

HARMAN FUNERAL HOME

1940 TO 1942

INDEX

Surname	given name	record no.	Surname	given name	record no.
ANDRUS	NANCY JANE	588	GARVIN	MARY CATHERINE	514
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BLANTON	PHYLLIS VIRGINIA	507	GOSS	HARRY B	568
BOEH	FLORENTINE	590	GRAVES	HUGH	502
BONHAM	MINNIE	511	HALE	MICHAEL S	495
BROWNLEE	ELZIE	580	HALL	DAVID C	519
BROWNLEE	JEFFERSON D	579	HARR	JESSE JAMES	500
BROWNLEE	WILLIAM W	591	HARRIS	EMMA	611
BURKHALTER	GEORGE H	548	HARTMAN	LAURENCE T C	510
BYERS	MABEL	553	HIGHLEY	MARY	523
			HOWLAND	CLARENCE E	529
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CASTLE	BERTIE	593			
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CHAPPLE	JESS	501	JESCHKE	EMMA	561
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			KOEHLER	GLENN E	515
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			LARSON	ELLEN	528
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			LARSON	NELSE B	566
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FRANKS	BENOIR R A	607	LOROFF	FRANK	533
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HARMAN FUNERAL HOME
1940 TO 1942
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Surname	given name	record no.	Surname	given name	record no.
MALLER	JAMES H	536	SANDY	WILLIAM C	546
MANSPERGER	JAN	505	SCHOENFELDE	BETTY LOU	597
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MCCONNAUGHEY	BETTY JO	594	SIMPSON	ALICE C	541
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MEERS	CYRUS WALTER	557	SMITH	MARY LOUCILE	489
MERRICK	DR R H	554	STEAVENTS	FRED	608
MERSHON	JOHN W	524	STOUT	OHE	526
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MIX	ELIZABETH C	509	TALBERT	CARL	600
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ROBINSON	LAURA	550	ZIMERMAN	HERMAN	539
ROBINSON	NEAL W	552	ZIMMERMAN	ISAAC M	562
ROLAND	NILS W	601			
ROSSUM	MARY	555			
RUDEBAUGH	LOUISA J	512			
RUFER	FRED	609			
RULLMAN	ALICE E	517			

Funeral of Caldwell Thomas E Charge to Est Account No. 483
 Ordered by _____ Guaranteed by Judge Bell Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1-19-40 Hour 2 PM Annual No. 338
 Clergyman Rev. Beamer Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial	Date	Description of Service	Amount	Date	✓	Credits
Cemetery		Casket and Services	523.00	Mar 15-40 by Clerk		584 99
Grave No.		Embalming				
Lot No.		Outer Case or Vault				
Block No.		Washing and Dressing				
Section		Shaving				
Pall Bearers		Slumber Robe				
		Suit or Dress <u>no-wear shirt tie</u>	35.00			
		Other Articles of Clothing				
		Transferring Body				
		Door Badge				
		Opening Grave				
		Newspaper Notices				
		Telegrams and Telephone Calls	4.81			
		Use of _____ doz. Chairs				
		Flowers	10.00			
		Clergyman	5.00			
Singers		Singers				
		Casket Coach				
		Use of _____ Funeral Cars				
		Use of Flower Cars				
		Professional Supervision				
Insurance Policies		<u>Filed Jan 29-1940</u>				
		SALES TAX	7.18			
		To Funeral Complete	584.99			584 99

Funeral of Miller Jessie Lee Charge to Est. Account No. 484
 Ordered by Huss Family Guaranteed by Jas Huss Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Date Jan 8-1940 Hour 2 P.M. Annual No. 337
 Clergyman Rev. Hally Myers Age 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.....	285.00	1-13-40		288.42
	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.....	19.40			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	3.42			
	To Funeral Complete	298.42			288.42

Filed May 24

NAME OF DECEASED Jessie Lee Miller RESIDENCE Severance Ks. R.D.
 FUNERAL AT Severance RESIDENCE Severance MORTUARY Christian CHURCH Christian DATE Jan 8-1940 HOUR 7 P.M. CLERGYMAN Halter Myer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>802</u> Style <u>staple hgt Couch</u>		
Interior <u>gray Barnette</u> Covering <u>smooth silk</u>		
Manufacturer <u>W. & A. Co.</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>YSA 93</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 Mo Meth Hosp.
 Date of Death Jan 5-1940
 Cause of Death Diabetes
 Duration _____ Autopsy _____
 Sex F Color or Race W.
 Single _____ Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Jan 21-1884 Age, Years 55 Months 6 Days 14
 Occupation house keeper
 How Long at Place of Death Severance life
 Birthplace—City or County Severance State or Country Kansas
 Name of Father James Huss
 Birthplace of Father _____
 Maiden Name of Mother Isabel Halter
 Birthplace of Mother _____
 Signed Dr. Carl M.D. Coroner
 Address St Joseph Mo. Date 1-6-40
 Interment at Oak Hill Severance Ks
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

Funeral Thurmond John W. Charge to Don County Account No. 485
 Ordered by Mrs Leo Blanton Guaranteed by M. L. Chaffee Office No. office
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1-8-40 Hour 10 AM Annual No. 340
 Clergyman Rev. Boomer 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		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</u>				
	SALES TAX				
	To Funeral Complete				50.00

NAME OF DECEASED John William Thurman RESIDENCE Troy - Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Jan 8 - 1946 HOUR 10 AM CLERGYMAN Bob Beaver
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	50.00
Casket No. <u>0</u> Style <u>flat top crape</u>	
Interior <u>cream</u> covering <u>crepe</u>	
Manufacturer <u>Robt. Metcalfe & Co.</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>24.53</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

PERSONAL AND STATISTICAL

Place of Death Fullbright Hotel Troy
 Date of Death Jan 6 - 1946
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M. Color or Race W.
 Single _____ Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth July 9 - 1857 Age, Years 88 Months 5 Days 27
 Occupation retired salesman
 How Long at Place of Death 2 1/2 years
 Birthplace—City or County Knights town or Country Indiana
 Name of Father Jacob Thurman
 Birthplace of Father Derry County Indiana
 Maiden Name of Mother Elizabeth Judd
 Birthplace of Mother Indiana
 Signed Ch. Haller M.D. Coroner
 Address Troy - Kansas Date _____
 Interment at Oak Cemetery Sparks Ks.
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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

T.H. M.M.A.

Funeral of Simpson Bertha Mae Charge to J. O. Simpson Account No. 486
 Ordered by J. O. Simpson Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Methodist Date 1-14-40 Hour 7:30 AM Annual No. 341
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

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

Singers
 AMT
 MPTD
 Dues Paid FARE 35.84

Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	285.00	1-22-40	Byck J. Simpson	310.81
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <i>dress & clothing</i>	16.95			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	5.00	20		
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	3.86			
	To Funeral Complete	310.81			310.81

NAME OF DECEASED Bertha Mae Simpson RESIDENCE Sparks - Kans
 FUNERAL AT RESIDENCE MORTUARY CHURCH Sparks DATE Jan 14-1940 HOUR 2:30 PM CLERGYMAN
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>802</u> Style <u>stab hgt Couch</u>		
Interior <u>grey Baronette smole pillow etc</u>		
Manufacturer <u>px-art</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>gsd 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death Mo. Meth. Hosp
 Date of Death Jan 11-1940
 Cause of Death carb toxic Carditis
 Duration _____ Autopsy
 Sex F Color or Race W
 Single Married Widowed Divorced Child
 Date of Birth Feb 26 1895 Age, Years 44 Months 10 Days 11
 Occupation housewife
 How Long at Place of Death 2 days
 Birthplace—City or County Sparks State or Country Kansas
 Name of Father David Guy
 Birthplace of Father Missouri
 Maiden Name of Mother Eliza Trowbridge
 Birthplace of Mother unknown
 Signed Dr. Carle M.D. _____ Coroner
 Address St Joseph Mo Date Jan 12-1940
 Interment at Eden Sparks 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.

NAME OF DECEASED Robert Emmett Sealey RESIDENCE 4 miles south of Troy
 FUNERAL AT RESIDENCE MORTUARY CHURCH Dan 24-1940 HOUR 2 PM CLERGYMAN Rev. Gaston
 SINGER Wife, Peterson, Olson, Gaston LODGE AFFILIATIONS _____
Dammevich friends.

