

NAME OF DECEASED Delma Irene Kuchel RESIDENCE South of Benders
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Mar 21 1939 HOUR 2 PM CLERGYMAN Walter Myers
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>West home Society of Benders</u>
Casket No. <u>150</u> Style <u>Single lid</u>			Date of Death <u>3-20-39</u>
Interior <u>W silk</u> Covering <u>White Hamel</u>			Cause of Death <u>Malnutrition</u> Contributory <u>normal child</u>
Manufacturer <u>Rep-Cat</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>Dec 30 1938</u> Years _____ Months <u>2</u> Days <u>20</u>
Embalming			Occupation <u>child</u>
Clothing			How Long at Place of Death <u>life</u>
			Birthplace—City or County <u>South Benders Pa</u>
			Name of Father <u>Henry Kuchel</u>
			Birthplace of Father <u>Benders Pa</u>
			Maiden Name of Mother <u>Clara Spencer</u>
			Birthplace of Mother <u>Doufhan Pa</u>
			Signed <u>R. K. Clutz</u> M.D. _____ Coroner
Total Cash Advances			Address <u>Benders Pa</u> Date <u>2-20-39</u>
			Interment at <u>Garden Creek Church</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>nd 55</u>	Source of Call _____
*Less Overhead Per Funeral			Insured in _____ Amount _____
Net Profit Apparent			Beneficiary _____

REMARKS:

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

Funeral of Caton Cordelia Charge to C. B. Caton Account No. 456
 Ordered by Family Guaranteed by C. B. Caton Serial No. _____
 Funeral at Craig Mo Residence _____ Mortuary _____ Church Date 4-7-39 2 PM Annual No. 303
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

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

*Wm OYM
 TSS
 Paul L. H. 4-3-39
 F. A. R. Ch. 3540*

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	265.00	4-6-39		100.00
	Embalming		4-21-39		100.00
	Outer Case or Vault		6-20-39		98.07
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress + clothing	95.00			
	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 <u>ext to Craig Mo</u>	10.00			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	3.57			
	To Funeral Complete	288.07			288.07

*165.50
 174.50*

NAME OF DECEASED Cordelia Ann Cator RESIDENCE Sparks - Kans.
 FUNERAL AT New Liberty RESIDENCE Craig Mo MORTUARY Craig Mo CHURCH Craig Mo DATE April 7 1939 HOUR 2 PM CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>275</u> Style <u>Design of Cator</u>		
Interior <u>gray flat</u> Upholstering <u>Warran</u>		
Manufacturer <u>Ry - Cox</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>455 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 her home near Sparks Mo
 Date of Death April 3 - 1939
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth July 4 1866 Age, Years 72 Months 8 Days 21
 Occupation housewife
 How Long at Place of Death 2 3/4 yrs near Sparks
 Birthplace—City or County Craig State or Country Missouri
 Name of Father John A Stockwell
 Birthplace of Father Marysville Ind
 Maiden Name of Mother Elizabeth Brown
 Birthplace of Mother Anderson
 Signed A. E. Cordony Coroner
 Address 1107 N. 1st Date April 7 - 1939
 Interment at New Liberty Cem. Craig Mo
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

NAME OF DECEASED Elizabeth Jane Kibler RESIDENCE Troy - Kansas
 FUNERAL AT Troy RESIDENCE Chustain MORTUARY Chustain DEPT. Chustain DATE April 18 1939 HOUR 2 P.M. CLERGYMAN Rev. Beamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		101.20	Place of Death <u>her home Troy - Kans.</u>
Casket No. <u>51 Oval top</u>			Date of Death <u>April 16 - 1939</u>
Interior <u>Cream</u> Covering <u>Steel laurel</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Px-art</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 _____
Vault			Date of Birth <u>Jan 29 - 1870</u> Age, Years <u>69</u> Months <u>2</u> Days <u>18</u>
Embalming			Occupation <u>housewife</u>
Clothing			How Long at Place of Death <u>50 yrs</u>
			Birthplace - City & County <u>Marshalltown Iowa</u> State or Country <u>Iowa</u>
			Name of Father <u>Sanford A. Younglove</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>Mary Elizabeth Price</u>
			Birthplace of Mother <u>Sumner</u>
			Signed <u>A. S. Cordorick</u> M.D. _____ Coroner
			Address <u>Troy - Mo</u> Date _____
			Interment at <u>Mt Olive Troy - Mo</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral		PS 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 Ruehke Ernest Jr Charge to Ernest Ruehke Account No. 459
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence Lutheran Church 4-21-39 Hour 2:30 PM Annual No. 306
 Clergyman Guleck 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	4-20-39	By ch.	40.48
	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				
	SALES TAX	48			
	To Funeral Complete	40.48			40.48

NAME OF DECEASED Ernest Ruhlberg Jr. RESIDENCE Troy - Kansas (R.D.)
 FUNERAL AT Lutheran RESIDENCE Rev. Tulech MORTUARY _____ CHURCH Lutheran DATE April 21-1939 HOUR 2:30 PM URGEMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Sisters Hosp.</u>
Casket No. <u>150</u> Style <u>left-foot hinge lid</u>		Date of Death <u>April 19-1939</u>
Interior <u>cream</u> Covering <u>Pea-hat</u>		Cause of Death <u>Burn</u> Contributory _____
Manufacturer <u>Pea-hat</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>M</u> Color or Race <u>W.</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Dec 14-1905</u> Years <u>3</u> Months <u>4</u> Days <u>5</u>
Embalming _____		Occupation <u>school</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City of County <u>Troy Kansas</u> State or Country <u>Kans.</u>
_____		Name of Father <u>Ernest Ruhlberg</u>
_____		Birthplace of Father <u>Troy - Kansas</u>
_____		Maiden Name of Mother <u>Ethel Cronin</u>
_____		Birthplace of Mother <u>Pala Missouri</u>
_____		Signed <u>[Signature]</u> M.D. _____ Coroner
_____		Address <u>[Address]</u>
_____		Interment at <u>Lutheran 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>MY 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 Kasselhut Augusta charge to Edsel Kasselhut Account No. 460
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at Residence _____ Mortuary Church _____ Date 4-27-39 Hour 2 P.M. Annual No. 307
 Clergyman Rev. Baumer 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>Grav + Insurance</u>	127 00	4-27-39		
	Embalsming <u>(casket + service)</u>				
	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>grave & digging</u>	17 00			
	<u>Casket + service</u>				144 00
	SALES TAX				
	To Funeral Complete	144 00			144 00

Casket + service 19.00

Not sold to F.N.B.

