Duration _____                                | Autopsy _____  |
| Total Net Cost of Casket _____      |        |         | Sex <u>M.</u>                                 | Color or Race <u>white</u>   |
| Outer Case _____                    |        |         | Single _____ Married _____                    | Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/> |
| Vault _____                         |        |         | Date of Birth <u>July 15-36</u>               | Age, Years <u>stillborn</u> Months _____ Days _____                    |
| Embalmg _____                       |        |         | Occupation _____                              |  |
| Clothing _____                      |        |         | How Long at Place of Death _____              |  |
|                                     |        |         | Birthplace—City or County _____               | State or Country _____   |
|                                     |        |         | Name of Father <u>Arthur Bowen</u>            |  |
|                                     |        |         | Birthplace of Father <u>Kansas</u>            |  |
| Total Cash Advances _____           |        |         | Maiden Name of Mother <u>Georgia Seal</u>     |  |
|                                     |        |         | Birthplace of Mother <u>Cynthiana Iowa</u>    |  |
|                                     |        |         | Signature <u>J. F. Chynoweth</u> M.D.         | Coroner  |
|                                     |        |         | Address <u>Kubpatruh bldg. St. Joseph Mo.</u> |  |
|                                     |        |         | Interment at <u>Denton 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>2 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 Lucy Smith Charge to Account No. 194  
 Ordered by Walter A Smith Guaranteed by (Father) Serial No. 339  
 Funeral at Gold Cemetery Sparks Mass Residence Sparks Mass Mortuary Sparks Mass Church Sparks Mass Date 7-18-36 Hour 11:00 Annual No.   
 Clergyman J. G. Gurnsey Lodge Affiliations  Body Shipped to or from

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

| Date | Description of Service  | Amount | Date    | V | Credits |
|------|---|--------|---------|---|---------|
|      | Casket and Services   | 150.00 | 7-18-36 |   |         |
|      | Embalming   |        |         |   | 31.50   |
|      | Outer Case or Vault   |        |         |   |         |
|      | Washing and Dressing  |        | 7-18-36 |   | 125.00  |
|      | Shaving   |        |         |   |         |
|      | Slumber Robe  |        |         |   |         |
|      | Suit or Dress <u>dress + on wear</u>                          | 6.50   |         |   |         |
|      | Other Articles of Clothing                                    |        |         |   |         |
|      | Transferring Body   |        |         |   |         |
|      | Door Badge  |        |         |   |         |
|      | Opening Grave   |        |         |   |         |
|      | Newspaper Notices   |        |         |   |         |
|      | Telegrams and Telephone Calls                                 |        |         |   |         |
|      | Use of _____ doz. Chairs                                      |        |         |   |         |
|      | Flowers   |        |         |   |         |
|      | Clergyman   |        |         |   |         |
|      | Singers   |        |         |   |         |
|      | Casket Coach  |        |         |   |         |
|      | Use of _____ Funeral Cars                                     |        |         |   |         |
|      | Use of Flower Cars  |        |         |   |         |
|      | Professional Supervision                                      |        |         |   |         |
|      | <u>Mrs B. has been paid for 4 sides of 1-3-13 at ch# 2474</u> |        |         |   |         |
|      | <u>Also account taken over + paid by Earl Cole</u>            |        |         |   |         |
|      | To Funeral Complete   | 156.50 |         |   | 156.50  |

NAME OF DECEASED Lucy Smith RESIDENCE Sparks Kaur on farm  
 FUNERAL AT Dola Cemetery RESIDENCE MORTUARY CHURCH DATE July 18-1936 HOUR 2:30 PM ALDERGYMAN Wm Quombly  
 SINGERS not a public funeral LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

Charge for Complete Funeral  
 Casket No. 734 Style hinge panel  
 Interior gray silk Covering Red Thru  
 Manufacture Ref Special EBITS  
 Total Net Cost of Casket  
 Outer Case  
 Vault  
 Embalming  
 Clothing dress 6.50

Place of Death Sunny Slope Hosp St Joseph M.  
 Date of Death July 16-1936  
 Cause of Death Pneumonia Contributory  
 Duration Autopsy  
 Sex F Color or Race W  
 Single Married Widowed Divorced Child   
 Date of Birth Oct 4-1922 Age, Years 13 Months 9 Days 5  
 Occupation child  
 How Long at Place of Death 7 days  
 Birthplace—City or County Swanwick State or Country Nebraska  
 Name of Father Walter Smith  
 Birthplace of Father Greenwell, Penn  
 Maiden Name of Mother Bessie Andersson  
 Birthplace of Mother Umevo, Kansas  
 Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Coroner  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 Interment at Dola Cemetery Sparks Kaur  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_

|                            |  |               |
|----------------------------|--|---------------|
| Total Cash Advances        |  |               |
| Total Net Cost of Funeral  |  |               |
| Gross Profit on Funeral    |  | <u>PN. ds</u> |
| *Less Overhead Per Funeral |  |               |
| Net Profit Apparent        |  |               |

REMARKS:

In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

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



Funeral of *Younglove Nancy E.* Charge to *Jess Mann* Account No. *195*  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. *340*  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date *July 20-36* Hour *2 P.M.* Annual No. \_\_\_\_\_  
 Clergyman *Sapp* Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

| Date | Description of Service             | Amount            | Date       | V | Credits           |
|------|------------------------------------|-------------------|------------|---|-------------------|
|      | Casket and Services.....           | 180 <sup>00</sup> | Aug 12-36  |   |                   |
|      | Embalming.....                     |                   |            |   |                   |
|      | Outer Case or Vault.....           |                   |            |   |                   |
|      | Washing and Dressing.....          |                   | Sept 1-36  |   | 100 <sup>00</sup> |
|      | Shaving.....                       |                   |            |   |                   |
|      | Slumber Robe.....                  |                   | Sept 24-36 |   | 10 <sup>00</sup>  |
|      | Suit or Dress.....                 |                   | Oct 1-36   |   | 10 <sup>00</sup>  |
|      | Other Articles of Clothing.....    |                   | Nov 11-36  |   | 5 <sup>00</sup>   |
|      | Transferring Body.....             |                   | 12-12-36   |   | 2 <sup>00</sup>   |
|      | Door Badge.....                    |                   | 1-12-37    |   | 5 <sup>00</sup>   |
|      | Opening Grave.....                 |                   | 1-21-37    |   | 2 <sup>00</sup>   |
|      | Newspaper Notices.....             |                   | 2-15-37    |   | 5 <sup>00</sup>   |
|      | Telegrams and Telephone Calls..... |                   | 3-4-37     |   | 2 <sup>00</sup>   |
|      | Use of _____ doz. Chairs.....      |                   | 3-4-37     |   | 28 <sup>00</sup>  |
|      | Flowers.....                       |                   |            |   |                   |
|      | Clergyman.....                     |                   |            |   |                   |
|      | Singers.....                       |                   |            |   |                   |
|      | Casket Coach.....                  |                   |            |   |                   |
|      | Use of _____ Funeral Cars.....     |                   |            |   |                   |
|      | Use of Flower Cars.....            |                   |            |   |                   |
|      | Professional Supervision.....      |                   |            |   |                   |
|      | To Funeral Complete                | 180 <sup>00</sup> |            |   | 180 <sup>00</sup> |