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>777</u> Style <u>Large panel state</u>		
Interior <u>silver facing</u> <u>state Repley cloth</u>		
Manufacturer <u>Rt - Art</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing <u>underwear & tie</u>		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>11.55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

PERSONAL AND STATISTICAL

Place of Death Home of A.L. Dammevich
 Date of Death Jan 22-1940
 Cause of Death Hydrothorax Pneumonia
 Duration _____ Autopsy
 Sex M. Color or Race W.
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Oct 12-1857 Age Years 82 Months 3 Days 10
 Occupation farmer
 How Long at Place of Death 68 yrs.
 Birthplace—City or County Elwood State or Country Kan
 Name of Father Horace Sealey
 Birthplace of Father Prigg, Penn.
 Maiden Name of Mother Evelyn Conaway
 Birthplace of Mother St. Louis - Mo
 Signed R.P. Chubb M.D. Coroner
 Address Bendish Kas
 Interment at Mt Olive Troy Kas
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

* 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 Frank Crowley RESIDENCE 3 miles south of Troy
 FUNERAL AT St. Charles RESIDENCE MORTUARY CHURCH DATE Jan 24-1940 HOUR 10AM CLERGYMAN Rev. Edna Schmitz
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket <u>cream color</u> <u>metal</u> <u>State Half Couch</u>		
Interior <u>metal</u> <u>Ref-cut</u>		
Manufacturer		
Total Net Cost of Casket		
Outer Case		
Vault <u>concrete</u>		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>4.55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

PERSONAL AND STATISTICAL

Place of Death his home south of Troy
 Date of Death Jan 22-1940
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Dec 15-1878 Age, Years 61 Months 1 Days 7
 Occupation Teacher & farmer
 How Long at Place of Death entire life
 Birthplace—City or County Troy State or Country Kansas
 Name of Father Timothy Crowley
 Birthplace of Father Ireland
 Maiden Name of Mother Honora Morrissey
 Birthplace of Mother Ireland
 Signed W. E. Cordon Coroner
 Address Troy, Mo. Date _____
 Interment at 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 _____

* 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 Mary Loucile Smith RESIDENCE Troy Kent.
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Jan 31-1940 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 Mr. Grant Jackson Sr</u>
Casket No. <u>51</u> Style <u>flat top crape</u>			Date of Death	<u>Jan 29-1940</u> <u>Troy, Mo</u>
Interior <u>Cream</u> Covering <u>crape</u>			Cause of Death	<u>Branch Pneumonia</u>
Manufacturer <u>Rx-art</u>	DEBITS		Duration	
Total Net Cost of Casket			Autopsy	
Outer Case			Sex	<u>F</u> Color or Race <u>W</u>
Vault			Single	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Embalming			Date of Birth	<u>May 17-1881</u> Age, Years <u>58</u> Months <u>8</u> Days <u>16</u>
Clothing			Occupation	<u>house keeper</u>
			How Long at Place of Death	<u>4 months</u>
			Birthplace—City or County	<u>Arrington, Mo</u>
			Name of Father	<u>Stover</u>
			Birthplace of Father	<u>Ky</u>
			Maiden Name of Mother	<u>unknown</u>
			Birthplace of Mother	<u>"</u>
Total Cash Advances			Signed	<u>C. E. Maller</u> M.D. Coroner
			Address	<u>Troy Mo</u> Date _____
			Interment at	<u>St. Olive - Troy</u>
			Lot or Grave No.	
			Section No.	
			Shipped to	
			Arrived from	
			Via	R. R. Date _____
			In Charge of	
Total Net Cost of Funeral			Source of Call	
Gross Profit on Funeral		<u>yd 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 Nelson Oliver T. Charge to Mrs Nelson Account No. 490
 Ordered by Mrs Nelson Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Mary Date 2-4-40 Hour 2 P M Annual No. 245
 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	2.00 00	1-8-41	✓	333.17
	Embalming <u>at Topeka</u>	25.00			
	Outer Case or Vault <u>metal</u>	95.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>shirt</u>	1.00			
	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				
	<u>cleaning & pressing suit</u>	7.5			
	<u>filed 3-13-39</u>				
	SALES TAX	4.42			
	To Funeral Complete	333.17			333.17

NAME OF DECEASED Oliver T. Nelson RESIDENCE Troy - Kansas
 FUNERAL AT Moray RESIDENCE Moray MORTUARY Moray CHURCH Moray DATE Feb. 4-1940 HOUR 2 P.M. CLERGYMAN Rev. Gaston
 SINGERS Don Pope LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>State Hospital Topeka Kans.</u>
Casket No. <u>777</u> Style <u>single panel stg</u>		Date of Death <u>Feb. 2-1940</u>
Interior <u>grey art</u> Covering <u>grey ripley cloth</u>		Cause of Death <u>Fracture of left hip</u>
Manufacturer <u>Rx-arts</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>		Date of Birth <u>Nov. 14-1865</u> Age, Years <u>74</u> Months <u>2</u> Days <u>18</u>
Embalming _____		Occupation <u>farmer</u>
Clothing _____		How Long at Place of Death <u>Born near Moray</u>
		Birthplace—City or County <u>Moray</u> State or Country <u>Kans.</u>
		Name of Father <u>Hans Nelson</u>
		Birthplace of Father <u>Norway</u>
		Maiden Name of Mother <u>Asa Nelson</u>
		Birthplace of Mother <u>Norway</u>
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
		Address <u>Topeka Kas.</u> Date _____
		Interment at <u>Moray 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>MTd 55</u>		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		
REMARKS:		
* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.		

NAME OF DECEASED *Beatrice Marie Morgan* RESIDENCE *Troy-Kansas*
 FUNERAL AT RESIDENCE MORTUARY CHURCH *Proph Christian* DATE *Feb. 15-1940* HOUR *2 PM* CLERGYMAN *Rev Beamer*
 SINGER *Loylice Snider-Robinson-Norman* LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <i>her home Troy-Kans</i>
Casket No. <i>1104</i> Style <i>Modern State Approach</i>		Date of Death <i>Feb. 12-1940</i>
Interior <i>Rose tan Satin</i>		Cause of Death
Manufacturer <i>Imperial</i>	DEBITS	Contributory
Total Net Cost of Casket		Duration
Outer Case		Autopsy
Vault <i>metal</i>		Sex <i>F</i> Color or Race
Embalming		Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child
Clothing		Date of Birth <i>July 8-1898</i> Age, Years <i>41</i> Months <i>7</i> Days <i>4</i>
		Occupation <i>housewife</i>
		How Long at Place of Death <i>6 yrs</i>
		Birthplace—City <i>St Joseph</i> County <i>Mo</i> State or Country <i>Mo</i>
		Name of Father <i>Samuel S Balsager</i>
		Birthplace of Father <i>St Joseph Mo</i>
		Maiden Name of Mother <i>Alma Marge Courroy</i>
		Birthplace of Mother <i>St Joseph Mo</i>
		Signed <i>C. E. Hallen</i> M.D. Coroner
		Address
		Date
		Interment at <i>Mt Olive Troy-Mo</i>
		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 Charles Elizabeth Charge to George Charles Account No. 492
 Ordered by Wail M. Donald Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Cemetery Date 2-15-40 Hour 4 P.M. Annual No. 347
 Clergyman Rev. Beamer Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial	Date	Description of Service	Amount	Date	V	Credits
Cemetery		Casket and Services <u>at home to 500</u>		<u>2-21-40</u>	<u>By cash Geo Charles</u>	<u>10.00</u>
Grave No.		Embalming <u>to cemetery</u>	<u>15.00</u>	<u>5-8-40</u>		<u>5.00</u>
Lot No.		Outer Case or Vault				
Block No.		Washing and Dressing				
Section		Shaving				
Pall Bearers		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				
Insurance Policies		To Funeral Complete	<u>15.00</u>			<u>15.00</u>

NAME OF DECEASED Marion Gilbert Bogesse RESIDENCE Bremner Kansas
 FUNERAL AT Troy MO RESIDENCE Troy MO MORTUARY Troy MO CHURCH Troy MO DATE Feb. 26 1940 HOUR 2 PM CLERGYMAN Rev Beamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>27 B</u> Style <u>Octagon high back</u>		
Interior <u>Orchid tapestry</u> Upholstery <u>Libby glass</u>		
Manufacturer <u>Rob. Metallic</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>MYM 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 his home near Bremner
 Date of Death Feb. 23 - 1940
 Cause of Death lobar pneumonia
 Duration _____ Autopsy _____
 Sex M. Color or Race wt.
 Single Married _____ Widowed _____ Divorced _____ Child 2
 Date of Birth May 12 1926 Age, Year 13 Months 9 Days 11
 Occupation in school
 How Long at Place of Death life
 Birthplace—City or County Bremner State or Country Kansas
 Name of Father Paul Bogesse
 Birthplace of Father Bremner Mo.
 Maiden Name of Mother Ruth Trufan
 Birthplace of Mother Troy - Mo.
 Signed Ch. Cordone M.D. _____ Coroner _____
 Address Troy - Mo. Date _____
 Interment at St Paul - 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 _____

NAME OF DECEASED Michael S. Hall (uncle Mike) RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE March 4-1940 HOUR 2:30 CLERGYMAN Rev. Elliot
 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>51</u> Style <u>oval top</u>			Date of Death	<u>March 2-1940</u>
Interior <u>cream</u> Covering <u>quilted lamb</u>			Cause of Death	
Manufacturer <u>ny-art</u>	DEBITS		Contributory	
Total Net Cost of Casket			Duration	
Outer Case			Autopsy	
Vault			Sex	<u>M</u> Color or Race <u>W</u>
Embalming			Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>	
Clothing			Date of Birth	<u>Feb. 9 1851</u> Age, Years <u>89</u> Months _____ Days <u>23</u>
			Occupation	<u>retired grocery clerk</u>
			How Long at Place of Death	<u>46 years</u>
			Birthplace—City or County	<u>Wesport</u> State or Country <u>Indiana</u>
			Name of Father	<u>Jacob Hall</u>
			Birthplace of Father	<u>Terre Haute</u>
			Maiden Name of Mother	<u>Mary Myers</u>
			Birthplace of Mother	<u>Wesport Ind</u>
Total Cash Advances			Signed	<u>W. C. Cardow</u> Coroner
			Address	<u>Troy Kansas</u> Date _____
			Interment at	<u>St. Paul Troy-Kans.</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>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.