NAME OF DECEASED Augusta Kasselhut RESIDENCE Troy - Kansas

FUNERAL AT RESIDENCE MORTUARY CHURCH DATE HOUR CLERGYMAN

SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>her home north of Troy</u>
Casket No. <u>51</u> <u>Walton's</u> <u>size</u> <u>led</u>		Date of Death <u>April 29-1939</u>
Interior <u>cream</u> Covering <u>Emb. Rose</u>		Cause of Death <u>apoplexy</u> Contributory
Manufacturer <u>Rt - Art</u>	DEBITS	Duration Autopsy
Total Net Cost of Casket		Sex <u>F</u> Color or Race <u>W.</u>
Outer Case		Single Married <input checked="" type="checkbox"/> Widowed Divorced Child
Vault		Date of Birth <u>Oct 13-1858</u> Age, Years <u>81</u> Months <u>5</u> Days <u>21</u>
Embalming		Occupation <u>housewife</u>
Clothing		How Long at Place of Death <u>at Troy 65 years</u>
		Birthplace—City or County State or Country <u>Germany</u>
		Name of Father <u>unknown</u>
		Birthplace of Father <u>Germany</u>
		Maiden Name of Mother <u>unknown</u>
		Birthplace of Mother <u>Germany</u>
Total Cash Advances		Signed <u>A. C. Gordon</u> D. Coroner
		Address <u>Troy - Kansas</u> Date
		Interment at <u>St. Louis - Troy</u>
		Lot or Grave No. Section No.
		Shipped to
		Arrived from
		Via R. R. Date
Total Net Cost of Funeral		In Charge of
Gross Profit on Funeral <u>4855</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 Whittaker James Charge to _____ Account No. 461
 Ordered by Wm Sinclair Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 4-28-39 Hour 10 AM Annual No. 333
 Clergyman Rev. Gaston 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.....	150.00	4-28-39	By Ch. Chas Whittaker	75.00
	Embalming.....		12-25-39	.. Ch. By Mrs. B. ...	15.00
	Outer Case or Vault.....		8-2-41	.. Ch. Chas Whittaker	25.00
	Washing and Dressing.....		8-2-41	.. Disc. Tu. nettle acct	39.86
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing <u>as usual</u>				
	Transferring Body <u>short he box</u>	3.00			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	1.86			
	To Funeral Complete	154.86			154.86

NAME OF DECEASED James Whittaker RESIDENCE South of Troy - home of Mrs. Sinclair
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH DATE April 28 - 39 HOUR 10 A.M. CLERGYMAN Robt. Barton
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Home of Mrs. M. Sinclair</u>
Casket No. <u>234</u> Style <u>Pure Spruce octagon</u>		Date of Death <u>April 26 - 1939</u>
Interior <u>gray felt</u> Covering <u>Blue & Brocade</u>		Cause of Death <u>Apoplexy</u> Contributory
Manufacturer <u>Pat - Art</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>M.</u> Color or Race <u>W</u>
Outer Case		Single _____ Married _____ Widowed <u>✓</u> Divorced _____ Child _____
Vault		Date of Birth <u>Jan 8 - 1853</u> Age, Years <u>86</u> Months <u>3</u> Days <u>16</u>
Embalming		Occupation <u>Retired farmer</u>
Clothing		How Long at Place of Death <u>7 yrs</u>
		Birthplace - City or County <u>Hummelstown</u> State or Country <u>Pa</u>
		Name of Father <u>John Whittaker</u>
		Birthplace of Father <u>Penn.</u>
Total Cash Advances		Maiden Name of Mother <u>Am. Johnson</u>
		Birthplace of Mother _____
		Signed <u>A. E. Cordone</u> M.D. Coroner
		Address <u>Troy, Pa.</u> Date _____
		Interment at <u>Doughman 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>11.55</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 Jerry Knight Charge to Estate Account No. 462
 Ordered by Family Guaranteed by Arthur Knight
 Funeral at Residence Mortuary Church Date 5-7-39 Hour 2 P.M. Annual No. 308
 Clergyman Rev. P.H. Elliott 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	225.00	5-7-39		237.88
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing	2.25			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	7.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision	7.50			
	<u>Rear + front suit</u>				
	<u>Filed 5-9-39</u>				
	SALES TAX	2.88			
	To Funeral Complete	237.88			237.88

NAME OF DECEASED Seem Wright RESIDENCE Troy, Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH May-7-1939 HOUR 7 PM CLERGYMAN Rev. Elliot
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>2 miles north of Troy</u>
Casket No. <u>333</u> Style <u>Categer half Couch</u>			Date of Death <u>May 4-1939</u>
Interior <u>gray</u> Covering <u>Cot. J. Ward</u>			Cause of Death <u>gun shot wound of head suicide</u>
Manufacturer <u>Rehner</u>	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 <u>✓</u>
Vault			Date of Birth <u>Nov 14-1900</u> Years <u>38</u> Months <u>5</u> Days <u>20</u>
Embalming			Occupation <u>farmer</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>Ward Wright</u>
			Birthplace of Father <u>Waltham, Mich.</u>
			Maiden Name of Mother <u>Amelia Phalle Jr</u>
			Birthplace of Mother <u>Roanoke W. Va</u>
Total Cash Advances			Signed <u>Ray K. Rudgister</u> M.D. Coroner
			Address <u>Highland</u>
			Interment at <u>Mt. Zion Troy, Mo</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral		<u>MP 59</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 Basil Daniel Williams Account No. 463
 Ordered by Family Guaranteed by _____ Serial No. _____
 Funeral at Residence _____ Mortuary ME Church Date 5-19-1939 Time 2 30 P.M. Annual No. 334
 Clergyman Campbell Lodge Affiliations _____ Body Shipped to or from _____
Boomer