NAME OF DECEASED Nancy Elizabeth Youngblood RESIDENCE Home of Mrs. Chas. Kibler, St. Louis  
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE July 20-1936 HOUR 2 P.M. CLERGYMAN J. D. Sapp  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST                         |        | CREDITS | PERSONAL AND STATISTICAL  |
|--|--------|---------|---|
| Charge for Complete Funeral                          |        |         | Place of Death <u>Home of Mrs. Chas. Kibler, St. Louis</u>  |
| Casket No. <u>125</u> Style <u>half rough oak in</u> |        |         | Date of Death <u>July 18-1936</u>   |
| Interior <u>gray taffeta covering</u>                |        |         | Cause of Death <u>arterio sclerosis</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 <input checked="" type="checkbox"/> Divorced _____ Child _____ |
| Vault _____  |        |         | Date of Birth <u>Nov 30-1848</u> Age, Years <u>88</u> Months <u>3</u> Days <u>18</u>              |
| Embalming _____                                      |        |         | Occupation <u>housewife</u>   |
| Clothing _____                                       |        |         | How Long at Place of Death <u>6 years</u>   |
|  |        |         | Birthplace—City or County <u>Florissant</u> State or Country <u>Mo</u>                            |
|  |        |         | Name of Father <u>James J. Dine</u>   |
|  |        |         | Birthplace of Father <u>St. Louis, Mo</u>   |
| Total Cash Advances _____                            |        |         | Maiden Name of Mother <u>Mary Carr</u>  |
|  |        |         | Birthplace of Mother <u>St. Louis, Mo</u>   |
|  |        |         | Signed <u>C. E. Gordon</u> M.D. Coroner   |
|  |        |         | Address <u>Troy 14</u> Date <u>7-20-36</u>  |
|  |        |         | Interment at <u>St. Louis Troy 14</u>   |
|  |        |         | Lot or Grave No. _____ Section No. _____  |
|  |        |         | Shipped to _____  |
|  |        |         | Arrived from _____  |
|  |        |         | Via _____ R. R. Date _____  |
| Total Net Cost of Funeral _____                      |        |         | In Charge of _____  |
| Gross Profit on Funeral <u>MYN 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 Willet V. Kenney RESIDENCE Galt Missouri  
 FUNERAL AT Reservoir at Galt Missouri RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST  |        | CREDITS | PERSONAL AND STATISTICAL                   |  |
|---|--------|---------|--|--|
| Charge for Complete Funeral   |        |         | Place of Death                             | <u>R.S. Depot Troy - Kansas</u>                        |
| Casket No. _____ Style _____  |        |         | Date of Death                              | <u>July 30 - 1936</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 <input checked="" type="checkbox"/> | Married _____ Widowed _____ Divorced _____ Child _____ |
| Vault _____   |        |         | Date of Birth _____                        | Age, Years <u>22</u> Months _____ Days _____           |
| Embalming _____   |        |         | Occupation                                 | <u>farmer</u>  |
| Clothing _____  |        |         | How Long at Place of Death                 | <u>1/2 day</u>   |
|   |        |         | Birthplace—City or County                  | <u>Rome</u> State or Country <u>Iowa</u>               |
|   |        |         | Name of Father                             | <u>Clarence Kenney</u>                                 |
|   |        |         | Birthplace of Father                       | <u>Herry County Iowa</u>                               |
| Total Cash Advances _____   |        |         | Maiden Name of Mother                      | <u>Viola Pencil</u>                                    |
|   |        |         | Birthplace of Mother                       | <u>Rome Iowa</u>                                       |
|   |        |         | Signed                                     | <u>C.E. Maller</u> M.D. Coroner                        |
|   |        |         | Address                                    | <u>Troy Kan</u> Date <u>7-31-36</u>                    |
|   |        |         | Interment at                               | <u>Body removed to Galt Mo</u>                         |
|   |        |         | Lot or Grave No.                           | <u>R.K. Payne &amp; Son</u>                            |
|   |        |         | Shipped to                                 | <u>Galt Missouri</u>                                   |
|   |        |         | Arrived from                               |  |
|   |        |         | Via  | R. R. Date _____                                       |
|   |        |         | In Charge of                               |  |
| Total Net Cost of Funeral _____   |        |         | Source of Call                             |  |
| Gross Profit on Funeral <u>7d. 55</u>   |        |         | Insured in _____                           | Amount _____   |
| *Less Overhead Per Funeral _____  |        |         | Beneficiary _____                          |  |
| Net Profit: Apparent _____  |        |         |  |  |
| REMARKS: <u>Killed near R.S. Depot at Troy Kansas removed to Galt Mo. by R.K. Payne &amp; Co.</u> |        |         |  |  |

\* 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 Charles Edward Dalton RESIDENCE \_\_\_\_\_  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Progr Christian DATE Aug 13-1936 HOUR 2 P.M. CLERGYMAN S. M. Finch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_ F. E. Carter

| REVENUE ITEMS AND THEIR COST                |        | CREDITS      | PERSONAL AND STATISTICAL                                 |  |
|---|--------|--------------|--|--|
| Charge for Complete Funeral <u>services</u> |        | <u>25.00</u> | Place of Death <u>Home of his daughter Boswell</u>       |  |
| Casket No. _____ Style _____                |        |              | Date of Death <u>Aug 10-1936</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>7-4-1855</u>                            | Age, Years <u>81</u> Months <u>1</u> Days <u>6</u> |
| Embalming _____                             |        |              | Occupation _____   |  |
| Clothing _____                              |        |              | How Long at Place of Death _____                         |  |
| _____                                       |        |              | Birthplace—City or County <u>La Porte</u>                | State or Country <u>Indiana</u>                    |
| _____                                       |        |              | Name of Father <u>Wm B. Dalton</u>                       |  |
| _____                                       |        |              | Birthplace of Father _____                               |  |
| Total Cash Advances _____                   |        |              | Maiden Name of Mother <u>Sarah M. Webster</u>            |  |
| _____                                       |        |              | Birthplace of Mother _____                               |  |
| _____                                       |        |              | Signed <u>C. H. Dale</u> M.D.                            | Coroner _____                                      |
| _____                                       |        |              | Address <u>Boswell, Ind.</u>                             | Date _____   |
| _____                                       |        |              | Interment at <u>Mt Olive</u>                             | <u>Progr-16.</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>45.35</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 Schultzbaum Emma S. Charge to Mrs Florence Houlter Account No. 198  
 Ordered by Mrs Houlter Guaranteed by \_\_\_\_\_ Serial No. 343  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 9-24-36 Hour 1:30 PM Annual No. \_\_\_\_\_  
 Clergyman Rev. Finch Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers

Singers

Insurance Policies

| Date | Description of Service                                | Amount | Date     | ✓ | Credits |
|------|---|--------|----------|---|---------|
|      | Casket and Services.....                              | 265.00 | Nov 5-36 |   | 285.00  |
|      | Embalming.....  |        |          |   |         |
|      | Outer Case or Vault <u>special redwood</u>            | 20.00  |          |   |         |
|      | 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>File of 11/30-36</u> |        |          |   |         |
|      | .....   |        |          |   |         |
|      | .....   |        |          |   |         |
|      | .....   |        |          |   |         |
|      | To Funeral Complete                                   | 285.00 |          |   | 285.00  |





Funeral of Peter Ramsell Charge to \_\_\_\_\_ Account No. 199  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 344  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Cathena Catholic Date Oct 5 1936 Hour 9 AM Annual No. \_\_\_\_\_  
 Clergyman Father Goldman Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

| Date | Description of Service             | Amount | Date    | ✓ | Credits |
|------|------------------------------------|--------|---------|---|---------|
|      | Casket and Services.....           | 325.00 | 2-12-37 |   |         |
|      | Embalming.....                     |        |         |   |         |
|      | Outer Case or Vault <u>metal</u>   | 90.00  |         |   | 415.00  |
|      | 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</u>                       |        |         |   |         |
|      | To Funeral Complete                | 415.00 |         |   | 415.00  |

NAME OF DECEASED Russel Peter Mathema RESIDENCE Blair Kansas  
 FUNERAL AT Mathema RESIDENCE Blair MORTUARY Mathema CHURCH Catholic DATE Oct. 5-1936 HOUR 9 AM CLERGYMAN Father Goldman  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST   | CREDITS | DEBITS |
|--|---------|--------|
| Charge for Complete Funeral  | 415     | 00     |
| Casket No. <u>811</u> Styl. <u>Oregon State</u>                        |         |        |
| Interment <u>Flat</u> <u>Cape</u> covering <u>Cedar</u> <u>Langdon</u> |         |        |
| Manufacturer <u>Put</u>  |         |        |
| Total Net Cost of Casket   |         |        |
| Outer Case   |         |        |
| Vault <u>metallic</u>  |         |        |
| Embalming  |         |        |
| Clothing   |         |        |
| Total Cash Advances  |         |        |
| Total Net Cost of Funeral  |         |        |
| Gross Profit on Funeral  | 055     | 00     |
| *Less Overhead Per Funeral   |         |        |
| Net Profit Apparent  |         |        |