NAME OF DECEASED Jessie Kennedy RESIDENCE Van Nuys California
 FUNERAL AT Fanning Catholic RESIDENCE Fanning Catholic MORTUARY Fanning Catholic CHURCH Fanning Catholic DATE March 15 1949 HOUR 10 A.M. CLERGYMAN Rev. Edu. Schmitz
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral	<u>sold in California</u>		Place of Death	<u>Van Nuys - California</u>
Casket No. _____ Style _____			Date of Death	<u>3-10-1949</u>
Interior _____ Covering _____			Cause of Death	<u>Cerebral Hemorrhage</u>
Manufacturer _____			Duration _____ Autopsy _____	
Total Net Cost of Casket _____			Sex <u>4</u> Color or Race <u>W</u>	
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____	
Vault _____			Date of Birth <u>Oct. 31 1865</u> Age, Years <u>74</u> Months <u>7</u> Days <u>10</u>	
Embalming _____			Occupation _____	
Clothing _____			How Long at Place of Death _____	
_____			Birthplace—City or County <u>White Cloud</u> State or Country <u>Kans.</u>	
_____			Name of Father <u>Patrick McKeeman</u>	
_____			Birthplace of Father <u>Belfast Ireland</u>	
_____			Maiden Name of Mother <u>Ann D. Riley</u>	
Total Cash Advances _____			Birthplace of Mother <u>Ireland</u>	
_____			Signature <u>Van R. Hamblin</u> M.D. Coroner	
_____			Address _____	
_____			Interment at <u>Fanning Catholic 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 _____			Source of Call _____	
*Less Overhead Per Funeral _____		<u>11.25</u>	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 Charles (Cooky) Pare Charge to Donphan Co. Account No. 498
 Ordered by Wages Guaranteed by Welfare Board Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date _____ Hour _____ Annual No. 357
 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	4-5-40		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>Defendant's Agency</u>				
	<u>3-19-40</u>				
	SALES TAX				
	To Funeral Complete	50 00			50 00

NAME OF DECEASED Pare Charles (Cooky) Troy - Kansas RESIDENCE Troy - Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE March 19-1946 HOUR 2 PM CLERGYMAN Rev. Beane
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Dr Andersons office Troy Kansas</u>
Casket No. _____ Style <u>flat top</u>		Date of Death <u>March 17-1946</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer _____		Duration _____ Autopsy <input checked="" type="checkbox"/>
Total Net Cost of Casket		Sex <u>M.</u> Color or Race <u>W</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Child _____
Vault _____		Date of Birth <u>3-26-1879</u> Age, Years <u>62</u> Months <u>11</u> Days <u>21</u>
Embalming _____		Occupation <u>day laborer</u>
Clothing _____		How Long at Place of Death <u>23 yrs</u>
		Birthplace—City or County _____ State or Country <u>Illinois</u>
		Name of Father <u>John Pare</u>
		Birthplace of Father <u>Illinois</u>
		Maiden Name of Mother <u>Lettie Smith</u>
		Birthplace of Mother <u>Iowa</u>
Total Cash Advances _____		Signed <u>A.E. Cordonia</u> Coroner
		Address <u>Troy - Kansas</u> Date _____
		Interment at <u>Int. Hill Troy - K</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral <u>gd 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 Knight James M. Sr. Charge to _____ Account No. 499
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christa Date 3-27-40 Hour 2-30 PM Annual No. 353
 Clergyman Rev. 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	✓	Credits
	Casket and Services ¹³⁰	165 00	4-2-40		65 78
	Embalming ²⁵		5-8-40		100 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 ¹⁰				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<i>Discharge given to Mrs. Knight</i>				
	SALES TAX				78
	To Funeral Complete	165 78			165 78

Funeral of James James Huer Charge to Demphar Co. Account No. 500
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 4-3-40 Hour 2:30 P.M. Annual No. 354
 Clergyman Berner 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	5-9-40	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 Jess Chapple RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH MC DATE April 6 1940 HOUR 2.30 CLERGYMAN Rev. Boomer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral _____	
Casket No. <u>772</u> Style <u>stab half Couch</u>	
Interior <u>gray Oyle</u> Covering <u>pink jac</u>	
Manufacture <u>24-art</u>	DEBITS
Total Net Cost of Casket _____	
Outer Case _____	
Vault <u>silver metal</u>	
Embalming _____	
Clothing _____	
Total Cash Advances _____	
Total Net Cost of Funeral _____	
Gross Profit on Funeral <u>55</u>	
*Less Overhead Per Funeral _____	
Net Profit Apparent _____	

REMARKS:

PERSONAL AND STATISTICAL

Place of Death his home N.E. of Troy
 Date of Death April 4-1940
 Cause of Death Cancer stomach & Intestines
 Duration _____ Autopsy _____
 Sex M. Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Sept. 14-1886 Age, Years 53 Months 6 Days 18
 Occupation farmer
 How Long at Place of Death Born at Troy
 Birthplace—City or County Troy State or Country Kansas
 Name of Father James Chapple
 Birthplace of Father Dorsetshire England
 Maiden Name of Mother Amanda Gabbert
 Birthplace of Mother Kansas
 Signed A. C. Cordova Coroner
 Address Troy Mo Date _____
 Interment at Mc Ale Troy K
 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 Hugh Graves Charge to Est Account No. 502
 Ordered by John Taylor - Mrs Montgomery - Mrs Gurnell Serial No. _____
John Derner Residence _____ Mortuary _____ Church Methodist Date April 13 - 1940 2 P.M. Annual No. 356
 Clergyman Rev. Elliot 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	4-25-41		
	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	7 50			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>digging</u>				
	<u>28.19.40</u>	7 00			
	<u>SALES TAX</u>	1 50			
	To Funeral Complete				

By John Derner
Adm. D.B.N.
 166 98

166 98

NAME OF DECEASED Hugh Beave RESIDENCE Troy, Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE April 13-1940 HOUR 2 PM CLERGYMAN Rev. Elliot
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Home of John Taylor Sparks, Ks</u>
Casket No. <u>237</u> Style <u>Perfectus Shrine octagon</u>		Date of Death <u>April 11-1940</u>
Interior <u>gray art</u> Covering <u>silver, bead brocade</u>		Cause of Death _____ 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 <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>March 10-1862</u> Age, Years <u>77</u> Months <u>1</u> Days <u>1</u>
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>about 2 weeks</u>
		Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
		Name of Father <u>Daniel Beave</u>
		Birthplace of Father <u>Sharp, Chapple, Tenn.</u>
		Maiden Name of Mother <u>Elizabeth Robertson</u>
		Birthplace of Mother <u>Terre Haute Ind.</u>
Total Cash Advances _____		Signed <u>A. C. Gordon</u> M.D. Coroner
		Address <u>Troy, Kan</u> Date _____
		Interment at <u>Mt Olive Troy Ks</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral <u>1155</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 Will Knight Charge to _____ Account No. 503
 Ordered by Family Guaranteed by Wm Knight Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christian Date April 15-1942 2:30 PM Annual No. 357
 Clergyman Rev. Elliot 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	235 00	7-15-40		222 40
	Embalming		12-15-40		2 00
	Outer Case or Vault		9-30-41		2 50
	Washing and Dressing		7-10-42		15 50
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>tie</u>	50			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	4 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	2 11			
	To Funeral Complete	242 40			242 40

NAME OF DECEASED Will Knight RESIDENCE Troy - Kansas
 FUNERAL AT Troy RESIDENCE Christ MORTUARY Christ CHURCH Christ DATE April 15-1940 TIME 7:30 CLERGYMAN Rev. Elliot
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>his home Troy - Ks</u>
Casket No. <u>244</u> Style <u>Victorian half round</u>			Date of Death	<u>April 13-1940</u>
Interment <u>Plan</u> Covering <u>Edna Polye etc. Dahlia</u>			Cause of Death	
Manufacturer <u>Wx-art</u>	DEBITS		Contributory	
Total Net Cost of Casket			Duration	
Outer Case			Sex	<u>M -</u> Color or Race <u>W.</u>
Vault			Single	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child
Embalming			Date of Birth	<u>Oct. 18-1878</u> Age, Years <u>61</u> Months <u>5</u> Days <u>25</u>
Clothing			Occupation	<u>Court house janitor</u>
			How Long at Place of Death	<u>4 yrs</u>
			Birthplace—City or County	<u>Springfield</u> State or County <u>Missouri</u>
			Name of Father	<u>Jacob Knight</u>
			Birthplace of Father	<u>Frankfort, Ky</u>
			Maiden Name of Mother	<u>Mary E. Stewart</u>
			Birthplace of Mother	<u>Illinois</u>
Total Cash Advances			Signed	<u>W. E. Cordover</u> M.D. Coroner
			Address	<u>Troy - 14</u> Date _____
			Interment at	<u>Sola Cemetery Spades 12</u>
			Lot or Grave No.	
			Shipped to	
			Arrived from	
			Via	R. R. Date _____
Total Net Cost of Funeral			In Charge of	
Gross Profit on Funeral		<u>MAA 55</u>		
*Less Overhead Per Funeral			Source of Call	
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 Kibler Chas. W. Charge to Mrs. C. A. Kibler Account No. 504
 Ordered by Mrs. Kibler Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christ Date April 18-1940 Hour 2.30 Annual No. _____
 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.....	285.00	5-2-40		
	Embalming.....		1-9-41		
	Outer Case or Vault <u>metal</u>	95.00	4-29-41		
	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 <u>see check</u>	111			
	Use of _____ doz. Chairs.....				
	Flowers.....	3.00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	5.38			
	To Funeral Complete	388.79			388.79