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	235 00	2-29-40		200.00
	Embalming		10-29-40		307.06
	Outer Case or Vault <u>metal</u>	95 00			
	Washing and Dressing				
	Shaving	235			
	Slumber Robe	95			
	Suit or Dress	135			
	Other Articles of Clothing	465			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls <u>Lodge</u>	66			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach <u>(Filed 6-2-39)</u>				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>mausoleum cover</u>				
	<u>cap for same grave</u>	135 00			
	SALES TAX	7 82			
	Interest	33 58			
	To Funeral Complete	507 06			

507 06

NAME OF DECEASED Daniel M Banie RESIDENCE Everett Kansas
 FUNERAL AT Trout M.E. RESIDENCE M.E. MORTUARY M.E. CHURCH M.E. DATE May 19-1939 HOUR 2:30 CLERGYMAN Beatty Campbell
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Home of Daughter Mrs Oscar Lehman</u>
Casket No. <u>333</u> Style <u>Ceteron hae Couch</u>		Date of Death <u>May 17-1939</u> <u>Everett Kan</u>
Interior <u>gray Baronet style, no flowers Jac.</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Rot-Cut</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>Oct. 3-1868</u> Age, Years <u>70</u> Months <u>7</u> Days <u>14</u>
Embalming _____		Occupation <u>carpenter</u>
Clothing _____		How Long at Place of Death <u>18 months</u>
_____		Birthplace—City or County <u>Cheron</u> State or Country <u>Ohio</u>
_____		Name of Father _____
_____		Birthplace of Father <u>Ohio</u>
_____		Maiden Name of Mother <u>Bernida Beardley</u>
_____		Birthplace of Mother <u>Antangan, Ohio</u>
Total Cash Advances _____		Signed <u>W.M. Edmonds</u> Coroner
_____		Address <u>Horton, Mo.</u> Date _____
_____		Interment at <u>mt Olive Trout-M</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>gd 14 55</u>		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____

REMARKS:

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

Funeral of Moses Manning B. Charge to Curt + Family Account No. 464
 Ordered by Curt + Family Guaranteed by _____ Serial No. _____
 Funeral at Residence _____ Mortuary _____ Church ME Date 5-22-39 Hour 2 P.M. Annual No. 335
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers W. H. K.
 Singers _____

Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	250.00	5-25-39		176.26
	Embaling.....				
	Outer Case or Vault.....	(250)	5-25-39		150.00
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	8.00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	5.00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	3.26			
	To Funeral Complete	266.26			266.26

NAME OF DECEASED Minnie B. Mason RESIDENCE 3 miles west of Troy
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Troy ME DATE May 22-1939 HOUR 2 P.M. CLERGYMAN Deamer Campbell
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____			Place of Death <u>her home 3 miles west of Troy</u>
Casket No. <u>725</u> Styl <u>Octagon state buff wood</u>			Date of Death <u>May 20-1939</u>
Interior <u>gray plush</u> Covering <u>Str. Plush</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Rob. Mettler Co.</u> DEBITS _____			Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>F</u> Color or Race <u>W.</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>May 16-1869</u> Age, Years <u>70</u> Months _____ Days <u>4</u>
Embalsming _____			Occupation <u>housewife</u>
Clothing <u>dress</u>			How Long at Place of Death <u>life near Troy</u>
			Birthplace—City or County <u>Troy</u> State or Country <u>Maine</u>
			Name of Father <u>J.B. Zimmerman</u>
			Birthplace of Father <u>Weymouth, Maine</u>
			Maiden Name of Mother <u>Susan Nelson</u>
			Birthplace of Mother <u>Ferham, Me.</u>
			Signed <u>C.E. Haller</u> M.D. _____ Coroner
Total Cash Advances _____			Address <u>Troy - Me.</u> Date _____
			Interment at <u>MT Olive</u> <u>Troy Me.</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>M.N.V. 55</u>			Source of Call _____
*Less Overhead Per Funeral _____			Insured in _____ Amount _____
Net Profit Apparent _____			Beneficiary _____
REMARKS:			
* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.			

Funeral of Rubinke Owen Gilbert Charge to Walter Rubinke Account No. 465
 Ordered by Walter Rubinke Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1-6-39 Hour _____ Annual No. 309
 Clergyman Rev. Gaston 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 (75)	25.00	1-20-41		26.82
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing	1.49			
	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				
	SALES TAX	33			
	To Funeral Complete				26.82

Handwritten notes in table: "This tax reported with", "May report", "see May report"

NAME OF DECEASED Oliver Albert Rubenke RESIDENCE Bremmer Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE June 6 1939 HOUR 2 P.M. CLERGYMAN Rev. Gaston
 SINGERS none LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. _____ Style _____		
Interior <u>Cream with covering white Lamb</u>		
Manufacturer <u>Put-out</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>Mads</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

Place of Death Home west of Bremmer
 Date of Death June 5 - 1935
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married _____ Widowed _____ Divorced _____ Child
 Date of Birth June 5 - 1879 Age Years _____ Months _____ Days 1
 Occupation _____
 How Long at Place of Death life
 Birthplace—City or County Bremmer State or County Kans
 Name of Father Walter Rubenke
 Birthplace of Father Morgan - Kans
 Maiden Name of Mother Ruthanna Barnithson
 Birthplace of Mother Dorton Ks
 Signed C. E. Malley M.D. Coroner
 Address 907 - 1st Date _____
 Interment at Bremmer Lutheran Cemetery
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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

Funeral of Brazelton Bentrice Charge to Lee Brazelton Account No. 466
 Ordered by _____ Guaranteed by Lee Brazelton Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 6-24-39 Hour 10 A.M. Annual No. 310
 Clergyman J. Mansfield 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				
	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				
	2 complete callist. Telegrams and Telephone Calls <u>Harner</u>	1.50			
	Use of _____ doz. Chairs				
	Flowers	5.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision <u>Funeral Coach</u> <u>grave decoration</u>	30.00			
	SALES TAX				
	To Funeral Complete	36.15			36.15