PERSONAL AND STATISTICAL

Place of Death Highmore Blair Kansas  
 Date of Death Oct. 2-1936  
 Cause of Death Cerebral Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M. Color or Race W.  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth May 25 1881 Age, Years 55 Months 4 Days 7  
 Occupation Fruit grower & lumberman  
 How Long at Place of Death 28 years  
 Birthplace—City or County Troy State or Country Kansas  
 Name of Father Andrew Russel  
 Birthplace of Father Germany  
 Maiden Name of Mother Unknown  
 Birthplace of Mother Germany  
 Signed G. S. Cordover M.D. Coroner  
 Address Troy, Kans. Date Oct. 3, 1936  
 Interment at Mt. Calvary Cemetery Mathema Kans.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

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 Medsker J W H Charge to Ges Medsker Account No. \_\_\_\_\_  
 Ordered by Ges Medsker Belvidere Veluasha Serial No. 345  
 Funeral at Residence Mortuary  Church  Date Oct 9-36 Hour 2 P.M. Annual No. \_\_\_\_\_  
 Clergyman Rev. Finckh Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers

Singers

Insurance Policies

| Date | Description of Service        | Amount            | Date     | V | Credits          |
|------|-------------------------------|-------------------|----------|---|------------------|
|      | Casket and Services           | 100 <sup>00</sup> | Oct 8-36 |   | 20 <sup>00</sup> |
|      | Embalming                     |                   | " 8-36 " |   | 92 <sup>00</sup> |
|      | Outer Case or Vault           |                   |          |   |                  |
|      | Washing and Dressing          |                   |          |   |                  |
|      | Shaving                       |                   |          |   |                  |
|      | Slumber Robe                  |                   |          |   |                  |
|      | Suit or Dress                 |                   | see note |   |                  |
|      | Other Articles of Clothing    |                   |          |   |                  |
|      | Transferring Body             |                   |          |   |                  |
|      | Door Badge                    |                   |          |   |                  |
|      | Opening Grave                 | 7 <sup>00</sup>   |          |   |                  |
|      | Newspaper Notices             |                   |          |   |                  |
|      | Telegrams and Telephone Calls |                   |          |   |                  |
|      | Use of _____ doz. Chairs      |                   |          |   |                  |
|      | Flowers                       | 2 <sup>50</sup>   |          |   |                  |
|      | Clergyman                     | 2 <sup>50</sup>   |          |   |                  |
|      | Singers                       |                   |          |   |                  |
|      | Casket Coach                  |                   |          |   |                  |
|      | Use of _____ Funeral Cars     |                   |          |   |                  |
|      | Use of Flower Cars            |                   |          |   |                  |
|      | Professional Supervision      |                   |          |   |                  |
|      |                               |                   |          |   |                  |
|      |                               |                   |          |   |                  |
|      |                               |                   |          |   |                  |
|      |                               |                   |          |   |                  |
|      |                               |                   |          |   |                  |
|      |                               |                   |          |   |                  |
|      |                               |                   |          |   |                  |
|      |                               |                   |          |   |                  |
|      |                               |                   |          |   |                  |
|      |                               |                   |          |   |                  |
|      | To Funeral Complete           | 112 <sup>00</sup> |          |   |                  |

NAME OF DECEASED William H. Medsker RESIDENCE Bruner Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE Oct 9 - 1936 HOUR 7 P.M. CLERGYMAN Rev Finch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST  | CREDITS | PERSONAL AND STATISTICAL  |
|---|---------|---|
| Charge for Complete Funeral <u>including cemetery flowers &amp; music</u> | 112.00  | Place of Death <u>his home Bruner Kans</u>  |
| Casket No. <u>192</u> Style <u>flat w/ rope</u>                           |         | Date of Death <u>Oct 8 - 1936</u>   |
| Interior <u>ci silk</u> Covering <u>gray rope</u>                         |         | Cause of Death <u>Cystitis Pyelitis</u> Contributory <u>Enlarged Prostate</u>                     |
| Manufacturer <u>Mo-Kan</u>  |         | Duration _____ Autopsy <u>Sister's Selection</u>  |
| Total Net Cost of Casket  |         | Sex <u>M</u> Color or Race _____  |
| Outer Case  |         | Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____ |
| Vault <input checked="" type="checkbox"/>                                 |         | Date of Birth <u>Nov 1 - 1847</u> Age, Years <u>88</u> Months <u>11</u> Days <u>7</u>             |
| Embalming   |         | Occupation <u>Ret carpenter &amp; farmer</u>  |
| Clothing <input checked="" type="checkbox"/>                              |         | How Long at Place of Death <u>since 1896</u>  |
|   |         | Birthplace—City or County <u>Hannibal</u> State or Country <u>Mo</u>                              |
|   |         | Name of Father <u>Wm Medsker</u>  |
|   |         | Birthplace of Father <u>Pennsylvania</u>  |
|   |         | Maiden Name of Mother <u>Mary McDowell</u>  |
|   |         | Birthplace of Mother <u>West Va.</u>  |
| Total Cash Advances   |         | Signed <u>A E Cordomey</u> M.D. _____ Coroner   |
|   |         | Address <u>Troy Mo</u> Date <u>10-9-36</u>  |
|   |         | Interment at <u>McDowell 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   | 25.55   | Source of Call _____  |
| *Less Overhead Per Funeral  |         | Insured by _____  |
| Net Profit Apparent   |         | Beneficiary _____   |

REMARKS:

The above items not covered by direct charges are included as overhead charges and are not included in the net profit.

Funeral of Flarence Towndley Toland Charge to \_\_\_\_\_ Account No. 200  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 346  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 12-19-36 Hour 2:00 P.M. Annual No. \_\_\_\_\_  
 Clergyman Rev. S.M. Finkel Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers

Singers

Insurance Policies

| Date | Description of Service  | Amount        | Date           | ✓ | Credits       |
|------|---|---------------|----------------|---|---------------|
|      | Casket and Services <u>complete</u>                               | <u>265 00</u> | <u>12-4-36</u> |   |               |
|      | Embalming <u>-</u>  |               |                |   |               |
|      | <del>Outer Case</del> or Vault <u>Metal</u>                       | <u>90 00</u>  |                |   |               |
|      | Washing and Dressing <input checked="" type="checkbox"/>          |               |                |   |               |
|      | Shaving <input checked="" type="checkbox"/>                       |               |                |   |               |
|      | Slumber Robe <input checked="" type="checkbox"/>                  |               |                |   |               |
|      | Suit or Dress   |               |                |   |               |
|      | Other Articles of Clothing  |               |                |   |               |
|      | Transferring Body <input checked="" type="checkbox"/>             |               |                |   |               |
|      | Door Badge <input checked="" type="checkbox"/>                    |               |                |   |               |
|      | Opening Grave   |               |                |   |               |
|      | Newspaper Notices <u>Death Notice</u>                             | <u>1 75</u>   |                |   |               |
|      | Telegrams and Telephone Calls <input checked="" type="checkbox"/> |               |                |   |               |
|      | Use of _____ doz. Chairs  |               |                |   |               |
|      | Flowers   | <u>15 00</u>  |                |   |               |
|      | Clergyman   |               |                |   |               |
|      | Singers   |               |                |   |               |
|      | Casket Coach <input checked="" type="checkbox"/>                  |               |                |   |               |
|      | Use of _____ Funeral Cars   |               |                |   |               |
|      | Use of Flower Cars  |               |                |   |               |
|      | Professional Supervision  |               |                |   |               |
|      | <u>at Request of cy Toland</u>                                    |               |                |   |               |
|      | <u>has not been paid</u>  |               |                |   |               |
|      | To Funeral Complete   | <u>371 75</u> |                |   | <u>371 75</u> |