NAME OF DECEASED Charles W. Kibler RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE April 18, 1948 HOUR 2:30 CLERGYMAN Rev. Beamer
 SINGERS Webb & Carlson 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>887</u> Steel <u>stat half Couch</u>			Date of Death <u>April 16-1948</u>
Interior <u>Baronette</u> covering <u>smoke yellow etc</u>			Cause of Death <u>Cancer of upper jaw</u>
Manufacturer <u>Rx-Cut</u>	DEBITS		Duration <u>Autopsy</u>
Total Net Cost of Casket			Sex <u>M</u> Color or Race <u>W.</u>
Outer Cas			Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault <u>bronz metal</u>			Date of Birth <u>Feb. 27-1940</u> Age, Years <u>66</u> Months <u>1</u> Days <u>19</u>
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death <u>same place 26 yrs</u>
			Birthplace—City or County <u>Panell</u> State or Country <u>Missouri</u>
			Name of Father <u>Lowes Kibler</u>
			Birthplace of Father <u>Fredley Ohio</u>
			Maiden Name of Mother <u>Margaret Allen</u>
			Birthplace of Mother <u>Karlswilks Mo.</u>
Total Cash Advances			Signed <u>Ch Cordover M.D.</u> Coroner
			Address <u>Troy Kansas</u> Date
			Interment at <u>Mt Olive Troy</u>
			Lot or Grave No. Section No.
			Shipped to
			Arrived from
			Via R. R. Date
			In Charge of
Total Net Cost of Funeral			Source of Call
Gross Profit on Funeral <u>gds 55</u>			Insured in Amount
*Less Overhead Per Funeral			Beneficiary
Net Profit Apparent			
REMARKS:			

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

NAME OF DECEASED Jan Mansperger RESIDENCE St Joseph Mo
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____
 DATE May 6-40 HOUR 2 PM CLERGYMAN Rev Brannery
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>St Josephs Hosp</u>
Casket No. _____ Style _____			Date of Death <u>May 6 - 1940</u>
Interior _____ Covering _____			Cause of Death <u>Stillborn</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F</u> Color or Race _____
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years _____ Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County <u>St Joseph</u> State or Country <u>Mo</u>
			Name of Father <u>Harold C Mansperger</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>Edith Chapple</u>
			Birthplace of Mother <u>Troy - Mo</u>
			Signature <u>Geo Thomsen</u> Coroner
			Address <u>St Joseph Mo</u> Date <u>5-6-40</u>
			Interment at _____
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral		<u>MS 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 Charles Edwin West RESIDENCE 5 1/2 miles North of Troy
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE May 17, 1940 HOUR 2 P.M. CLERGYMAN Rev. Beamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>his home 5 1/2 miles N. of Troy</u>
Casket No. <u>51</u> Style <u>oval top</u>		Date of Death <u>May 15-1940</u>
Interior <u>cream</u> Covering <u>emb. gold</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Rx-art</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>July 20-1879</u> Age, Years <u>60</u> Months <u>9</u> Days <u>23</u>
Embalming		Occupation _____
Clothing		How Long at Place of Death <u>12 years</u>
		Birthplace—City or County <u>Holt County</u> State <u>Mo</u>
		Name of Father <u>Richard West</u>
		Birthplace of Father <u>Bolmer Mo</u>
Total Cash Advances		Maiden Name of Mother <u>Augusta Crowder</u>
		Birthplace of Mother <u>Kentucky</u>
		Signed <u>E. K. Haller</u> Coroner _____
		Address <u>Troy Mo</u> Date _____
		Interment at <u>1st Ave 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>DA 5</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 Blanton Phillip Donphar Co. Account No. 507
 Ordered by Jul & Anna Blanton Serial No. _____
 Residence _____ Mortuary ✓ Church _____ Date June 3-1940 Hour 1:30 PM Annual No. 311
 Clergyman Mrs. Keonally 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.....	18.00	7-5-40		18.00
	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	18.00			18.00

NAME OF DECEASED *Thyllis Virginia Blanton* RESIDENCE *Elwood Kansas*
 FUNERAL AT *Fairy Emory* RESIDENCE *Fairy Emory* MORTUARY *Fairy Emory* CHURCH *Fairy Emory*
 DATE *June 3-1940* TIME *3:30 PM* ALLEGY MAN *Mr. Emory*
 LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <i>150</i> Style <i>large lid</i>		
Interior <i>W silk</i> Covering <i>white</i> <i>laid</i>		
Manufacturer <i>Ex-w</i>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<i>2.95</i>
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL

Place of Death *Sisters Hosp.*
 Date of Death *May June 1-1940*
 Cause of Death *hit car head with horse shoe*
 Duration *if* Autopsy *shoe*
 Sex *W* Color or Race *W*
 Single Married Widowed Divorced Child
 Date of Birth *Feb. 3-1938* Age *2* Years *2* Months *3* Days *3*
 Occupation *child*
 How Long at Place of Death
 Birthplace—City or County *Spur* State or Country *Kansas*
 Name of Father *Joe Blanton*
 Birthplace of Father *Fairbury Neb.*
 Maiden Name of Mother *Anna Thomas*
 Birthplace of Mother *Fanning Kansas*
 Signed *Paul Forgy* M.D. Date *6-1-40* Coroner
 Address *St Joseph Mo*
 Interment *Stola Cemetery*
 Lot or Grave No. Section No.
 Shipped to
 Arrived from
 Via R. R. Date
 In Charge of
 Source of Call
 Insured in Amount
 Beneficiary

REMARKS:

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

Funeral of Marwick Jas. P. Charge to Marwick Account No. 508
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Christan Church _____ Date 6-12-1940 Hour 2:30 PM Annual No. _____
 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.....	200.00	6-13-40	By Cash Mar OK	225.86
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	15.00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	8.00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	2.86			
	To Funeral Complete	225.86			225.86

NAME OF DECEASED James P. Warwick RESIDENCE Troy - Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE June 12, 1940 HOUR 2:30 CLERGYMAN Rev. Elliot
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>his home Troy Ks.</u>
Casket No. <u>777</u> Style <u>large panel slab</u>		Date of Death <u>June 9, 1940</u>
Interior <u>grey art</u> Covering <u>grey Replogle</u>		Cause of Death <u>epilepsy</u> Contributory _____
Manufacturer <u>ret-art</u>		Duration _____ Autopsy <u>no</u>
Total Net Cost of Casket		Sex <u>M.</u> Color or Race <u>W</u>
Outer Case		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>Dec 9, 1874</u> Age <u>65</u> years <u>6</u> months <u>6</u> days
Embalming		Occupation <u>farm laborer</u>
Clothing		How Long at Place of Death <u>5-8 W</u>
		Birthplace—City or County <u>Knorrville</u> State of Country <u>Mo</u>
		Name of Father <u>Carlson Warwick</u>
		Birthplace of Father <u>Tenn</u>
		Maiden Name of Mother <u>unknown</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>O. Haller</u> M.D. _____ Coroner
		Address <u>Troy Ks</u> Date _____
		Interment at <u>St. Albert Troy Ks</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral	<u>MDR 55</u>	Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____

REMARKS:

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

Funeral of Mrs. Elizabeth C. Donohoe Charge to Donohoe Account No. 509
 Ordered by M. J. Chapple Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Boyle Church _____ Date July 2-1940 Hour 2 PM Annual No. 363
 Clergyman Rev. Hink 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	8-9-40		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 Elizabeth C. Meik RESIDENCE Troy, Kans (Rural)
 FUNERAL AT RESIDENCE MORTUARY CHURCH Baptist DATE July 24 HOUR 2 PM CLERGYMAN Rev. Houch
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Home of John Young</u>
Casket No. <u>100</u> Style <u>flat top</u>			Date of Death <u>June 27 - 1940</u>
Interior _____			Cause of Death <u>Chronic Endocarditis</u>
Manufacturer <u>Put-Cost</u> Covering _____			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>Aug 11 1859</u> Age <u>80</u> Years <u>10</u> Months <u>16</u> Days
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>near 126 years old</u>
			Birthplace—City or County _____ State or Country <u>Iowa</u>
			Name of Father <u>John Lewis</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Amanda Clary</u>
			Birthplace of Mother _____
			Signed <u>C. H. Walker</u> M.D. _____ Coroner _____
			Address <u>Troy, Kans</u> Date _____
			Interment at <u>Courthouse 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 _____			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 Hartman Lawrence T Co Charge to Ed Hartman Account No. 510
 Ordered by Mr + Mrs Ed Hartman Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date July 13-1940 Hour 2 PM Annual No. 364
 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	165 00	7-16-40		100 00
	Embalming		8-19-40		100 00
	Outer Case or Vault <u>metal</u>	95 00	2-21-41		66 92
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	3 04			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	3 88			
To Funeral Complete		266 92			266 92