NAME OF DECEASED Beatrice Marie Brazelton RESIDENCE Los Angeles Cal.
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE June 24 - 39 HOUR 10 AM CLERGYMAN Rev. Campbell
 SINGERS Wm Webb LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>Shipped from California</u>		
Interior _____ Covering _____		
Manufacturer _____		
Total Net Cost of Casket		
Outer Case _____		
Vault _____		
Embalming _____		
Clothing _____		
Total Cash Advances _____		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>MA 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death Los Angeles Cal
 Date of Death June 18 - 1939
 Cause of Death Inquest Pending
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth April 12 - 1915 Years 24 Months 2 Days 6
 Occupation _____
 How Long at Place of Death _____
 Birthplace—City or County Albany State or Country Mo
 Name of Father B M Perry
 Birthplace of Father London
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed Coroner's Office Coroner
 Address Los Angeles Cal
 Interment at Belmont Washburn
 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 Kibler Chas. A. Sr. charge to Don. Co. Account No. 467
 Ordered by Family Guaranteed by R. Schumdtke Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christ Date Dec 24 1939 Hour 7 P.M. Annual No. 311
 Clergyman Rev. Beamey 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.....	50.00	7-9-39	By Ch Don. Co.	50.00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX				
	To Funeral Complete	50.00			50.00

NAME OF DECEASED Char A. Kehler Sr RESIDENCE Troy - Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE June 24-1939 HOUR 2 PM CLERGYMAN Rev. Deamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Home of Warren Kehler</u>
Casket No. <u>51</u>	Cost <u>\$125</u>		Date of Death <u>June 22-1939</u>
Interior <u>velvet</u>	Covering <u>Legal Ground</u>		Cause of Death <u>Chronic Myocarditis</u>
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 _____
Vault _____			Date of Birth <u>Nov 10-1869</u> Age, Years <u>78</u> Months <u>7</u> Days <u>12</u>
Embalming _____			Occupation <u>Ret. farmer</u>
Clothing _____			How Long at Place of Death <u>55 yrs near Troy</u>
			Birthplace—City or County <u>Findley</u> State or County <u>Ohio</u>
			Name of Father <u>George Kehler</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Margaret Halter</u>
			Birthplace of Mother <u>Findley Ohio</u>
			Signed <u>R.R. Clutz</u> M.D. Coroner
			Address <u>Ben Leland St.</u>
			Interment at <u>Mt. Olive</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
			Source of Call _____
			Insured in _____ Amount _____
			Beneficiary _____
Total Net Cost of Funeral _____			
Gross Profit on Funeral _____		<u>94.55</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.			

Funeral of Burhinka August B. Sr. East Charge to East Account No. 458
 Ordered by Family Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Methodist Date 7-2-39 Hour _____ Annual No. 336
 Clergyman C. H. Gubeck 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>& vault</u>	<u>425.00</u>	<u>6-11-41</u>	<input checked="" type="checkbox"/>	<u>481.80</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 <u>casket</u>	<u>245.00</u>			
	Clergyman <u>vault</u>	<u>95.00</u>			
	Singers <u>deacon & other exp.</u>	<u>45.00</u>			
	Casket Coach <u>tax</u>	<u>5.90</u>			
	Use of _____ Funeral Cars	<u>430.90</u>			
	Use of Flower Cars				
	Professional Supervision				
	<u>filed 7-7-39</u>				
	SALES TAX	<u>5.90</u>			
	To Funeral Complete	<u>430.90</u>			

Interest 50.90
481.80

NAME OF DECEASED August B. Reubke Sr RESIDENCE Troy - Kansas
 FUNERAL AT German Lutheran RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE July 2-1939 HOUR 2:30 PM CLERGYMAN Rev. C. H. Lubeck
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>802</u> Style <u>stat. Hely Couch</u>		
Interior <u>steel Coronado</u> <u>steel Valomis</u>		
Manufacturer <u>Ref - Art</u>		
Total Net Cost of Casket		
Outer Case		
Vault <input checked="" type="checkbox"/>		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>7TA 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

Place of Death Mo. Meth. Hosp.
 Date of Death June 30-1939
 Cause of Death Bronch Pneumonia
 Duration _____ Autopsy _____
 Sex _____ Color or Race _____
 Single Married _____ Widowed Divorced _____ Child _____
 Date of Birth May 15-1857 Age, Years 82 Months 1 Days 15
 Occupation Retired farmer
 How Long at Place of Death 7 days in Hosp.
 Birthplace—City or County _____ State or County Germany
 Name of Father Bernhard Reubke
 Birthplace of Father Germany
 Maiden Name of Mother Caroline Stentrich
 Birthplace of Mother Germany
 Signed Chas Greenberg Coroner
 Address St Joseph Ho. 4-30-3
 Interment at German Lutheran Cemetery
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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

Funeral of *Wiley Aldgeran* Charge to *John Wiley* Account No. *469*
 Ordered by *John Wiley* Guaranteed by *W. I. J.* Serial No. _____
 Funeral at Residence Mortuary Church *905* Date *7-5-39* Hour *2 P.M.* Annual No. *514*
 Clergyman *Wm. [unclear]* 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	100.00	7-5-31		51.20
	Embalming				50.00
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	1.20			
	To Funeral Complete	101.20			101.20

NAME OF DECEASED Algeran Wiley RESIDENCE Near Farming Ns.
FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH L.D.S. Farming DATE July 5-1939 TIME 2 PM CLERGYMAN W.E. Thornely
SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>his home near Farming</u>
Casket No. <u>51</u> Style <u>oval top</u>			Date of Death <u>July 3-1939</u>
Interior <u>rich</u> Covering <u>emb. Blue</u>			Cause of Death <u>acute myocarditis</u>
Manufacturer <u>Pratt</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M.</u> Color or Race <u>W</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>May 22 1856</u> Age, Yrs <u>83</u> Months <u>1</u> Days <u>11</u>
Embalming			Occupation <u>Retired farmer</u>
Clothing			How Long at Place of Death <u>16 years</u>
			Birthplace—City or County <u>State of N.Y.</u> Country <u>N.Y.</u>
			Name of Father <u>Wm Wiley</u>
			Birthplace of Father <u>in N.Y.</u>
Total Cash Advances			Maiden Name of Mother <u>Mary Spurgin</u>
			Birthplace of Mother <u>in N.Y.</u>
			Signed <u>C.E. Daller</u> M.D. _____ Coroner _____
			Address <u>1205 Ham</u> Date <u>7-4-39</u>
			Interment at <u>St. Anne</u> <u>Troy Ns</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>20.55</u>			Source of Call _____
*Less Overhead Per Funeral			Insured in _____ Amount _____
Net Profit Apparent			Beneficiary _____

REMARKS:

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

Funeral of Garrin William Ulland to Mrs Garrin Account No. 470
 Ordered by Mrs Garrin Guaranteed by _____ Serial No. _____
 Funeral at Masonic Mortuary Church Temple Date July 14-39 Hour 7:30 P.M. Annual No. 312
 Clergyman Rev Beamer Lodge Affiliations Masonic 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	8-9-39		100 00
	Embalming		7-27-39		263 88
	Outer Case or Vault	95 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				
	SALES TAX	3 88			
	To Funeral Complete	363 88			363 88

Handwritten circled notes:
 265
 95
 360

Handwritten note:
 Filed 8-22-39

NAME OF DECEASED William Allen Garvin RESIDENCE Troy Kansas
 FUNERAL AT Masonic Temple RESIDENCE Masonic MORTUARY Temple CHURCH Temple DATE July 18-1939 HOUR 2:30 PM CLERGYMAN I. D. Beamer
 SINGERS male quartette 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>772</u> Style <u>statue Couch</u>		Date of Death <u>July 16-1939</u>
Interior <u>Almercy</u> Covering <u>steel & silver pipe</u>		Cause of Death <u>acute atrophy of liver</u>
Manufacturer <u>ret - out</u>	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 <u>metal</u>		Date of Birth <u>June 13-1846</u> Age, Years <u>93</u> Months <u>1</u> Days <u>1</u>
Embalming		Occupation <u>Retired farmer</u>
Clothing		How Long at Place of Death <u>since June 8-1870</u>
		Birthplace—City or County <u>Jackson County Ohio</u> State <u>Ohio</u>
		Name of Father <u>Edward G. Garvin</u>
		Birthplace of Father <u>Bedford County Ohio</u>
Total Cash Advances		Maiden Name of Mother <u>Jane C. Blake</u>
		Birthplace of Mother <u>Jackson County Ohio</u>
		Signed <u>I. D. Beamer</u> M.D. _____ Coroner
		Address <u>Troy - Kansas</u> Date <u>7-18-39</u>
		Interment at <u>St. Luke</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>209.55</u>		Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____
REMARKS:		

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

Funeral of Knights Pearl Charge to _____ Account No. 471
 Ordered by Childers + Johnson Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date 9-3-39 Hour 2 P.M. Annual No. 213
 Clergyman Rev. Elliott Lodge Affiliations _____ Body Shipped to or from _____

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

dress
 OYM
 N 55
 Paid Sept. 15-39 F.W. Behr 3500

Insurance Policies
 Metcaline
 Paid 4/13 ch 35201

Date	Description of Service	Amount	Date	Credits
	Casket and Services ✓	100 00	Sept 11-39	Cash for Knight 40 00
	Embalming		Sept 14-39	Monument of Life Co. 82 80
	Outer Case or Vault			
	Washing and Dressing			
	Shaving			
	Slumber Robe			
	Suit or Dress <i>dress</i>	8 00		
	Other Articles of Clothing			
	Transferring Body			
	Door Badge			
	Opening Grave <i>+ perpetual care</i>	10 00	X	
	Newspaper Notices			
	Telegrams and Telephone Calls			
	Use of _____ doz. Chairs			
	Flowers	3 50	X	
	Clergyman			
	Singers			
	Casket Coach			
	Use of _____ Funeral Cars			
	Use of Flower Cars			
	Professional Supervision			
	SALES TAX	1 36	X	
	To Funeral Complete	127 86		127 86

*100
108*

NAME OF DECEASED Mary Pearl Knight RESIDENCE Troy - Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE Sept 3-1939 HOUR 2 PM CLERGY MAN Rev. Elliot
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Ms. Meth. Hosp</u>
Casket No. <u>51</u> Style <u>dual top</u>		Date of Death <u>Aug. 31-1939</u>
Interior <u>Cream</u> Covering <u>Embossed</u>		Cause of Death <u>Chronic Nephritis</u>
Manufacturer <u>R. A. Art</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 _____
Vault _____		Date of Birth <u>Sep. 23-1881</u> Age, Years <u>58</u> Months <u>8</u> Days <u>8</u>
Embalming _____		Occupation <u>housewife</u>
Clothing _____		How Long at Place of Death _____
Total Cash Advances _____		Birthplace—City or County <u>Atchison</u> State or Country <u>Kansas</u>
		Name of Father <u>John P. Knight</u>
		Birthplace of Father <u>Illinois</u>
		Maiden Name of Mother <u>Lettie Smith</u>
		Birthplace of Mother <u>Iowa</u>
		Signed <u>Ed Carl</u> M.D. _____ Coroner _____
		Address <u>St Joseph Mo</u> Date <u>9-1-39</u>
		Interment at <u>McElree 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>2A 55</u>	Insured in <u>Monumental Life Co</u>
*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 Blanton Jesse Charge to Est. Account No. 472
 Ordered by Family Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Methodist Date 6-39 Hour 2:30 PM Annual No. 337
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	3 50 00	8-17-40	By Chas. H. Starnes	200.00
	Embalmng		6-28-41		205.91
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <u>suit</u>	25.00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	8 16		X	
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		Interest 18.05			
		SALES TAX 4.70		X	
	To Funeral Complete	405.91			405.91

350
 145
 375

Filed Oct 19-1939

Interest to 8-17-41

Interest 18.05
 SALES TAX 4.70

NAME OF DECEASED Jesse Blanton RESIDENCE 2 miles south Sparks
 FUNERAL AT Sparks RESIDENCE MORTUARY CHURCH Sparks DATE Sept 7 1939 HOUR 2:30 CLERGYMAN
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>9505</u> Style <u>Medium size, dark</u>	
Interior <u>dark wood</u>	
Manufacturer <u>W. H. Miller Co.</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing <u>suit</u>	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>YNM 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

PERSONAL AND STATISTICAL

Place of Death his home 2 miles S. Sparks
 Date of Death Sept 4 - 1939
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth Aug 17 - 1856 Age 83 Years _____ Months _____ Days 17
 Occupation Ret farmer
 How Long at Place of Death near Sparks 73 yrs
 Birthplace—City or County Harlan State or Country Ky
 Name of Father Lewis Blanton
 Birthplace of Father Kentucky
 Maiden Name of Mother Barbara Johnson
 Birthplace of Mother Kentucky
 Signed W. Neidinger M.P. _____ Coroner _____
 Address _____ Date _____
 Interment at Sola Cemetery Sparks
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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