NAME OF DECEASED Florence Townsley Leland RESIDENCE Jray, Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH  DATE Oct. 22, 1936 HOUR 2:00 P.M. CLERGYMAN Rev. S. M. Finch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST                    |        | CREDITS | PERSONAL AND STATISTICAL |   |
|---|--------|---------|--------------------------|---|
| Charge for Complete Funeral                     |        | 371     | 75                       | Place of Death <u>Mo. Methodist Hosp. St. Joe, Mo</u>   |
| Casket No. <u>258</u> Style <u>Diagonal top</u> |        |         |                          | Date of Death <u>Oct. 19, 1936</u>  |
| Interior <u>cream</u> Covering <u>Nassau</u>    |        |         |                          | Cause of Death <u>Pulmonary Embolism</u> Contributory _____                                       |
| Manufacturer <u>Rx</u>                          | DEBITS |         |                          | Duration _____ Autopsy <u>yes</u>   |
| Total Net Cost of Casket                        |        |         |                          | Sex <u>W</u> Color or Race <u>W</u>   |
| Outer Case                                      |        |         |                          | Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____ |
| Vault   |        |         |                          | Date of Birth <u>May 4, 1869</u> Age, Years <u>67</u> Months <u>5</u> Days <u>11</u>              |
| Embalming                                       |        |         |                          | Occupation <u>Housewife</u>   |
| Clothing  |        |         |                          | How Long at Place of Death <u>13 days</u>   |
|   |        |         |                          | Birthplace—City or County <u>Delphia</u> State or Country <u>Mo.</u>                              |
|   |        |         |                          | Name of Father <u>Charles Pickering Townsley</u>  |
|   |        |         |                          | Birthplace of Father <u>New York</u>  |
| Total Cash Advances                             |        |         |                          | Maiden Name of Mother <u>Laura A. Mason</u>   |
|   |        |         |                          | Birthplace of Mother <u>New York</u>  |
|   |        |         |                          | Signed _____ M.D. _____ Coroner   |
|   |        |         |                          | Address _____ Date _____  |
|   |        |         |                          | Interment at <u>Mt. Olive - Jray, 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                         |        | 429     | 54                       | 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 Christian Janssen Charge to \_\_\_\_\_ Account No. \_\_\_\_\_  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 347  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 11-22-37 Hour 10:00 A.M. Annual No. 235  
 Clergyman Rev. S. M. Birch Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

| Date | Description of Service                      | Amount        | Date     | V | Credits                            |
|------|---|---------------|----------|---|------------------------------------|
|      | Casket and Services <u>complete</u>         | 325 00        | 11-18-36 |   | By Ch. Mary Janssen <u>31.98</u>   |
|      | Embalming                                   |               | 11-1-37  |   | " " LeRoy Sandy <u>25.00</u>       |
|      | <del>Outer Case</del> or Vault <u>Metal</u> | 90 00         | 5-3-37   |   | " " " " <u>25.00</u>               |
|      | Washing and Dressing                        |               | 6-1-37   |   | " " " " <u>25.00</u>               |
|      | Shaving                                     |               | 7-6-37   |   | " " " " <u>25.00</u>               |
|      | Slumber Robe                                |               |          |   | <u>No payment in August</u>        |
|      | Suit or Dress                               |               | 9-6-37   |   | By Ch. LeRoy Sandy <u>25.00</u>    |
|      | Other Articles of Clothing                  |               | 10-6-37  |   | " " " " <u>25.00</u>               |
|      | Transferring Body                           |               | 10-30-37 |   | " " Mary G. Perry <u>25.00</u>     |
|      | Door Badge                                  |               | 11-2-37  |   | " " LeRoy Sandy <u>25.00</u>       |
|      | Opening Grave                               |               | 11-23-37 |   | " " Norvello Brothers <u>60.55</u> |
|      | Newspaper Notices                           |               | 11-23-37 |   | " " Mary Janssen <u>14.45</u>      |
|      | Telegrams and Telephone Calls               | 1 98          | 12-9-37  |   | " " LeRoy Sandy <u>25.00</u>       |
|      | Use of _____ doz. Chairs                    |               | 1-8-38   |   | " " " " <u>25.00</u>               |
|      | Flowers                                     | 15 00         | 2-1-38   |   | " " " " <u>55.24</u>               |
|      | Clergyman                                   |               | 2-11-38  |   | " " " " <u>25.00</u>               |
|      | Singers                                     |               |          |   |                                    |
|      | Casket Coach                                |               |          |   |                                    |
|      | Use of _____ Funeral Cars                   |               |          |   |                                    |
|      | Use of Flower Cars                          |               |          |   |                                    |
|      | Professional Supervision                    |               |          |   |                                    |
|      | <u>Filed 11-6-36</u>                        |               |          |   |                                    |
|      | <u>interest</u>                             | 5 24          |          |   |                                    |
|      | To Funeral Complete                         | 431 98        |          |   | 437 22                             |
|      |   | <u>437 22</u> |          |   |                                    |

NAME OF DECEASED *Christian Jenkinson* RESIDENCE *Troy, Kansas*  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE *10-22-36* HOUR *10:00 A.M.* CLERGYMAN *Rev. Fink*  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST                                     | CREDITS | PERSONAL AND STATISTICAL  |
|--|---------|---|
| Charge for Complete Funeral _____                                | 431 98  | Place of Death <i>Mo. Methodist Hosp. St. Joseph, Mo.</i>   |
| Casket No. <i>2143</i> Style <i>hd. and flat &amp; wood</i>      |         | Date of Death <i>10-20-36</i>   |
| Interior <i>heavy wood cypress</i> Covering <i>crushed cloth</i> |         | Cause of Death <i>acute tuberc. pneumonia</i> Contributory _____                                  |
| Manufacturer <i>Acacia</i>                                       |         | Duration _____ Autopsy _____  |
| Total Net Cost of Casket _____                                   |         | Sex <i>M</i> Color or Race <i>W</i>   |
| Outer Case _____   |         | Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____ |
| Vault _____  |         | Date of Birth <i>Sept. 19, 1859</i> Age, Years <i>77</i> Months _____ Days _____                  |
| Embalming _____  |         | Occupation <i>Merchant</i>  |
| Clothing _____   |         | How Long at Place of Death <i>five hours</i>  |
|  |         | Birthplace—City or County <i>Dick Co.</i> State or Country <i>Ohio</i>                            |
|  |         | Name of Father <i>Christian Jenkinson</i>   |
|  |         | Birthplace of Father <i>Unknown</i>   |
| Total Cash Advances _____  |         | Maiden Name of Mother <i>Matilda Galibugh</i>   |
|  |         | Birthplace of Mother <i>Virginia</i>  |
|  |         | Signed _____ M.D. _____ Coroner _____   |
|  |         | Address _____ Date _____  |
|  |         | Interment at <i>Mt. Olive - Troy</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 _____                                    | 275     | Source of Call _____  |
| *Less Overhead Per Funeral _____                                 |         | Insured in _____ Amount _____   |
| Net Profit Apparent _____  |         | Beneficiary _____   |
|  |         |   |
|  |         |   |
|  |         |   |
|  |         |   |
|  |         |   |
|  |         |   |

REMARKS: *Mary Jenkinson  
722 1/2 East Edwards  
Springfield Ill*

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



Order No. *Moser Donna* Charge to *Fred Moser* Account No. \_\_\_\_\_  
 Ordered by *Fred Moser* Guaranteed by *Fred Moser* Serial No. *348*  
 Funeral at Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date *Nov 5-36* Hour *10 A.M.* Annual No. \_\_\_\_\_  
 Clergyman *P. T. Smith* Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_