NAME OF DECEASED Laurence T. C. Hartman RESIDENCE Troy, Kans (Rural)
 FUNERAL AT Residence RESIDENCE Sutherland MORTUARY Sutherland CHURCH Sutherland DATE July 13-1940 HOUR 2 PM CLERGYMAN Rev. Zubeck
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>234</u> Style <u>Perfection shrine</u>		
Interior <u>gray art</u> Covering <u>Net-art</u>		
Manufacturer <u>Net-art</u>		
Total Net Cost of Casket		
Outer Case		
Vault <u>Courthman Metal</u>		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>MPA 95</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

PERSONAL AND STATISTICAL

Place of Death his home south of Troy
 Date of Death July 11-1940
 Cause of Death struck by lightning
 Duration _____ Autopsy _____
 Sex M. Color or Race W
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Dec 25-1918 Age, Years 21 Months 6 Days 16
 Occupation farmer at home
 How Long at Place of Death life near Troy
 Birthplace—City or County Troy State or Country Kansas
 Name of Father Ed Hartman
 Birthplace of Father Wichita Kans.
 Maiden Name of Mother Hattie Beggs
 Birthplace of Mother Troy, Kansas
 Signed Ray Meudinger M.D. Ray Meudinger Coroner
 Address Highland 15 Date 7-12-40
 Interment at 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 _____

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

Funeral of Bondram Minnie to Jas. Huss Account No. 511
 Ordered by Jas Huss + family Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date July 16-1940 7 PM Annual No. 365
 Clergyman Walter Myers 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	235.00	Sept 5-1940		
	Embalming				
	Outer Case or Vault				
	Washing and Dressing		May 10-41		
	Shaving		8-16-41		
	Slumber Robe		12-13-41		
	Suit or Dress <u>dress</u>	7.95			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls <u>Rev. Myers</u>	66			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	2.98			
	To Funeral Complete	246.59			246.59

Handwritten notes:
 Dr. J. H. K.
 Dr. J. H. K.

RIGHT, 1930
 HES-ROSD CO., INDIANAPOLIS
 1935
 H.A. 2

NAME OF DECEASED Miriam Bonham RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Date July 16 1940 HOUR 7 PM CLERGYMAN Walter Nye
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>244</u> Style <u>Octagon has Couch</u>	
Interior <u>Tan</u> Covering <u>Pan Palmetto</u>	
Manufacturer <u>Ref. art</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>mad 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

PERSONAL AND STATISTICAL

Place of Death Ma Beth. Hosp.
 Date of Death July 15 1940
 Cause of Death Coronary Occlusion
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth Aug 9 1886 Age 53 Months 11 Days 6
 Occupation Janitor Josephine Cuff
 How Long at Place of Death 24 hrs
 Birthplace—City or County Laurian State or Country Kan
 Name of Father James Huss
 Birthplace of Father Severgnie Kan
 Maiden Name of Mother Isabelle Walters
 Birthplace of Mother La Rue County Ky
 Signed H.K. Halliday M.D. Coroner
 Address St Joseph No Date _____
 Interment at Mt Olive Troy. 15
 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 Rudolbaugh Laura to Miss Myrtle Rudolbaugh 512
 Ordered by Miss Rudolbaugh guaranteed by 1-11 Serial No. 11
 Funeral at Residence Mortuary Church June 1 - 1946 Hour 3 P.M. Annual No. 11
 Clergyman Rev. Barnes Lodge Affiliations 1-11 Body Shipped to or from 1-11

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

475
10.00
10.00
PAID

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	265.00	June 10 1946		65.38
	Embalming		7-30-40		213.00
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	✓ Suit or Dress <i>& clothing</i>	10.00			
	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				
	SALES TAX	3.38			
	To Funeral Complete	278.38			278.38

NAME OF DECEASED Laura J. Rudelbaugh RESIDENCE Denton Kansas
 FUNERAL AT her RESIDENCE her MORTUARY her CHURCH her DATE Aug 1-1940 TIME 3 PM CLERGYMAN Rev. Beamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>her home Denton Ks</u>
Casket No. <u>772</u> Style <u>state half couch</u>			Date of Death	<u>July 31-1940</u>
Interior <u>gray crepe</u> Covering <u>step Jacquard</u>			Cause of Death	
Manufacturer <u>Ret-ent</u>			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>Dec. 15-1863</u> Years <u>76</u> Months <u>7</u> Days <u>16</u>
			Occupation	<u>housewife</u>
			How Long at Place of Death	<u>51 yrs.</u>
			Birthplace—City or County	<u>Troy Mo.</u>
			State or Country	<u>Mo.</u>
			Name of Father	<u>Edwin Simon</u>
			Birthplace of Father	
			Maiden Name of Mother	<u>Nancy Rhodes</u>
			Birthplace of Mother	<u>Mo.</u>
Total Cash Advances			Signed	<u>Dr. Moehrshead</u> Coroner
			Address	<u>Denton Ks</u> Date <u>8-1-40</u>
			Interment at	<u>Denton 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>17 55 53</u>	Source of Call	
*Less Overhead Per Funeral			Insured in	
Net Profit Apparent			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 Cocoran Patrick Joseph Charge to _____ Account No. 513
 Ordered by Alice Cocoran Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Home Church _____ Date Aug 8-40 Hour 10 AM Annual No. 317
 Clergyman Rev. Edu. Schmidt 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	200.00	5-20-41		
	Embalmng				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	15.00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>heavy top boards</u>	2.50			
	SALES TAX	2.70			
	To Funeral Complete	290.20			220.70

By Ch
 Alice Cocoran

Filed Oct. 26 1940

NAME OF DECEASED Patrick J. Carcoran RESIDENCE 2 1/2 miles N.W. of Troy
 FUNERAL AT Farmingburg RESIDENCE Farmingburg MORTUARY Farmingburg CHURCH St. Mary's DATE Aug 8 1940 HOUR 10 AM CLERGYMAN Rev. Edw. Schmitz
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>176</u> Style <u>Catzenberg</u> Couch		
Interior <u>gray art</u> Covering <u>Reddish</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>add 55</u>		
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL

Place of Death his home N.W. of Troy
 Date of Death Aug 6 1940
 Cause of Death Cancer stomach
 Duration _____ Autopsy _____
 Sex M Color or Race W.
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Sept 19 1874 Age, Years 65 Months 10 Days 17
 Occupation farmer
 How Long at Place of Death _____
 Birthplace—City or County Farmingburg State or Country Iowa
 Name of Father Uriah Carcoran
 Birthplace of Father Ireland
 Maiden Name of Mother Anna Kelley
 Birthplace of Mother N.Y.
 Signed C. E. Waller M.D. Coroner
 Address Troy Ia Date 8-6-40
 Interment at Farming Catholic cemetery
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured In _____ Amount _____
 Beneficiary _____

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 Garrig Mary Catherine charge to _____ Account No. 514
 Ordered by Ethel Nix Guaranteed by Ethel Nix Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church M.E. Cong. Date 6-19-40 Hour 2 PM Annual No. 368
 Clergyman Rev. Beamer Lodge Affiliations Eastern Star Body Shipped to or from _____

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

(Handwritten note in circle)
 Went by Coach
 9-10-40
 H.E. Nix

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	165 00			13 26
	Embalming				263 88
	Outer Case or Vault <u>metal</u>	95 00	10-5-40		
	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	1 14			
	To Funeral Complete	277 14			277 14

NAME OF DECEASED Mary C Garvin RESIDENCE Troy Kans
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH M E DATE Aug 6 1940 HOUR 2 PM CLERGYMAN Rev. Beaman
 SINGERS _____ LODGE AFFILIATIONS _____

#514

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>734</u> Style <u>Perf. shining, vestige</u>			Date of Death <u>Aug 4 - 1940</u>
Interior <u>gray art</u> Covering <u>silver, triad, brocade</u>			Cause of Death <u>Lobar Pneumonia</u>
Manufacturer <u>Rt - art</u>			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>W</u>
Outer Case			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault			Date of Birth <u>June 13 - 1858</u> Age <u>82</u> Years <u>8</u> Months <u>1</u> Days <u>21</u>
Embalming			Occupation <u>housewife</u>
Clothing			How Long at Place of Death <u>5 1/2 yrs</u>
			Birthplace - City or County <u>Dunk</u> State or Country <u>Ohio</u>
			Name of Father <u>E. S. Small</u>
			Birthplace of Father <u>Montgomery Co. Ohio</u>
			Maiden Name of Mother <u>Mary Walker</u>
			Birthplace of Mother <u>Montgomery Co. Ohio</u>
Total Cash Advances			Signed <u>C. H. Hallett</u> M.D. Coroner
			Address <u>Troy Kans</u> Date <u>8-6-40</u>
			Interment at <u>W. H. Clark 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>MAG 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 Koehler Glenn E. Charge to Oren Koehler Account No. 515
 Ordered by Oren Koehler Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date Sept. 18-1940 Hour 2 PM Annual No. 369
 Clergyman Rev. Geo. Hink Trade 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	9-16-40	121.60
	Embalming			
	Outer Case or Vault			
	Washing and Dressing			
	Shaving			
	Slumber Robe			
	Suit or Dress <u>suit & clothing</u>	15.00		
	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	1.60		
	To Funeral Complete	171.60		121.60