Funeral of John L. Hagan Charge to F. St. Account No. 473
 Ordered by Family Guaranteed by _____ Serial No. _____
 Funeral at Residence Mortuary Church Date Oct 4-39 Hour _____ Annual No. 314
 Clergyman L. D. Beamer Lodge Affiliations A. F. U. - 1004 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	285 00	11-15-39		48 62
	Embalming ✓				250 00
	Outer Case or Vault				
	Washing and Dressing				
	Shaving ✓				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	10 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	3 62			
	To Funeral Complete	298 62			298 62

2783

*Final payment
10-6-39*

NAME OF DECEASED John L. Hagan RESIDENCE Tracy, Mo.
 FUNERAL AT RESIDENCE MORTUARY CHURCH X DATE 10-4-39 HOUR 2:00 PM CLERGYMAN Rev. I. D. Beamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	VTN PA	Place of Death <u>Tracy, Mo.</u>
Casket No. <u>802</u> Style <u>State hall couch</u>		Date of Death <u>10-2-39</u>
Interior <u>White Linen</u> Covering <u>Smoke Silhouette</u>		Cause of Death <u>Coronary heart disease</u> Contributory _____
Manufacturer <u>Rx</u>		Duration _____ Autopsy _____
Total Net Cost of Casket	DT 55	Sex <u>M</u> Color or Race <u>W</u>
Outer Case		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>Oct 6, 1869</u> Age, Years <u>69</u> Months <u>11</u> Days <u>26</u>
Embalming	YS 55	Occupation <u>Businessman</u>
Clothing		How Long at Place of Death <u>22 yrs</u>
		Birthplace—City or County <u>Callinville</u> State or Country <u>Mo.</u>
		Name of Father <u>James Hagan</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>Amanda Lewis</u>
<u>Balance</u>	P 58	Birthplace of Mother _____
<u>try</u>	O PY	Signed <u>A. E. Anderson</u> M.D. _____ Coroner
		Address <u>Tracy, Mo.</u> Date <u>Oct. 3, 1939</u>
		Interment at <u>Mt. Olive - Tracy</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral	NN PY	In Charge of _____
Gross Profit on Funeral	VMS 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 Mrs. Mary Alice Miller Charge to Est. Account No. 474
 Ordered by Family Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Oct-5-39 Hour 2:00 P.M. Annual No. 315
 Clergyman D. J. Beemer Lodge Affiliations S.B.A. Body Shipped to or from _____

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

*Great
 O.M.A.
 8.65*

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	150 00	Oct. 7, 1939		152 05
	Embalming		11-3-39		16 22
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <i>Dress 7.85 Slip .80</i>	8 65			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	5 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<i>Boards</i>	2 50			
	SALES TAX	2 12			
	To Funeral Complete	168 27			168 27

*150.00
 15.00
 14.05
 15*

2

2

NAME OF DECEASED Mary Alice Miller RESIDENCE Troy, Ks.
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE _____ HOUR _____ CLERGYMAN D. J. Beamce
 SINGERS Carlson & Barbee LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		MPN/YA	Place of Death <u>Linn, Ks.</u>
Casket No. <u>237</u> Style <u>high priced perfect design</u>			Date of Death <u>Oct. 3, 1929</u>
Interior <u>silver</u> Covering <u>burial</u>			Cause of Death <u>Cerebral hemorrhage</u> Contributory _____
Manufacturer <u>RV</u>			Duration _____ Autopsy _____
Total Net Cost of Casket	05 00		Sex <u>A.</u> Color or Race <u>W</u>
Outer Case			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault			Date of Birth <u>May 10, 1871</u> Age, Years <u>68</u> Months <u>4</u> Days <u>20</u>
Embalming	Y 5 00		Occupation <u>Housewife</u>
Clothing	0 MA		How Long at Place of Death <u>4 5 yrs</u>
			Birthplace—City or County <u>Marysville</u> State or Country <u>Kent.</u>
			Name of Father <u>Smith & Howard</u>
			Birthplace of Father <u>Ohio</u>
Total Cash Advances			Maiden Name of Mother <u>Margaret Loukin</u>
<u>Brands</u>	Y DS		Birthplace of Mother <u>Ohio</u>
<u>tax</u>	Y NY		Signed <u>C. E. Walker</u> M.D. _____ Coroner
			Address <u>Linn, Ks.</u> Date <u>Oct. 4, 1929</u>
			Interment at <u>W. A. Ohio</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral	DP AT		In Charge of _____
Gross Profit on Funeral		MMMN/Y	Source of Call _____
*Less Overhead Per Funeral			Insured in <u>S. B. A.</u> 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 Collins Coral Ellen Charge to Mrs M E Norton Account No. 475
 Ordered by Mrs M E Norton Guaranteed by " " Serial No. 714 Spruce
 Funeral at Residence Mortuary Church Christon Date Oct 15 57 Hour 2:30 PM Annual No. 316
 Clergyman Rev Elliot Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	235 00	11-4-39		
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing <u>+ dress</u> X	10 00			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers <u>Bal. flowers</u>	10 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Mt Carmel Cemetery Assn</u>	37 00			
	SALES TAX	3 07			
	To Funeral Complete	295 07			295 07

Dress
OKM
MS 55
Pay 11-4-39
FOB ch 35-40

235
 10
 37
 3

 295

By ch 19 orders
 State City Nat Bank
 for Mrs M E Norton

NAME OF DECEASED Cora Ellen Collins RESIDENCE Troy - Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE Oct. 15 - 1939 HOUR 2:30 PM CLERGYMAN Rev. P.H. Elliott
 SINGERS Mrs. Rev. Elliott LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>333</u> Styl. <u>Anterior Half Queen</u>		
Interior <u>Ant. Int.</u> Covering <u>Flower Breasted Wood</u>		
Manufacturer _____		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>MANSS</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL

Place of Death her home Troy Kans.
 Date of Death Oct. 13 - 1939
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race _____
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Sept 2 - 1878 Age, Years 61 Months 1 Days 11
 Occupation housewife
 How Long at Place of Death 9 Troy City 13 years
 Birthplace - City or County Sandy Point or Country Mo
 Name of Father Levi Day
 Birthplace of Father unknown
 Maiden Name of Mother Cora
 Birthplace of Mother unknown
 Signed C. Haller M.D. _____ Coroner _____
 Address Troy - Mo Date _____
 Interment at St. Charles Troy - Mo
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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