Singers \_\_\_\_\_

Insurance Policies \_\_\_\_\_

| Date | Description of Service             | Amount                 | Date            | <input checked="" type="checkbox"/> | Credits               |
|------|------------------------------------|------------------------|-----------------|-------------------------------------|-----------------------|
|      | Casket and Services.....           | <i>20<sup>00</sup></i> | <i>12-23-36</i> |                                     | <i>5<sup>00</sup></i> |
|      | Embalsming.....                    |                        |                 |                                     | <i>3<sup>50</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.....                       | <i>240</i>             |                 |                                     |                       |
|      | Clergyman.....                     |                        |                 |                                     |                       |
|      | Singers.....                       |                        |                 |                                     |                       |
|      | Casket Coach.....                  |                        |                 |                                     |                       |
|      | Use of.....Funeral Cars.....       |                        |                 |                                     |                       |
|      | Use of Flower Cars.....            |                        |                 |                                     |                       |
|      | Professional Supervision.....      |                        |                 |                                     |                       |
|      | .....                              |                        |                 |                                     |                       |
|      | .....                              |                        |                 |                                     |                       |
|      | .....                              |                        |                 |                                     |                       |
|      | To Funeral Complete                | <i>22<sup>40</sup></i> |                 |                                     |                       |

NAME OF DECEASED Donald Lee Moser RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE Nov. 5 - 36 HOUR 10 AM CLERGYMAN Rev. Finch  
 SINGERS Mrs Carlson + Mrs Kaur LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST                       |        | CREDITS          | PERSONAL AND STATISTICAL  |   |
|--|--------|------------------|---|---|
| Charge for Complete Funeral                        |        | 20 <sup>00</sup> | Place of Death  | <u>Home of Fred Moser</u>                 |
| Casket No. <u>150</u> Style <u>with lid</u>        |        |                  | Date of Death   | <u>Nov. 4 - 1936</u>                      |
| Interior <u>Walsh</u> Covering <u>velvet plush</u> |        |                  | Cause of Death  | Contributory _____                        |
| Manufacturer <u>Re</u>                             | 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>July 25, 1936</u>  | Years _____ Months <u>3</u> Days <u>9</u> |
| Embalming  |        |                  | Occupation  | <u>child</u>                              |
| Clothing   |        |                  | How Long at Place of Death  | <u>3 mos 9 di.</u>                        |
|  |        |                  | Birthplace—City or County   | <u>Troy Kansas</u>                        |
|  |        |                  | Name of Father  | <u>Raymond Moser</u>                      |
|  |        |                  | Birthplace of Father  | <u>Troy Kansas</u>                        |
|  |        |                  | Maiden Name of Mother   | <u>Marie Shiley</u>                       |
|  |        |                  | Birthplace of Mother  | <u>Garrison Neb.</u>                      |
| Total Cash Advances                                |        |                  | Signed <u>C. Hall</u> M.D.  | Coroner                                   |
|  |        |                  | Address <u>Troy, Ki.</u>  | Date <u>11-4-36</u>                       |
|  |        |                  | Interment at  | <u>McAlpine</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>75</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 Pasley Laurence Charge to Clarence Pasley Account No. \_\_\_\_\_  
 Ordered by Clarence Pasley Guaranteed by \_\_\_\_\_ Serial No. 349  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Nov 7-1936 Hour 7 P.M. Annual No. 326  
 Clergyman \_\_\_\_\_ Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_

Singers \_\_\_\_\_

Insurance Policies \_\_\_\_\_

| Date                | Description of Service        | Amount | Date     | ✓ | Credits |
|---------------------|-------------------------------|--------|----------|---|---------|
|                     | Casket and Services           | 40.00  | Nov 6 36 |   | 20.00   |
|                     | Embalming                     |        | 7-30-37  |   | 5.00    |
|                     | Outer Case or Vault           |        | 8-14-37  |   | 2.00    |
|                     | Washing and Dressing          |        | 8-30-37  |   | 2.00    |
|                     | Shaving                       |        | 1-2-43   |   | 14.00   |
|                     | 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                       | X 3.00 |          |   |         |
|                     | Clergyman                     |        |          |   |         |
|                     | Singers                       |        |          |   |         |
|                     | Casket Coach                  |        |          |   |         |
|                     | Use of _____ Funeral Cars     |        |          |   |         |
|                     | Use of Flower Cars            |        |          |   |         |
|                     | Professional Supervision      |        |          |   |         |
| To Funeral Complete |                               | 43.00  |          |   | 43.00   |

NAME OF DECEASED Laurence Pasley RESIDENCE Troy - Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE Nov 7 - 1936 HOUR 2 P.M. CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

#349

| REVENUE ITEMS AND THEIR COST                           |        | CREDITS      | PERSONAL AND STATISTICAL   |  |
|--|--------|--------------|----------------------------|--|
| Charge for Complete Funeral                            |        |              | Place of Death             | <u>Clarence Pasley Home Troy K.</u>                                      |
| Casket No. <u>150</u> Style <u>W. G. L.</u>            |        |              | Date of Death              | <u>Nov. 5 - 1936</u>   |
| Interment <u>White Land</u> Covering <u>White Land</u> |        |              | Cause of Death             |  |
| Manufacturer <u>Rx</u>                                 | DEBITS |              | Contributory               |  |
| Total Net Cost of Casket                               |        |              | Duration                   |  |
| Outer Case   |        |              | Sex                        | <u>M.</u>  |
| Vault  |        |              | Color or Race              | <u>W</u>   |
| Embalming  |        |              | Single                     | <input type="checkbox"/>   |
| Clothing   |        |              | Married                    | <input type="checkbox"/>   |
|  |        |              | Widowed                    | <input type="checkbox"/>   |
|  |        |              | Divorced                   | <input type="checkbox"/>   |
|  |        |              | Child                      | <input checked="" type="checkbox"/>                                      |
|  |        |              | Date of Birth              | <u>Nov 7 - 1918</u> Age, Years <u>17</u> Months <u>11</u> Days <u>28</u> |
|  |        |              | Occupation                 | <u>in school</u>   |
|  |        |              | How Long at Place of Death | <u>life</u>  |
|  |        |              | Birthplace—City or County  | <u>Troy Kansas</u> State of Country <u>Kansas</u>                        |
|  |        |              | Name of Father             | <u>Clarence Pasley</u>   |
|  |        |              | Birthplace of Father       | <u>Buchanan County Mo.</u>   |
|  |        |              | Maiden Name of Mother      | <u>Evelyn Deurod</u>   |
|  |        |              | Birthplace of Mother       | <u>Atchison Kansas</u>   |
| Total Cash Advances                                    |        |              | Signed                     | <u>C. H. Haller</u> M.D. Coroner   |
|  |        |              | Address                    | <u>Troy K.</u> Date _____  |
|  |        |              | Interment at               | <u>M. Olive Troy K.</u>  |
|  |        |              | Lot or Grave 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>75 50</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 Hattie Kennedy RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Troy M. C. DATE Nov. 17-1936 HOUR 2 PM CLERGYMAN Rev. Finich  
 SINGERS and public address system LODGE AFFILIATIONS \_\_\_\_\_