NAME OF DECEASED Gleason Edward Koehler RESIDENCE Troy - Kans (Rural)
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Baptist DATE Sept 18 - 1940 HOUR 2 PM CLERGYMAN Rev Geo Hanks
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u> his home north of Troy </u>
Casket No. <u> 51 </u> Style <u> oval hinge panel </u>			Date of Death <u> Sept. 16 - 1940 </u>
Interior <u> crimson </u> Covering <u> emb. lamb. </u>			Cause of Death <u> Bronchial Pneumonia </u>
Manufacturer <u> Pat-Art </u>			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> Aug 13 - 1902 </u> Age, Years <u> 38 </u> Months <u> 1 </u> Days <u> 3 </u>
Embalming			Occupation <u> farmer </u>
Clothing			How Long at Place of Death <u> 37 years </u>
			Birthplace—City or County <u> Colo Springs, Colorado </u>
			Name of Father <u> Adolph Koehler </u>
			Birthplace of Father _____
			Maiden Name of Mother <u> Fola Churchill </u>
			Birthplace of Mother <u> St Joseph Mo </u>
			Signed <u> C. H. Haller </u> M.D. Coroner
Total Cash Advances			Address <u> Troy - Kans </u> Date <u> 9-17-40 </u>
			Interment at <u> Mt Olive Troy - 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> 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 *Kotich Frank MM* Charge to _____ Account No. **516**
 Ordered by *Katherine Kinhead* Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church *St. Charles* Date *Oct. 8-1950* Hour *9 AM* Annual No. **370**
 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	<i>385.00</i>	<i>1-9-51</i>		<i>489 58</i>
	Embalming				
	Outer Case or Vault <i>metal</i>	<i>95 00</i>			
	Washing and Dressing	<i>80 00</i>			
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <i>3.00 Kay 06</i>	<i>3 00</i>			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<i>Sub Oct. 26 1950</i>				
	SALES TAX	<i>6 58</i>			
	To Funeral Complete	<i>489 58</i>			<i>489 58</i>

NAME OF DECEASED F. W. Katsch RESIDENCE Troy - Kansas
 FUNERAL AT St Charles RESIDENCE _____ MORTUARY _____ CHURCH St Charles DATE Oct 8 - 1940 HOUR 9 A.M. CLERGYMAN Rev. Edu Schmitt
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>244 B.</u> Style <u>R. E. state hall Case</u>		
Interior <u>gray wood</u> Covering <u>Damascus metal</u>		
Manufacturer <u>Belmont</u>		
Total Net Cost of Casket		
Outer Case		
Vault <u>silver metal</u>		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>000 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 Sisters Hosp. - St. Joseph Mo
 Date of Death Oct 5 - 1940
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy no
 Sex M. Color or Race W.
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth Jan 2 - 1867 Age, Years 73 Months 9 Days 3
 Occupation Gasman
 How Long at Place of Death Life in Linn County
 Birthplace - City or County Troy State or Country Kansas
 Name of Father John F. Katsch
 Birthplace of Father Germany
 Maiden Name of Mother Mary Ann Neuman
 Birthplace of Mother England
 Signed Dr. Carl M.D. _____ Coroner _____
 Address St. Joseph Mo Date 10-6-40
 Interment at _____
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

Funeral of Raylman Dick Charge to Phil Rullman Account No. 517
 Ordered by Phil Rullman Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church Date 10-17-1940 Hour 9AM-3PM Annual No. 371
 Clergyman Rev. Walter Meyer 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	285 00	11-27-40		400 00
	Embalming				
	Casket Case or Vault <u>metal</u>	100 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Triple expense to shipping Rs.</u>	9 58			
	SALES TAX	5 42			
	To Funeral Complete	400 00			400 00

NAME OF DECEASED *Alice Evelyn Pullman* RESIDENCE *Troy - Kansas*
 FUNERAL AT RESIDENCE *Osburg* MORUARY CHURCH *Osburg* DATE *Oct. 17 - 1940* HOUR *9 A.M.* CLERGYMAN *Haeter Myer*
 SINGERS *Pub. Address* LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS
Charge for Complete Funeral		
Casket No. <i>1104</i> Styl. <i>stat. half casket</i>		
Interior <i>rosewood</i> Covering <i>rosewood</i>		
Manufacturer <i>Imperial</i>		
*Total Net Cost of Casket		
Outer Case		
Vault <i>metal</i>		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	<i>055</i>	<i>55</i>
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL

Place of Death *Mercy Hosp St Joseph*
 Date of Death *Oct. 16 - 1940*
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex *F* Color or Race *W*
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth *July 1 - 1909* Age, Years *31* Months _____ Days _____
 Occupation *housewife*
 How Long at Place of Death *4 days*
 Birthplace—City or County *Osberg* State or Country *Kan*
 Name of Father *James Thompson*
 Birthplace of Father *Marshall Mo.*
 Maiden Name of Mother *Ida Hansen*
 Birthplace of Mother *Osburg Mo.*
 Signed *W. Arch Blair* M.D. Coroner
 Address *Troy Mo* Date _____
 Interment at *Osberg - 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 Ramsiger Henry F. Charge to Children Account No. 518
 Ordered by Children Guaranteed by Lambert Libof. Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church ME Date Oct. 31-1940 Hour 7 PM Annual No. _____
 Clergyman Blannet of Mead 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	165.00	10-27-40		50.00
	Embalming				
	Outer Case or Vault		12-13-40		132.00
	Washing and Dressing				1.58
	Shaving				
	Slumber Robe				
	Suit or Dress <u>suit</u>	15.00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX				
	To Funeral Complete	182.58			182.58

NAME OF DECEASED Henry F. Ramseier RESIDENCE Severance Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Troy M. & DATE Oct. 31-1940 HOUR 2 PM CLERGYMAN Blamer & Myers
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS
Charge for Complete Funeral _____	
Casket No. <u>234</u> Style <u>Per. Shim. Oak</u>	
Interior <u>gray</u> Covering <u>silv. Brocade</u>	
Manufacture <u>V. C. Co.</u>	
Total Net Cost of Casket _____	
Outer Case _____	
Vault _____	
Embalming _____	
Clothing <u>shirt</u>	
_____ _____ _____ _____ _____ _____ _____	
Total Cash Advances _____	
_____ _____ _____ _____ _____ _____ _____	
Total Net Cost of Funeral _____	
Gross Profit on Funeral <u>112.55</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.

CREDITS	PERSONAL AND STATISTICAL
	Place of Death <u>his home 2 mi. W of Severance</u>
	Date of Death <u>Oct 29-1940</u>
	Cause of Death <u>Coronary Occlusion</u>
	Duration _____ Autopsy _____
	Sex <u>Male</u> Color or Race <u>W</u>
	Single _____ Married _____ Widowed <u>X</u> Divorced _____ Child _____
	Date of Birth <u>Oct. 10-1866</u> Age, Years <u>74</u> Months _____ Days <u>18</u>
	Occupation <u>farmer</u>
	How Long at Place of Death <u>13 years near Severance</u>
	Birthplace—City or County <u>St. Joseph</u> State or Country <u>Mo.</u>
	Name of Father _____
	Birthplace of Father <u>Germany</u>
	Maiden Name of Mother <u>Caroline Chamberger</u>
	Birthplace of Mother <u>Germany</u>
	Signature <u>Ray Neudinger</u> Coroner _____
	Address <u>Highland St.</u> _____
	Interment at <u>at home Troy Ks</u>
	Lot or Grave No. _____ Section No. _____
	Shipped to _____ Arrived from _____
	Via _____ R. R. Date _____
	In Charge of _____
	Source of Call _____
	Insured in _____ Amount _____
	Beneficiary _____

Funeral of Hall David C. Charge to Mrs Mrs Hall Account No. 519
 Ordered by Mrs Hall Guaranteed by " " " " Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 11-3-1940 Hour _____ Annual No. 373
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial	Date	Description of Service	Amount	Date	V	Credits	
Cemetery		Casket and Services	100.00	12-17-40		123	50
Grave No.		Embalming					
Lot No.		Outer Case or Vault					
Block No.		Washing and Dressing					
Section		Shaving					
Pall Bearers		Slumber Robe					
		Suit or Dress	15.00				
		Other Articles of Clothing					
		Transferring Body					
		Door Badge					
		Opening Grave					
		Newspaper Notices					
		Telegrams and Telephone Calls					
		Use of _____ doz. Chairs					
		Flowers					
		Clergyman					
Singers		Singers <u>Filed 12-5-40</u>					
		Casket Coach					
		Use of _____ Funeral Cars					
		Use of Flower Cars					
		Professional Supervision					
Insurance Policies		<u>Graveside</u>	7.00				
		SALES TAX	1.50				
		To Funeral Complete	123.50			123	50

NAME OF DECEASED David Crocket Hall RESIDENCE Severance
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____
 DATE Nov. 3-1940 HOUR 2³⁰ CLERGYMAN P. H. Elliot
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>His home Severance Mo</u>
Casket No. <u>51</u> Style <u>oval top</u>		Date of Death <u>Nov. 1-1940</u>
Interior <u>cream</u> Covering <u>Emb. Lambs</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Rx-Aut.</u>	DEBITS	Duration _____ Autopsy <input checked="" type="checkbox"/>
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>Feb. 30-1875</u> Age, Years <u>65</u> Months <u>7</u> Days <u>1</u>
Embalming		Occupation <u>Barber</u>
Clothing		How Long at Place of Death <u>2 1/2</u>
		Birthplace—City or County <u>Severance</u> State or Country <u>Kansas</u>
		Name of Father <u>W. V. Hall</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Sarah Spoonamore</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>P. H. Elliot</u> M.D. _____ Coroner _____
		Address <u>Severance Mo</u> Date _____
		Interment at <u>Chapel Severance 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>PA 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 Corporal John Charles East Account No. 520
 Ordered by Alice Forcort Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date Nov 18 - 1919 Hour _____ Annual No. 374
 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	✓	Credits
	Casket and Services	200 ⁰⁰	5-2041 Beach		
	Embalming		Alice Forcort Admt		220 ¹⁰
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>suit</u>	15 ⁰⁰			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers <u>Billed 10-5-40</u>				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision <u>Heavy boards</u>	2 ⁵⁰			
	SALES TAX	2 ⁷⁰			
	To Funeral Complete	220 ²⁰			220 ¹⁰ 28