Deceased John W. Fugton Charge to Mrs Emma Fugton Account No. 476
 Decided by _____ Guaranteed by Black Serial No. _____
 Funeral at _____ Residence _____ Mortuary Moray Church _____ Date Dec 23 39 Hour 1:30 PM 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
 Singers
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....				
	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 <u>+ services</u>	<u>15.00</u>			
	Use of.....Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>L.R. Black</u> <u>Carrington</u> <u>1125 1/2</u> <u>W. 1st St</u> <u>RE</u> <u>Mo</u>				
	<u>L.R. Black</u> <u>SALES TAX</u> <u>5442</u> <u>4000</u> <u>am</u> <u>To Funeral Complete</u>	<u>15.00</u>			

NAME OF DECEASED John W. Fulton RESIDENCE Denver Colorado.
 FUNERAL AT Moray CHURCH Moray DATE Oct. 23-39 HOUR 1:30 PM CLERGYMAN Rev. Gaston
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. _____ Style <u>Large panel octagon</u>	
Interior <u>Walch</u> Covering <u>light blue</u>	
Manufacturer <u>Furnished by church</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>MS 59</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 Denver Colorado.
 Date of Death Oct. 20 - 1939
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M. Color or Race W.
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Nov 8 - 1873 Age, Years 65 Months 11 Days 12
 Occupation _____
 How Long at Place of Death _____
 Birthplace—City or County _____ State or Country _____
 Name of Father Jonathan Fulton
 Birthplace of Father Ireland
 Maiden Name of Mother ambrose
 Birthplace of Mother Ireland
 Signed V. R. Boynton M.D. Coroner
 Address Denver Sun Hoops Date _____
 Interment at Moray cemetery
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

Funeral of Keckler Eileen Kate Charge to Pd. Account No. 477
 Ordered by daughters Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary ME Church _____ Date 10-31-39 Hour 4 PM Annual No. 317
 Clergyman Rev. Bernier 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	165.00	10-30-39		
	Embalming + to Cemetery care	28.00			
	Outer Case or Vault				200.00
	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	5.00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	1.98			
	To Funeral Complete	200.00			200.00

165

By Ch. Mary Delaney
 for Mrs. Keckler
 present at F. X. Ross

NAME OF DECEASED Ellen Kate Keckler RESIDENCE Home of Mrs Geo. Schwartz
 FUNERAL AT M.E. Troy RESIDENCE 1717 1/2 Commercial St. St. Joseph Mo DATE Oct 31-1939 HOUR 7 PM. CLERGYMAN Rev. Deamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral <u>200.00</u>		
Casket No. <u>734</u> Style <u>Hinge panel Octagon</u>		
Interior <u>grey art</u> Covering <u>Red-art</u>		
Manufacturer _____		
Total Net Cost of Casket _____		
Outer Case _____		
Vault _____		
Embalming _____		
Clothing _____		
Total Cash Advances _____		
Total Net Cost of Funeral _____		
Gross Profit on Funeral <u>Mod 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 Geo Schwartz
 Date of Death Oct. 29-1939
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W.
 Single _____ Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth June 6/1856 Age, Years 83 Months 4 Days 13
 Occupation housewife
 How Long at Place of Death 3 1/2 years
 Birthplace—City or County Adams Co State or Country Iowa
 Name of Father Christian Geigler
 Birthplace of Father Iowa
 Maiden Name of Mother Wilmamou
 Birthplace of Mother _____
 Signer B.B. Seaman M.D. Coroner
 Address St. Joseph Mo Date 10-29-39
 Interment Mt. Olive Troy Mo.
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

Funeral of Kennard Williams Charge to Doniphan County Account No. 478
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Nov 3-39 Hour _____ Annual No. 318
 Clergyman Rev. Beamer 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.....	50.00	12-6-39		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.....				
	SALES TAX				
	To Funeral Complete	50.00			50.00

NAME OF DECEASED William Kemnard RESIDENCE Troy - Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH No. 3-1939 HOUR 8 PM CLERGYMAN Rev. Plamer
 SINGERS P.A. System LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral	50.00	
Casket No. <u>51</u> Style <u>flat top</u>		
Interior <u>Pr - art</u> Covering _____		
Manufacturer _____		
Total Net Cost of Casket		
Outer Case _____		
Vault _____		
Embalming _____		
Clothing _____		
Total Cash Advances _____		
Total Net Cost of Funeral		
Gross Profit on Funeral	05.50	
*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 Lis home Troy - Kansas
 Date of Death Nov. 1 - 1939
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M. Color or Race W.
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth June 5 - 1872 Age, Years 67 Months _____ Days 26
 Occupation day laborer
 How Long at Place of Death 17 years
 Birthplace Deer Creek County Deer State or Country Mo
 Name of Father Emmanuel
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed C. E. Hallis M.D. _____ Coroner _____
 Address _____ Date _____
 Interment at St. Anne Cemetery
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. _____ Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

Funeral of Cumingham Pruth Charge to Boyd Cumingham Account No. 479
 Ordered by Boyd Cumingham Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 11-7-39 Hour 9 AM Annual No. 319
 Clergyman Father Patrick O'Shea Lodge Affiliations St. Bonavent 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	125.00	1939 Nov	<input checked="" type="checkbox"/>	125.00
	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				
	SALES TAX	1.50			1.50
	To Funeral Complete	126.50			126.50

Boyd Cumingham

Debit Tax Pd

NAME OF DECEASED Ruth Kathryn Cunningham RESIDENCE Kansas City Mo
 FUNERAL AT St. Benedict RESIDENCE St. Benedict MORTUARY St. Benedict CHURCH St. Benedict DATE 11-7-39 HOUR 9 AM CLERGYMAN Patrick O'Kea
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral	125.00	
Casket No. <u>51</u> Style <u>oval top</u>		
Interior <u>cream</u> Covering <u>eyel & buckle</u>		
Manufacturer <u>Ret. cert</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming <u>at K.C. Paid by</u>		
Clothing <u>Boyd Cunningham</u>		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>NA 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL

Place of Death Kansas City Mo
 Date of Death Nov. 5-1939
 Cause of Death Pul. T.B. Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W.
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Dec. 30-1908 Age, Years 30 Months 10 Days 5
 Occupation mail
 How Long at Place of Death 3 years
 Birthplace—City or County Denton, Va. State or Country _____
 Name of Father Wm. Cunningham
 Birthplace of Father Plainsville - Ill.
 Maiden Name of Mother Anna Stivers
 Birthplace of Mother South Fayette - Ohio
 Signed _____ M.D. _____ Coroner _____
 Address K.C. Mo Date _____
 Interment at Denton Cemetery
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call Boyd Cunningham
R.D. 5 St. Joseph - Mo
 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 for Gummerman Mary E. Charge to East. Account No. 480
Sis (Aunt Mollie) Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Clarendon Date Nov 8-39 Hour 2 P.M. Annual No. 320
 Clergyman Rev. Haston Lodge Affiliations _____ Body Shipped to or from _____

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

*Order paid
to H. E. K.
A. N. R. & C. K. 3610*

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	295.00	2-15-40	✓	420.99
	Embalming				
	Outer Case or Vault <u>rent</u>	100.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <u>dress</u>	9.50		✓	
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls <u>To N.Y.</u>	.76		✓	
	Use of _____ doz. Chairs				
	Flowers	10.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	5.73			
	To Funeral Complete	420.99			420.99

(Circled totals: 295, 100.50, 104.50)

(Handwritten note: Paid Nov. 17-39)

NAME OF DECEASED Amnt Mollie Zimmerman RESIDENCE 3 miles S. W. of Troy
 FUNERAL AT Bendera RESIDENCE Bendera MORTUARY Bendera CHURCH Bendera DATE Nov. 8, 39 HOUR 7 PM CLERGYMAN Rev. Gaston
 SINGERS Sonnie Pope LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>766</u> Styl. <u>state half Couch</u>		
Interior <u>rose color</u> Upholstering <u>Cedar</u> <u>Upholstery</u>		
Manufacturer <u>W. H. Hart</u>		
Total Net Cost of Casket		
Outer Case		
Vault <u>Coffin finish</u>		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>YAS</u>	<u>55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

PERSONAL AND STATISTICAL

Place of Death her home S. W. of Troy
 Date of Death Nov. 6 - 1939
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W.
 Single _____ Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Sept 20, 1850 Age, Years 89 Months 1 Days 16
 Occupation housewife & farmer
 How Long at Place of Death 70 years
 Birthplace—City or County Lawson State or Country Mo
 Name of Father Thomas P. White
 Birthplace of Father _____
 Maiden Name of Mother Matilda Eukenhous
 Birthplace of Mother _____
 Signed R. R. Clute M.D. _____ Coroner _____
 Address Bendera Date _____
 Interment at W. H. Hart 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 _____

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

Funeral of Germann Walter Lee charge to Est. Account No. 481
 Ordered by Janette & Sophie Guaranteed by _____ Serial No. _____
 Funeral at Residence Mortuary _____ Church _____ Date 11-15-39 Hour 2 P.M. Annual No. 321
 Clergyman Rev. Gaston Lodge Affiliation Masonic - Bendena Lodge 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 ³⁵⁰ + <u>rainet</u>	450 00	12-4-39		464 61
	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	3 36			
	Use of _____ doz. Chairs				
	Flowers	5 05			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	6 20			
	To Funeral Complete	459 56			464 61

464 61

NAME OF DECEASED Walter Lee Zimmerman RESIDENCE 2 1/2 miles N.E. of Bendena
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Nov 13-1939 HOUR 2 PM CLERGYMAN Rev Gaston
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>his home N.E. of Bendena</u>
Casket No. <u>212 S</u> Style <u>R. Co. Job</u>		Date of Death <u>Nov 13-1939</u>
Interior <u>grey Crpe</u> Covering <u>steel R.B.</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Ray Metal Co</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>M.</u> Color or Race <u>W.</u>
Outer Case		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault <u>metal</u>		Date of Birth <u>Aug 26 1861</u> Age, Years <u>78</u> Months <u>2</u> Days <u>17</u>
Embalming		Occupation <u>Banker - Farmer</u>
Clothing		How Long at Place of Death <u>life</u>
		Birthplace—City or County <u>Bendena</u> State or Country <u>Ms.</u>
		Name of Father <u>John C. Zimmerman</u>
		Birthplace of Father <u>Fredrick Md</u>
		Maiden Name of Mother <u>Catherine Lee</u>
		Birthplace of Mother <u>Buchanan Co - Mo</u>
		Signed <u>B.P. Clift</u> M.D. _____ Coroner
		Address <u>Bendena Ms</u> Date <u>11-14-39</u>
		Interment at <u>Mt Olive Troy - Ms.</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>084 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.

Funeral of Wilson Roney Charge to Low County Account No. 488
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Dec 26-39 Hour 7 PM Annual No. 322
 Clergyman Rev. Barnes 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	50.00	3-7-40	By Ch. Doniphan Co.	50.00
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Applied</u>				
	SALES TAX				
	To Funeral Complete	50.00			50.00

NAME OF DECEASED Ruby Wilson RESIDENCE Troy - Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____
 DATE Dec 26-1939 HOUR 2 PM CLERGYMAN Rev. Beamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS
Charge for Complete Funeral	
Casket No. _____ Style <u>flat top</u>	
Interior <u>Cream</u> Covering <u>crepe</u>	
Manufacturer <u>24-cut</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral <u>72.55</u>	
*Less Overhead Per Funeral	
Net Profit Apparent	

PERSONAL AND STATISTICAL

Place of Death her home Troy Kans.
 Date of Death Dec. 24-1939
 Cause of Death Coronary Thrombosis
 Duration _____ Autopsy _____
 Sex F Color or Race W.
 Single _____ Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth April 26-1871 Age, Yrs. 68 Months 7 Days 28
 Occupation housewife
 How Long at Place of Death 20 yrs
 Birthplace—City or County Nodaway Mo. State or Country Mo.
 Name of Father Mary Kelley
 Birthplace of Father Michigan
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed A. L. Cordover M.D. Coroner
 Address Troy Mo. Date _____
 Interment at St. Anne Cemetery
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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