#350

| REVENUE ITEMS AND THEIR COST                           |  | CREDITS       | PERSONAL AND STATISTICAL  |
|--|--|---------------|---|
| Charge for Complete Funeral                            |  | 200.00        | Place of Death <u>her home Troy Kans</u>  |
| Casket No. <u>1840</u> Style <u>single panel state</u> |  |               | Date of Death <u>Nov. 15-1936</u>   |
| Interior <u>gray flannel</u> Covering                  |  |               | Cause of Death <u>Influenza</u> Contributory  |
| Manufacturer <u>Beck</u>                               |  |               | Duration _____ Autopsy _____  |
| Total Net Cost of Casket                               |  |               | Sex <u>F</u> Color or Race <u>W.</u>  |
| Outer Case <u>Box</u>                                  |  |               | Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____ |
| Vault _____  |  |               | Date of Birth <u>Dec 28-1879</u> Age, Years <u>56</u> Months <u>10</u> Days <u>17</u>             |
| Embalming _____  |  |               | Occupation <u>housewife</u>   |
| Clothing _____   |  |               | How Long at Place of Death <u>26 years</u>  |
| _____  |  |               | Birthplace—City or County <u>Nathana</u> State or Country <u>Kansas</u>                           |
| _____  |  |               | Name of Father <u>James Stewart</u>   |
| _____  |  |               | Birthplace of Father <u>Davis County Iowa</u>   |
| Total Cash Advances _____                              |  |               | Maiden Name of Mother <u>Emma Dilcox</u>  |
| _____  |  |               | Birthplace of Mother <u>Sheridan Ore.</u>   |
| _____  |  |               | Signed <u>E. J. Perla</u> M.D. Coroner  |
| _____  |  |               | Address <u>Troy Kans</u> Date <u>11-16-36</u>   |
| _____  |  |               | Interment at <u>St. Anne Cemetery Troy 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>125.00</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 Weber James Richard Charge to Harold Weber Account No. 207  
 Ordered by Harold Weber Guaranteed by \_\_\_\_\_ Serial No. 351  
 Funeral at none Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 11-22-36 Hour 2 PM Annual No. \_\_\_\_\_  
 Clergyman none Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
 Singers  
 Insurance Policies

| Date | Description of Service             | Amount | Date    | ✓ | Credits |
|------|------------------------------------|--------|---------|---|---------|
|      | Casket and Services.....           | 15 00  | 9-25-37 | ✓ | 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.....             |        |         |   |         |
|      | 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  |         |   | 15 00   |

NAME OF DECEASED James Richard Heber

RESIDENCE \_\_\_\_\_  
 DATE Nov 22-1936 HOUR 2 PM CLERGYMAN none

no FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_

SINGERS \_\_\_\_\_

LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST                        |        | CREDITS     | PERSONAL AND STATISTICAL  |
|---|--------|-------------|---|
| Charge for Complete Funeral                         |        | 15 00       | Place of Death <u>St. Joseph's Hosp.</u>                                      |
| Casket No. <u>50</u> Style <u>stand up panel</u>    |        |             | Date of Death <u>Nov. 21-1936</u>   |
| Interior <u>Cloth</u> Covering <u>white flannel</u> |        |             | 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 _____           |
| Vault _____   |        |             | Date of Birth <u>Nov. 21-1936</u> Age, Years <u>8</u> Months _____ Days _____ |
| Embalming _____                                     |        |             | Occupation _____  |
| Clothing _____                                      |        |             | How Long at Place of Death _____  |
|   |        |             | Birthplace—City or County <u>St. Joseph Mo.</u> State or County <u>Mo.</u>    |
|   |        |             | Name of Father <u>Harold Heber</u>  |
|   |        |             | Birthplace of Father <u>St. Joseph Mo.</u>                                    |
|   |        |             | Maiden Name of Mother <u>Elizabeth Bell</u>                                   |
|   |        |             | Birthplace of Mother <u>St. Joseph Mo.</u>                                    |
|   |        |             | Signed <u>R. P. [unclear]</u> M.D. _____ Coroner _____                        |
|   |        |             | Address <u>St. Joseph Mo.</u> Date <u>11-21-36</u>                            |
|   |        |             | Interment at <u>St. Anne Cemetery Troy Mo.</u>                                |
|   |        |             | Lot or Grave No. _____ Section No. _____                                      |
|   |        |             | Shipped to _____  |
|   |        |             | Arrived from _____  |
|   |        |             | Via _____ R. R. Date _____  |
|   |        |             | In Charge of _____  |
| Total Net Cost of Funeral _____                     |        |             | Source of Call _____  |
| Gross Profit on Funeral _____                       |        |             | Insured in _____ Amount _____   |
| *Less Overhead Per Funeral _____                    |        | <u>A.55</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 Kochler Peter Charge to Estate Account No. 203  
 Ordered by Walter Frank & Susie Guaranteed by \_\_\_\_\_ Serial No. 352  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 1-26-36 Hour \_\_\_\_\_ Annual No. \_\_\_\_\_  
 Clergyman Rev. Finich Lodge Affiliations S.O.F. Body Shipped to or from \_\_\_\_\_

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
 Singers  
 Insurance Policies

| Date | Description of Service                   | Amount | Date          | ✓ | Credits |
|------|--|--------|---------------|---|---------|
|      | Casket and Services.....                 | 285.00 | July 27, 1937 |   | 409.00  |
|      | Embalming.....                           |        |               |   |         |
|      | Outer Case or Vault <u>Metal</u>         | 90.00  |               |   |         |
|      | Washing and Dressing.....                |        |               |   |         |
|      | Shaving.....                             |        |               |   |         |
|      | Slumber Robe.....                        |        |               |   |         |
|      | Suit or Dress <u>suit &amp; clothing</u> | 34.00  |               |   |         |
|      | Other Articles of Clothing.....          |        |               |   |         |
|      | Transferring Body.....                   |        |               |   |         |
|      | Door Badge.....                          |        |               |   |         |
|      | Opening Grave.....                       |        |               |   |         |
|      | Newspaper Notices.....                   |        |               |   |         |
|      | Telegrams and Telephone Calls.....       |        |               |   |         |
|      | Use of _____ doz. Chairs.....            |        |               |   |         |
|      | Flowers.....                             |        |               |   |         |
|      | Clergyman.....                           |        |               |   |         |
|      | Singers.....                             |        |               |   |         |
|      | Casket Coach.....                        |        |               |   |         |
|      | Use of _____ Funeral Cars.....           |        |               |   |         |
|      | Use of Flower Cars.....                  |        |               |   |         |
|      | Professional Supervision.....            |        |               |   |         |
|      | <u>Filed 12-1-36</u>                     |        |               |   |         |
|      | To Funeral Complete                      | 409.00 |               |   | 409.00  |

NAME OF DECEASED Walter Keckler RESIDENCE Troy - Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE Nov. 28-1936 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>His home Troy - Kans.</u>   |
| Casket No. <u>766</u> Style <u>state half Couch</u>      |                |         | Date of Death                     | <u>Nov. 26-1936</u>  |
| Interior <u>gray silk</u> Covering <u>Red Long Plush</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>metal</u>                                       | <u>90.00</u>   |         | Date of Birth <u>Sept 15-1848</u> | Age, Years <u>88</u> Months <u>2</u> Days <u>11</u>                                  |
| Embalming  |                |         | Occupation                        | <u>Retired farmer</u>  |
| Clothing   |                |         | How Long at Place of Death        | <u>45 years</u>  |
|  |                |         | Birthplace—City or County         | <u>Gettysburg</u> State or Country <u>Penn.</u>                                      |
|  |                |         | Name of Father                    | <u>Christopher Keckler</u>   |
|  |                |         | Birthplace of Father              | <u>Gettysburg Penn.</u>  |
|  |                |         | Maiden Name of Mother             | <u>Mary Daniels</u>  |
|  |                |         | Birthplace of Mother              | <u>Harriensburg Penn.</u>  |
|  |                |         | Signed <u>W. E. Cardon</u> M.D.   | Coroner  |
| Total Cash Advances                                      |                |         | Address <u>Troy Kans</u>          | Date _____   |
|  |                |         | Interment at                      | <u>Mt Olive Cemetery 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>7 NS 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 Harold Edgar Mif Charge to Douglas County Account No. 204  
 Ordered by F. W. Kottler Guaranteed by \_\_\_\_\_ Serial No. 353  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Day Dec 15-36 Hour 2:30 P.M. Annual No. \_\_\_\_\_  
 Clergyman H. L. Parker Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
 Singers  
 Insurance Policies

| Date | Description of Service             | Amount | Date   | ✓                    | Credits |
|------|------------------------------------|--------|--------|----------------------|---------|
|      | Casket and Services.....           | 42.50  | 1-7-37 | By Ch Douglas County | 42.50   |
|      | Embalmng.....                      |        |        |                      |         |
|      | 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.....      |        |        |                      |         |
|      | <u>Filed 12-17-36</u>              |        |        |                      |         |
|      | To Funeral Complete                | 42.50  |        |                      | 42.50   |