Singers
 Insurance Policies

NAME OF DECEASED John C. Corcoran RESIDENCE Troy Ram (Rural)
 FUNERAL AT RESIDENCE MORTUARY CHURCH Family DATE Nov. 18-1940 HOUR 10 AM CLERGYMAN Rev. Oshea
Caroline 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 Troy</u>	
Casket No. <u>176</u> Style <u>Octagon half Couch</u>			Date of Death <u>Nov. 16-1940</u>	
Interior <u>gray art</u> Covering <u>of plush</u>			Cause of Death _____ Contributory _____	
Manufacturer <u>By art</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>Sept 4 1870</u> Age, Years <u>70</u> Months <u>1</u> Days <u>27</u>	
Embalming _____			Occupation <u>farmer</u>	
Clothing _____			How Long at Place of Death <u>life this community</u>	
			Birthplace—City or County <u>Farming</u> State or Country <u>Kent</u>	
			Name of Father <u>James Corcoran</u>	
			Birthplace of Father <u>Ireland</u>	
Total Cash Advances _____			Maiden Name of Mother <u>Anna Kelly</u>	
			Birthplace of Mother <u>New York</u>	
			Signed <u>A.E. Cordova</u> Coroner	
			Address <u>Troy 1st</u> Date _____	
			Interment at <u>Farming 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>mdd 55</u>				
*Less Overhead Per Funeral _____			Source of Call _____	
Net Profit Apparent _____			Insured in _____ Amount _____	
REMARKS:			Beneficiary _____	

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

Charge to Floyd Cordover Account No. 521
 Order by Floyd Cordover Guaranteed by " Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Bethel Date Nov. 1940 Hour 2 PM Annual No. 458
 Clergyman Reverend 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	165 00	11-19-40	Floyd Cordover	5 00
	Embalming		11-30-40	Stricker for Earn	10 00
	Outer Case or Vault		12-1-40	Floyd Cordover	75 00
	Washing and Dressing		1-6-41	Stricker for Earn	10 00
	Shaving		5-3-41	" " " "	10 00
	Slumber Robe		6-1-41	Floyd Cordover	25 00
	Suit or Dress		6-7-41	Stricker for Earn	10 00
	Other Articles of Clothing <u>shirt + suit</u>	1 50	7-20-41	Floyd Cordover	10 00
	Transferring Body		2-1-42	" " " "	8 60
	Door Badge		10-8-44	" " " "	10 00
	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				
	To Funeral Complete	173 60			173 60

NAME OF DECEASED George W. Cordomer RESIDENCE Troy - Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Baptist DATE Nov. 19-1940 HOUR 2 PM CLERGYMAN Rev. Hink
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>234</u> Style <u>Amize panel octagon</u>	
Interior <u>gray art</u> Covering <u>Red-cade</u>	
Manufacturer <u>Put-art</u>	DEBITS
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing <u>shirt + sock</u>	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>MMK 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 his home Troy Kans
 Date of Death Nov. 19-1940
 Cause of Death Coronary Thrombosis
 Duration _____ Autopsy _____
 Sex M Color or Race W.
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth May 6-1866 Age, Years 74 Months 6 Days 11
 Occupation Retired farmer
 How Long at Place of Death Life Matheney Troy
 Birthplace—City or County Matheney State of Country Kans
 Name of Father Javier Cordomer
 Birthplace of Father Paris France
 Maiden Name of Mother Mary Ann Lindsay
 Birthplace of Mother Ohio
 Signed A. E. Cordomer Coroner
 Address Troy - Kansas Date 11-17-40
 Interment at St. Andrew of 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 Monroe Andrew T. Charge to Blue Dawn Account No. 522
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church M.E. Date Dec 1-1940 Hour 2 PM Annual No. 375
 Clergyman Rev. Beames 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		12-14-40		35.00
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<i>Funeral coach & service box delivery tint graves decorations etc</i>	35.00			
	SALES TAX				
	To Funeral Complete	35.00			35.00

Funeral of Highley Mary Charge to Paid Account No. 523
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Dec. 18-1940 Hour 2 P.M. Annual No. 76
 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	V	Credits
	Casket and Services.....		<u>12-18-40</u>	<input checked="" type="checkbox"/>	<u>35.00</u>
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs				
	Flowers.....				
	Clergyman..... <u>Pl. to</u>				
	Singers..... <u>Beaumont</u>				
	Casket Coach..... <u>Address for the</u>				
	Use of..... Funeral Cars				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Stearse + service</u>				
	<u>Minister</u>				
	<u>Opening grave</u>	<u>35.00</u>			
	SALES TAX				
	To Funeral Complete	<u>35.00</u>			<u>35.00</u>

Funeral of Mershon John W Charge to Donphan Co Account No. 524
 Ordered by M. G. Chapple Guaranteed by M. G. Chapple Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Bethel Dec 30-1940 Hour 2:30 Annual No. 377
 Clergyman Rev. Guepink 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	2-7-41	By Ch. Donphan 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>Tilot 10 20-40</u>				
	SALES TAX				
	To Funeral Complete	50 00			50.00

NAME OF DECEASED John W. Marshon RESIDENCE Dorifham Kans
 FUNERAL AT Baptist RESIDENCE MORTUARY CHURCH Baptist DATE Dec 30-40 HOUR 2:30 CLERGYMAN Rev. Hink
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral	50	
Casket No. <u>100</u> Style <u>flat top</u>		
Interior <u>cream</u> Covering <u>gray crepe</u>		
Manufacturer <u>Raf</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing <u>none</u>		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*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 2226 56th St Joseph Mo home of
 Date of Death Dec 28 1940
 Cause of Death Coronary Occlusion
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth 2-22-1868 Age, Years 72 Months 10 Days 6
 Occupation Ret. farmer
 How Long at Place of Death 3 weeks
 Birthplace—City or County Platte Co State or Country Mo.
 Name of Father _____
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed DV Mundy M.D. Coroner Coroner
 Address St Joseph Mo Date 12-28-40
 Interment at Farmington Kans
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

Funeral of Wilson Benton Charge of Jan L. Wilson + W.S. Account No. 525
 Ordered by Jan L. Wilson Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Chad Date Jan 2, 1941 Hour 2:30 Annual No. 378
 Clergyman Rev. H. Elliott Lodge Affiliations 100F 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	325.00	Jan 2, 1941		
	Embalmng <u>to Roy Stamey</u>	20.00	2-20-41		
	Outer Cases Vault <u>metal</u>	95.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave <u>To Mt Olive</u>	9.00			
	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>included in 1940 business death in 1940</u>				
	SALES TAX	5.80			
	To Funeral Complete	454.80			
					354.80

NAME OF DECEASED Benton Wilson RESIDENCE Troy - Kansas
FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE Jan 2-1944 HOUR 2³⁰ CLERGYMAN Rev. P.H. Elliot
SINGERS Mr. Hebb LODGE AFFILIATIONS P.O.F.

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Home of his son Jay G. Wilson</u>
Casket No. <u>924</u> Style <u>streamlined R.E. Stutz</u>			Date of Death <u>Dec 30, 1940 - 30 GS (20th Joseph M.)</u>
Interior <u>gray carpet</u> Covering <u>steel B.C.</u>			Cause of Death _____ Contributory _____
Manufacturer <u>not - list</u>			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M.</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault <u>mitel</u>	<u>95.00</u>		Date of Birth <u>Feb 7-1843</u> Age, Years <u>97</u> Months <u>10</u> Days <u>7-3</u>
Embalming <u>by Stamey 20</u>			Occupation <u>ret. farmer</u>
Clothing _____			How Long at Place of Death <u>6 days</u>
			Birthplace - City or County <u>DeKalb Co</u> State or Country <u>Mo.</u>
			Name of Father <u>Jay Wilson</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Percilla Moppe</u>
Total Cash Advances _____			Birthplace of Mother <u>Indiana</u>
			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Mt Olive</u> Troy, <u>Ks</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. _____ Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral <u>052.55</u>			
*Less Overhead Per Funeral _____			
Net Profit Apparent _____			
REMARKS: <u>Included in 1940 business death in 1940</u>			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 Stout She Charge Estate Account No. 526
 Ordered by Mrs. Mollie Stout Guaranteed by H. Benedict Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date Jan 8-1941 Hour 10 A M Annual No. 379
 Clergyman Father Patrick O'Shea College 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	385.00	8-9-41		486.52
	Embalming				
	Outer Case or Vault <u>metal</u>	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				
	<u>Filed Jan 14-1941</u>				
	SALES TAX	6.52			
	To Funeral Complete	486.52			486.52