NAME OF DECEASED Harold Edgar Mit RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_  
 DATE Dec 15-1936 HOUR 2:30 PM CLERGYMAN H. L. Parker  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST                            |        | CREDITS      | PERSONAL AND STATISTICAL  |                               |
|---|--------|--------------|---|-------------------------------|
| Charge for Complete Funeral                             |        | <u>47.50</u> | Place of Death  | <u>his home north of Troy</u> |
| Casket No. <u>101</u> Style <u>Impress lid</u>          |        |              | Date of Death   | <u>Dec 13-1936</u>            |
| Interior <u>C. S. L. H.</u> Covering <u>White Panel</u> |        |              | Cause of Death  | Contributory _____            |
| Manufacturer <u>Ry</u>                                  | DEBITS |              | Duration  | Autopsy <u>✓</u>              |
| Total Net Cost of Casket                                |        |              | Sex <u>M.</u> Color or Race <u>W</u>  |                               |
| Outer Case  |        |              | Single _____ Married _____ Widowed _____ Divorced _____ Child <u>✓</u>                |                               |
| Vault   |        |              | Date of Birth <u>March 12 1925</u> Age, Years <u>11</u> Months <u>9</u> Days <u>1</u> |                               |
| Embalming   |        |              | Occupation <u>in school</u>   |                               |
| Clothing  |        |              | How Long at Place of Death <u>life</u>  |                               |
|   |        |              | Birthplace—City or County <u>Troy</u> State or Country <u>Kans.</u>                   |                               |
|   |        |              | Name of Father <u>Edgar Mit</u>   |                               |
|   |        |              | Birthplace of Father <u>Troy - Kansas</u>   |                               |
| Total Cash Advances                                     |        |              | Maiden Name of Mother <u>Marion Young</u>   |                               |
|   |        |              | Birthplace of Mother <u>Troy - Kansas</u>   |                               |
|   |        |              | Signed <u>W. E. Cordouker</u> M.D. Coroner  |                               |
|   |        |              | Address <u>Troy Kan</u> Date _____  |                               |
|   |        |              | 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>40.55</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 Fenley William Howard Charge to Est. Account No. 205  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 354  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Dec 16 1936 Hour 1:30 P.M. Annual No. \_\_\_\_\_  
 Clergyman Rev. Finch Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

| Date                | Description of Service   | Amount | Date     | ✓ | Credits |
|---------------------|--|--------|----------|---|---------|
|                     | <input checked="" type="checkbox"/> Casket and Services                | 285.00 | 12-17-36 |   |         |
|                     | <input checked="" type="checkbox"/> Embalming                          |        |          |   |         |
|                     | <input checked="" type="checkbox"/> Outer Case or Vault <u>Marsden</u> | 195.00 |          |   |         |
|                     | <input checked="" type="checkbox"/> Washing and Dressing               |        |          |   |         |
|                     | <input checked="" type="checkbox"/> Shaving                            |        |          |   |         |
|                     | <input type="checkbox"/> Slumber Robe                                  |        |          |   |         |
|                     | <input type="checkbox"/> Suit or Dress <u>suit</u>                     | 27.50  |          |   |         |
|                     | <input type="checkbox"/> Other Articles of Clothing                    |        |          |   |         |
|                     | <input checked="" type="checkbox"/> Transferring Body                  |        |          |   |         |
|                     | <input type="checkbox"/> Door Badge                                    |        |          |   |         |
|                     | <input type="checkbox"/> Opening Grave                                 |        |          |   |         |
|                     | <input type="checkbox"/> Newspaper Notices <u>funeral notice</u>       | 1.75   |          |   |         |
|                     | <input type="checkbox"/> Telegrams and Telephone Calls                 |        |          |   |         |
|                     | <input type="checkbox"/> Use of _____ doz. Chairs                      |        |          |   |         |
|                     | <input checked="" type="checkbox"/> Flowers <u>3.00 and 7.50</u>       | 10.50  |          |   |         |
|                     | <input type="checkbox"/> Clergyman                                     |        |          |   |         |
|                     | <input type="checkbox"/> Singers                                       |        |          |   |         |
|                     | <input checked="" type="checkbox"/> Casket Coach                       |        |          |   |         |
|                     | <input type="checkbox"/> Use of _____ Funeral Cars                     |        |          |   |         |
|                     | <input type="checkbox"/> Use of Flower Cars                            |        |          |   |         |
|                     | <input type="checkbox"/> Professional Supervision                      |        |          |   |         |
| To Funeral Complete |  | 519.75 |          |   | 519.75  |

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

By Chas. H. Fenley  
By Mrs. W. H. Fenley

NAME OF DECEASED William Howard Fenley RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_  
 DATE Dec 16-1936 HOUR 1:30 PM CLERGYMAN Rev. Furrich  
 SINGERS Melode Antella 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>802</u> Style <u>slat back couch</u>          |         | Date of Death <u>Dec 14-1936</u>  |
| Interior <u>gray parrot covering</u> Steel <u>Brentwood</u> |         | Cause of Death _____ Contributory _____   |
| Manufacturer <u>Raymond Bushnet</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>Nov 6 1864</u> Age Years <u>72</u> Months <u>1</u> Days <u>8</u>                 |
| Embalming _____   |         | Occupation <u>retired farmer</u>  |
| Clothing <u>suit</u> <u>27.50</u>                           |         | How Long at Place of Death <u>10 years</u>  |
|   |         | Birthplace—City or County <u>Omaha City</u> State or Country <u>Nebraska</u>                      |
|   |         | Name of Father <u>W. H. Fenley</u>  |
|   |         | Birthplace of Father <u>Louisville Ky.</u>  |
|   |         | Maiden Name of Mother <u>Elizabeth Ford</u>   |
|   |         | Birthplace of Mother <u>Shellsburg Mo.</u>  |
|   |         | Signed <u>J. Buchowitz M.D.</u> Coroner   |
| Total Cash Advances _____                                   |         | Address <u>Troy Kansas</u> Date _____   |
|   |         | Interment at <u>Highland Kansas</u>   |
|   |         | Lot or Grave No. _____ Section No. _____  |
|   |         | Shipped to _____  |
|   |         | Arrived from _____  |
|   |         | Via _____ R. R. Date _____  |
| Total Net Cost of Funeral _____                             |         | In Charge of _____  |
| Gross Profit on Funeral <u>055 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 Hermis Lewis Franklin Charge to \_\_\_\_\_ Account No. 206  
 Ordered by Lewis Hermis Guaranteed by \_\_\_\_\_ Serial No. 355  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Dec 20 36 Hour 2 P.M. Annual No. \_\_\_\_\_  
 Clergyman Wm. Franklin Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

| Date | Description of Service             | Amount                 | Date            | ✓ | Credits                |
|------|------------------------------------|------------------------|-----------------|---|------------------------|
|      | Casket and Services.....           | <u>50<sup>00</sup></u> | <u>12-14-36</u> |   | <u>50<sup>00</sup></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>50<sup>00</sup></u> |                 |   | <u>50<sup>00</sup></u> |

NAME OF DECEASED Lewis Franklin Hennis RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE Dec 20 1936 HOUR 2 PM CLERGYMAN Wm Quombly  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST                |        | CREDITS          | PERSONAL AND STATISTICAL  |
|---|--------|------------------|---|
| Charge for Complete Funeral                 |        | 50 <sup>00</sup> | Place of Death <u>his home Troy Kansas</u>  |
| Casket No. <u>100</u> Style <u>flat top</u> |        |                  | Date of Death <u>Dec 18 1936</u>  |
| Interior _____ Covering <u>steel pipe</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 _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____ |
| Vault                                       |        |                  | Date of Birth <u>Aug 22 1851</u> Age, Years <u>85</u> Months <u>3</u> Days <u>26</u>              |
| Embalming                                   |        |                  | Occupation <u>retired farmer</u>  |
| Clothing                                    |        |                  | How Long at Place of Death <u>45 yrs</u>  |
|   |        |                  | Birthplace—City or County <u>Rockwell</u> State or Country <u>Indiana</u>                         |
|   |        |                  | Name of Father <u>Benjamin Hennis</u>   |
|   |        |                  | Birthplace of Father <u>Va</u>  |
|   |        |                  | Maiden Name of Mother <u>Elyza Morris</u>   |
|   |        |                  | Birthplace of Mother <u>Va</u>  |
| Total Cash Advances                         |        |                  | Signed <u>C. E. Hallett</u> M.D. _____ Coroner  |
|   |        |                  | Address <u>Troy Mo</u> Date _____   |
|   |        |                  | Interment at <u>Fanning Kansas</u>  |
|   |        |                  | Lot or Grave No. _____ Section No. _____  |
|   |        |                  | Shipped to _____  |
|   |        |                  | Arrived from _____  |
|   |        |                  | Via _____ R. R. Date _____  |
| Total Net Cost of Funeral                   |        |                  | In Charge of _____  |
| Gross Profit on Funeral                     |        | gd 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 Marcus Jennie E. Charge to \_\_\_\_\_ Account No. 209  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 356  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Dec 23-36 Hour 2 P.M. Annual No. \_\_\_\_\_  
 Clergyman Red Finch Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No. N  
 Block No.  
 Section  
 All Bearers  
 For  
 gers  
 ORIGINAL  
 SANL GODSWORTH

| Date | Description of Service            | Amount            | Date   | ✓ | Credits           |
|------|-----------------------------------|-------------------|--------|---|-------------------|
|      | Casket and Services               | 100 <sup>00</sup> | 1-7-37 |   | 50 <sup>00</sup>  |
|      | Embalmng                          |                   | 1-9-37 |   | 100 <sup>00</sup> |
|      | Outer Case or Vault               |                   |        |   |                   |
|      | Washing and Dressing              |                   |        |   |                   |
|      | Shaving                           |                   |        |   |                   |
|      | Slumber Robe                      |                   |        |   |                   |
|      | Suit or Dress <u>pd to Mrs R.</u> | 1.65              |        |   |                   |
|      | 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>FNB check # 2988 of 2-1-37</u> | 50 <sup>00</sup>  |        |   |                   |
|      | <u>to Ed Nelson to 20-34</u>      |                   |        |   |                   |
|      | <u>bal account of 17</u>          |                   |        |   |                   |
|      | <u>filed</u>                      |                   |        |   |                   |
|      | To Funeral Complete               | 150 <sup>00</sup> |        |   | 150 <sup>00</sup> |

NAME OF DECEASED Jamie Elizabeth Marcum RESIDENCE Troy-Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE Dec 23 1936 HOUR 2 PM CLERGYMAN Rev Finch  
 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>51</u> Style <u>Leffingwell</u>        |         | Date of Death <u>arteriosclerosis - senility</u>  |
| Interior <u>Cat with</u> Covering <u>steel crepe</u> |         | Cause of Death <u>Dec 21 1936</u> Contributory  |
| Manufacturer <u>Rx</u>                               | DEBITS  | Duration _____ Autopsy _____  |
| Total Net Cost of Casket                             |         | Sex <u>F</u> Color or Race <u>W</u>   |
| Outer Case   |         | Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____ |
| Vault  |         | Date of Birth <u>Feb 14 1852</u> Age, Years <u>84</u> Months <u>10</u> Days <u>7</u>              |
| Embalming  |         | Occupation <u>housewife</u>   |
| Clothing   |         | How Long at Place of Death <u>27 years</u>  |
|  |         | Birthplace—City or County <u>Ottumwa</u> State or Country <u>Iowa</u>                             |
|  |         | Name of Father <u>John Ashcroft</u>   |
|  |         | Birthplace of Father <u>unknown</u>   |
| Total Cash Advances                                  |         | Maiden Name of Mother _____   |
|  |         | Birthplace of Mother _____  |
|  |         | Signed <u>J. Berkowitz</u> M.D. _____ Coroner   |
|  |         | Address <u>Troy Kansas</u> Date <u>12-22-36</u>   |
|  |         | Interment at <u>St. Paul 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>55</u>                    |         | Source of Call _____  |
| *Less Overhead Per Funeral                           |         | Insured in _____ Amount _____   |
| Net Profit Apparent                                  |         | Beneficiary <u>her attorney</u>   |

REMARKS: Her sister is Della Ester  
 1618 2nd St Lincoln Neb  
 Cecil Radlow - Radlow - north ans is  
 her guardian - Bryant Lytle is  
 her attorney

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

Schwartz

Name: *John A. Smith* Account No. *357*  
 Registered by: \_\_\_\_\_ Serial No. *357*  
 Residence: \_\_\_\_\_ Church: \_\_\_\_\_ Date: *2-24-36* Hour: *1:30 PM* Annual No. \_\_\_\_\_  
 Lodge Affiliations: \_\_\_\_\_ Body Shipped to or from: \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers \_\_\_\_\_  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

| Date                | Description of Service              | Amount        | Date            | ✓ | Credits     |
|---------------------|-------------------------------------|---------------|-----------------|---|-------------|
|                     | Casket and Services.....            | <i>17.50</i>  | <i>12-23-36</i> |   | <i>1.00</i> |
|                     | Embalming.....                      |               | <i>12-31-36</i> |   | <i>8.00</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 <i>150 July B. 40</i> ..... | <i>X 1.90</i> |                 |   |             |
|                     | Clergyman.....                      |               |                 |   |             |
|                     | Singers.....                        |               |                 |   |             |
|                     | Casket Coach.....                   |               |                 |   |             |
|                     | Use of _____ Funeral Cars.....      |               |                 |   |             |
|                     | Use of Flower Cars.....             |               |                 |   |             |
|                     | Professional Supervision.....       |               |                 |   |             |
| To Funeral Complete |                                     | <i>14.40</i>  |                 |   |             |

# 357

NAME OF DECEASED William Robert Overstreet RESIDENCE Gray - Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN Rev. Finch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

| REVENUE ITEMS AND THEIR COST  | CREDITS     | PERSONAL AND STATISTICAL  |
|-------------------------------|-------------|---|
| Charge for Complete Funeral   | 17 50       | Place of Death <u>Gray - Kansas</u>   |
| Casket No. _____ Style _____  |             | Date of Death <u>Dec. 23 - 1936</u>   |
| Interior _____ Covering _____ |             | Cause of Death <u>Pneumonia</u> Contributory _____  |
| Manufacturer _____            |             | 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>Oct. 10 - 1936</u> Age, Years _____ Months <u>2</u> Days <u>8</u>                |
| Embalming _____               |             | Occupation _____  |
| Clothing _____                |             | How Long at Place of Death <u>2 mos 8 days</u>  |
|                               |             | Birthplace—City or County <u>Gray</u> State or Country <u>Kansas</u>                              |
|                               |             | Name of Father <u>Raymond Overstreet</u>  |
|                               |             | Birthplace of Father <u>Linnick County - Kansas</u>   |
|                               |             | Maiden Name of Mother <u>William Goodwin</u>  |
|                               |             | Birthplace of Mother <u>Indianapolis - Ind</u>  |
|                               |             | Signed <u>C. E. Hallett</u> M.D. _____ Coroner _____  |
|                               |             | Address <u>Gray - Kansas</u> Date _____   |
|                               |             | Interment at <u>W. C. 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 _____   |
| Total Net Cost of Funeral     |             |   |
| Gross Profit on Funeral       | <u>4 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 are properly apportioned to each and every case.