NAME OF DECEASED Che Stout RESIDENCE Severance Ks. (Rural)
 FUNERAL HOME St. Benedict RESIDENCE MORTUARY CHURCH St. Benedict DATE Jan 8-1941 HOUR 10 AM CLERGYMAN Rev. Patrick O'Shea
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Sisters Hosp. St. Joseph Mo</u>
Casket <u>Home</u> Style <u>metal 1/2 couch</u>			Date of Death <u>Jan 5-1941</u>
Interior <u>sil. w/pt lead</u> Covering <u>metal gray</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Re-est</u>			Duration _____ Autopsy <u>no</u>
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 85</u>			Date of Birth <u>Nov 28-1871</u> Age, Years <u>69</u> Months <u>1</u> Days <u>7</u>
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death <u>Hosp 1 week</u>
			Birthplace—City or County <u>Severance</u> State or Country <u>Kansas</u>
			Name of Father <u>Jacob Stout</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>Eizabeth Ann Stivers</u>
			Birthplace of Mother <u>Ohio</u>
			Signed <u>Fuson</u> M.D. _____ Coroner
			Address <u>St. Joseph Mo</u> Date <u>1-6-1941</u>
			Interment at <u>St. Benedict</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>08A 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 Stinger Emil C Charge to Mrs Ruby Stinger Account No. 527
 Ordered by Mrs Ruby Stinger Guaranteed by " " " " Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christ Date Jan 12 - 1941 Hour 2 P.M. Annual No. 350
 Clergyman Rev. Halliatt 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.....	385.00	1-20-41		497 53
	Embalming.....				
	Outer Case or Vault <u>concrete</u>	90.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing <u>tee</u>	50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls <u>Rev. Halliatt</u>	31			
	Use of..... doz. Chairs.....				
	Flowers.....	15.00			
	Clergyman.....	5.00			
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	SALES TAX	6.72			
	To Funeral Complete	497 53			497 53

NAME OF DECEASED Emil C. Wenger RESIDENCE Troy - Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE Jan 12 - 1941 HOUR 2 P.M. CLERGYMAN Rev. P. H. Elliott
 SINGERS W. M. Nebb LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>his home Troy Kan</u>
Casket No. <u>Home</u> Style <u>Metal half Couch</u>			Date of Death <u>Jan 10 - 1941</u>
Interior <u>grey</u> <u>Walnut</u> Covering <u>gun metal metal</u>			Cause of Death <u>Bronchial pneumonia</u>
Manufacturer <u>R. H. Cox</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>Concrete 90</u>			Date of Birth <u>Feb. 3 - 1869</u> Age, Years <u>71</u> Months <u>11</u> Days <u>7</u>
Embalming			Occupation <u>Ret. Hardware Merchant</u>
Clothing			How Long at Place of Death <u>Troy 27 years</u>
			Birthplace - City or County <u>Hester</u> State or Country <u>Mo.</u>
			Name of Father <u>Mr. Wenger</u>
			Birthplace of Father <u>Germany</u>
			Maiden Name of Mother <u>Rosina Hebb</u>
			Birthplace of Mother <u>Germany</u>
Total Cash Advances			Signed <u>J. M. Sheppard</u> M.D. Coroner
			Address <u>Troy Kan</u> Date _____
			Interment at <u>St. Anne 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		<u>00 P 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 Garson Ellen Charge to Robt. Garson Account No. 538
 Ordered by Robt. Garson Family Guaranteed by Serial No.
 Funeral at Residence Mortuary Church Date Jan 12-1941 Hour 3:15 PM Annual No. 381
 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

*draw
 P.H. Elliott
 Singers*

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services	265.00	1-18-41	By Clerk Robt. Garson		288.60
	Embalming		2-1-41	" " Louis Garson		95.00
	Outer Case or Vault <i>metal</i>	95.00				
	Washing and Dressing					
	Shaving					
	Slumber Robe					
	Suit or Dress					
	Other Articles of Clothing <i>dress</i>	12.95				
	Transferring Body					
	Door Badge					
	Opening Grave					
	Newspaper Notices					
	Telegrams and Telephone Calls <i>Rev. Elliott</i>	31				
	Use of <u> </u> doz. Chairs					
	Flowers					
	Clergyman <i>Rev. Elliott</i>	5.00				
	Singers <i> </i>					
	Casket Coach					
	Use of <u> </u> Funeral Cars					
	Use of Flower Cars					
	Professional Supervision					
	SALES TAX	5.34				
	To Funeral Complete	383.60				383.60

NAME OF DECEASED Ellen (Mrs Robt) Larson RESIDENCE Troy Karno (Rural)
 FUNERAL AT Residence MORTUARY Church CHURCH Christian DATE Jan 12 1941 HOUR 3:15 CLERGYMAN Rev. H. Elliott
 SINGERS Mr Webb, Ethel Paulley LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>her home 1 mile West of Troy</u>
Casket No. <u>275</u> Style <u>Diagonal half Comp</u>			Date of Death	<u>Jan 10 - 1941</u>
Interior <u>gray crepe</u> Covering <u>gray flannel</u>			Cause of Death	<u>Pneumonia</u> contributory
Manufacturer <u>Rt-ent</u>	DEBITS		Duration	Autopsy
Total Net Cost of Casket			Sex	<u>F</u> Color or Race <u>W</u>
Outer Case			Single	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child
Vault <u>metal 95</u>			Date of Birth	<u>May 23 - 1864</u> Age, Years <u>76</u> Months <u>7</u> Days <u>17</u>
Embalming			Occupation	<u>Housewife</u>
Clothing			How Long at Place of Death	
			Birthplace—City or County	<u>Genefuge, Denmark</u>
			Name of Father	<u>Jacob Peterson</u>
			Birthplace of Father	<u>Denmark</u>
			Maiden Name of Mother	<u>Marie Petersen</u>
			Birthplace of Mother	<u>Denmark</u>
			Signature	<u>A. E. Cordover</u> M.D. Coroner
			Address	Date
			Interment at	<u>St Anne Troy</u>
			Lot or Grave No.	Section No.
			Shipped to	
			Arrived from	
			Via	R. R. Date
			In Charge of	
Total Net Cost of Funeral			Source of Call	
Gross Profit on Funeral		<u>add 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 Howland Clarence E. Charge to Mrs Carrie Howland Account No. 529
Ordered by his son Guaranteed by _____ Serial No. _____
Funeral at _____ Residence _____ Mortuary Church _____ Date _____ Hour _____ Annual No. _____
Clergyman Rev. Robt. 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	<input checked="" type="checkbox"/>	Credits
	Casket and Services	385.00	1-28-41	Byck Carrie Howland	390.64
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>shirt</u>	1.00			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	4.64			
	To Funeral Complete	390.64			390.64

NAME OF DECEASED Clarence E. Houland RESIDENCE Troy - Ram (Rural)
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE Jan 13-1941 HOUR 2 P.M. CLERGYMAN Rev. Robt. Gaston
 SINGERS Bendene Diastette LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>near his home west of Troy</u>
Casket No. <u>Stouel</u> Style <u>Metal half Couch</u>		Date of Death <u>Jan 10-1941</u>
Interior <u>grey crepe & velvet</u> Covering <u>gun metal metal</u>		Cause of Death <u>accidental tree fell on</u>
Manufacturer <u>Ry-Cox</u>	DEBITS	Duration <u>4 hrs</u> Autopsy <u>none</u>
Total Net Cost of Casket		Sex <u>M.</u> Color or Race <u>W</u>
Outer Case		Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault		Date of Birth <u>Jan 1-1881</u> Age, Years <u>59</u> Months _____ Days _____
Embalming		Occupation _____
Clothing		How Long at Place of Death _____
		Birthplace—City or County <u>near Benda</u> State or Country <u>IL.</u>
		Name of Father <u>Joseph Houland</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Elizabeth Fildon</u>
		Birthplace of Mother <u>Ireland</u>
		Signed <u>Roy Meindinger</u> Coroner
Total Cash Advances		Address <u>Highland</u> Date <u>1-11-41</u>
		Interment at <u>Moray Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral	<u>055</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 Sarah Jane Thompson RESIDENCE 1 mile west of Farming, Mo
 FUNERAL AT Farming, Mo RESIDENCE G.O.B. MORTUARY G.O.B. CHURCH G.O.B. DATE Jan 21-1941 HOUR 1:30 PM URGYMAN Rev. W. W. Cronely
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>her home west of Farming, Mo</u>
Casket No. _____ Style _____			Date of Death <u>Jan. 18-1941</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>W.</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>Nov. 30-1849</u> Age, Years <u>92</u> Months <u>9</u> Days <u>18</u>
Embalming _____			Occupation <u>housewife</u>
Clothing _____			How Long at Place of Death <u>since 1854</u> <u>near Farming, Mo</u>
			Birthplace—City or County <u>Lamar, Mo</u> State or Country <u>Mo</u>
			Name of Father <u>Chester Decker</u>
			Birthplace of Father <u>Ind.</u>
			Maiden Name of Mother <u>Mary Stout</u>
			Birthplace of Mother _____
			Signed <u>C.E. Nalley</u> M.D. _____ Coroner _____
			Address <u>9207-15</u> Date _____
			Interment at <u>Gold Cemetery Sparks, Mo</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
			Source of Call _____

Total Net Cost of Funeral _____
 Gross Profit on Funeral MINDS
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

REMARKS: