

Funeral of Bronnie Elzie Charge to Doniphan Co Account No. 580  
 Ordered by Mrs Bronnie + Ruby Prepared by Miss Miller Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date Sept. 1-1942 Hour 7 P.M. Annual No. 425  
 Clergyman Rev John 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 <sup>00</sup>	5-1-42	By	50 <sup>00</sup>
	Embalming.....			ck	
	Outer Case or Vault.....			Doniphan Co.	
	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 4-2-42</u>				
	<u>SALES TAX</u>				
	To Funeral Complete	50 <sup>00</sup>			50 <sup>00</sup>



Funeral of Chapple Emma Alice Charge to \_\_\_\_\_ Account No. 581  
 Ordered by Children Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church M.E. Date Apr. 2-1944 Hour 2:30 P.M. Annual No. 465  
 Clergyman Rev. J.W. Campbell 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	325.00	6-27-42		50.00
	Embalming				
	Outer Case or Vault <u>metal</u>	100.00	2-18-44		
	Washing and Dressing				396.20
	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	15.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed 10-26-42</u>				
	<b>SALES TAX</b>	6.20			
	To Funeral Complete	446.20			446.20













Charge to Riley Murphy Account No. 585  
 Ordered by Fan Guaranteed by 11 Serial No. 4  
 Funeral at Residence Mortuary Dayton Date April 10, 1942 Hour 2:30 Annual No. 427  
 Clergyman Rev. Carter Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

*Given  
 Paid to the  
 by family*

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	165.00	4-9-42		
	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				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	1.98			
	To Funeral Complete	166.98			166.98

*By Note  
 Riley Murphy 166.98  
 Payments  
 as below  
 Mrs. S. Murphy 20.00  
 Chester Lewis 17.00  
 Riley Murphy 34.00  
 W. J. Murphy 17.00  
 E. J. Murphy 10.00  
 Mrs. J. B. Bailey 17.00  
 J. B. Murphy & Co. 40.00  
 By cash 166.98*













Funeral of Bulliam Hayes Lord Charge to Douglas Co Account No. 585  
 Ordered by Margaret Hiller Guaranteed by Margaret Hiller Serial No. 500  
 Funeral at Residence Mortuary  Church Date 4-18-42 Hour 2 PM Annual No. 428  
 Clergyman Rev C. S. Smith 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	20.00	5-1-42		20.00
	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	20.00			20.00

NAME OF DECEASED Green Lloyd Buller RESIDENCE Troy, Ms. Rural  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE April 7, 1942 HOUR 2 P.M. CLERGYMAN Rev. Caldwell  
 SINGERS A E R LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>50</u> Style _____		
Interior _____ Covering _____		
Manufacturer _____		
Total Net Cost of Casket _____		
Outer Case _____		
Vault _____		
Embalming _____		
Clothing _____		
Total Cash Advances _____		
Total Net Cost of Funeral _____		
Gross Profit on Funeral _____		<u>MS 64</u>
*Less Overhead Per Funeral _____		
Net Profit Apparent _____		

PERSONAL AND STATISTICAL

Place of Death Mo. Mich. Hosp  
 Date of Death Apr. 16-1942  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child   
 Date of Birth Nov. 1-1941 Age, Years \_\_\_\_\_ Months 5 Days 15  
 Occupation \_\_\_\_\_  
 How Long at Place of Death 2 days  
 Birthplace—City or County Troy State or Country Kans Rural  
 Name of Father Green Buller  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother Ida Andrew  
 Birthplace of Mother Troy Ms.  
 Signed J. Moore M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address St. Joseph, Mo Date \_\_\_\_\_  
 Interment at Andrews 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 Edson Lloyd Harold Charge to Mr + Mrs Edson Account No. 586  
 Ordered by Family Guaranteed by Assignment Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church M.E. Date Apr 19-1947 Hour \_\_\_\_\_ Annual No. 429  
 Clergyman Rev Caldwell Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	170.00	4-28-47		
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	5.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>William Cemetery ground opening</u>	17.00			
	SALES TAX				
	To Funeral Complete	194.14			194.14

By Monumental  
 Life Ins Co  
 ch part of ch 194.14  
 Total Ins ch 251.44  
 Part of 194.14  
 D.A. R. ch # to Edson's 57.30  
 #3365  
 ch to R. ch 3366 -  
 ch to M. ch  
 amount 17.00

7. ch 3366  
 Insurance Policies



NAME OF DECEASED Lloyd Harold Edson RESIDENCE Troy, Kans Rural  
 FUNERAL AT Troy RESIDENCE ME MORTUARY ME CHURCH ME DATE April 19, 1942 HOUR 2:30 CLERGYMAN Rev. Coldsman  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>234</u> Style <u>Corp. Shrouded</u>		
Interior <u>gray art</u> Covering <u>read brocade</u>		
Manufacturer <u>Per 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>MAID 59</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL

Place of Death his home 1 mile N. of Troy  
 Date of Death April 16, 1942  
 Cause of Death hanging suicide  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single  Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Sept. 27, 1917 Age, Years 24 Months 6 Days 19  
 Occupation farm laborer  
 How Long at Place of Death 9 years  
 Birthplace—City or County Ravenna State or Country Nebr.  
 Name of Father Lyle Edson  
 Birthplace of Father Ravenna, Nebraska  
 Maiden Name of Mother Elva May Temple  
 Birthplace of Mother Cherry County, Nebr.  
 Signed Robt. Surgen M.D. Coroner Coroner  
 Address Troy, Kans Date \_\_\_\_\_  
 Interment at 1st Ave Troy  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

REMARKS:

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















NAME OF DECEASED Ina Criger RESIDENCE Home of John Abbott Troy, Ks  
 FUNERAL AT Bolcham Cemetery MORTUARY Bolcham Missouri CHURCH \_\_\_\_\_  
 DATE May 31-1942 HOUR 2 P.M. CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>10</u> Style <u>Simple lid</u>		
Interior <u>cream lobby</u> Covering <u>white floral</u>		
Manufacturer <u>Pine Bluff</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>AN SS</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL

Place of Death Home of John Abbott Troy Ks  
 Date of Death May 28-1942  
 Cause of Death embolism of Costa  
 Duration \_\_\_\_\_ Autopsy N  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Aug 25-1879 Age, Years 62 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation farm laborer  
 How Long at Place of Death about 7 years  
 Birthplace—City or County Marionville State or Country Mo  
 Name of Father Johnston Criger  
 Birthplace of Father Madame County Mo  
 Maiden Name of Mother \_\_\_\_\_  
 Birthplace of Mother \_\_\_\_\_  
 Signed Arch Blair D. Coroner  
 Address Troy - Kans. Date \_\_\_\_\_  
 Interment at Bolcham 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.





NAME OF DECEASED Florentine Boeh RESIDENCE Troy Kansas Rural  
 FUNERAL AT RESIDENCE MORTUARY CHURCH St Charles DATE June 5 1942 HOUR 9 A.M. CLERGYMAN Rev Robt. Salmon  
 SINGERS Catholic Choir LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Home of L.F. Boeh</u>
Casket No. <u>234</u> Style <u>Reef Shrine</u>		Date of Death <u>June 2 - 1942</u>
Interior <u>grey text</u> Covering <u>Silver Tread Broad</u>		Cause of Death <u>Cerebral Embolism</u>
Manufacturers <u>Re-Act</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 _____ Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>May 18 1918</u> Age, Years <u>24</u> Months _____ Days <u>14</u>
Embalming		Occupation <u>at home</u>
Clothing		How Long at Place of Death <u>life</u>
		Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
		Name of Father <u>Louis J. Boeh</u>
		Birthplace of Father <u>Nathans 12</u>
		Maiden Name of Mother <u>Monica Shaly</u>
		Birthplace of Mother <u>Nathans 12</u>
		Signed <u>A. C. Cordova</u> M.D. Coroner
		Address <u>Troy - Mo</u> Date <u>6-4-42</u>
		Interment at <u>Mt Calvary Nathans 12</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>mgs</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 William W. Brown RESIDENCE Troy Kansas  
 FUNERAL AT Troy RESIDENCE Christian MORTUARY Christian CHURCH Christian DATE June 14, 1942 HOUR 2 PM CLERGYMAN Rev. F. E. Carter  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>234</u> Style <u>Pers. shrine</u>	
Interior <u>gray art</u> Covering <u>Third decade</u>	
Manufacturer <u>R4-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>1175.55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

PERSONAL AND STATISTICAL

Place of Death his home Troy Kansas  
 Date of Death June 10, 1942  
 Cause of Death Bright's disease  
 Duration \_\_\_\_\_ Autopsy N  
 Sex M Color or Race \_\_\_\_\_  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Oct 13, 1869 Age, Years 72 Months 7 Days 27  
 Occupation Retired city employee  
 How Long at Place of Death 18 yrs in Troy  
 Birthplace—City or County Half rock State or Country Missouri  
 Name of Father Wm H. Brown  
 Birthplace of Father unknown  
 Maiden Name of Mother Sarah E. Brown  
 Birthplace of Mother unknown  
 Signed A. E. Cordova Coroner  
 Address Troy Kansas Date 6-12-42  
 Interment at old cemetery Sparks Kan.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

REMARKS:

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

















NAME OF DECEASED Polly Jo McComaughy RESIDENCE 104 River View Farm  
 FUNERAL AT Parsonage Cemetery DATE July 14 1942 HOUR 3:30 P.M. CLERGYMAN Will Duombly  
 SINGERS none LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		15 00	Place of Death <u>Hoffman Tp. Hunter Farm</u>
Casket No. <u>572</u> Style <u>King of Spades</u>		98	Date of Death <u>July 14 - 1942</u>
Interior <u>white with</u> Covering <u>of the same</u>		15 18	Cause of Death <u>still birth</u> Contributory
Manufacturer <u>Reit - art</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>W</u>
Outer Case			Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault			Date of Birth <u>July 14 - 42</u> Age, Years <u>0</u> Months <u>0</u> Days <u>0</u>
Embalming			Occupation _____
Clothing			How Long at Place of Death _____
			Birthplace—City or County <u>Hoffman</u> State or Country <u>Tenn</u>
			Name of Father <u>Geo. McComaughy</u>
			Birthplace of Father <u>Robinson</u>
			Maiden Name of Mother <u>Edna Jean Roland</u>
			Birthplace of Mother <u>Seneca</u>
Total Cash Advances			Signed <u>Arch J. Blair D.O.</u> Coroner
			Address <u>Highway - Kaur</u> Date <u>7-14-42</u>
			Interment at <u>Parsonage Kaur</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		MY 55	Insured in _____ Amount _____
*Less Overhead Per Funeral			Beneficiary _____
Net Profit Apparent			

REMARKS:

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



Funeral of Zettwanger Reuben Charge to \_\_\_\_\_ Account No. 595  
 Ordered by Robert Zettwanger Guaranteed by Miss Gellman Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date July 26-42 Hour 2:30 Annual No. 438  
 Clergyman Rev. Elliott Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

*of call  
 1st call  
 8-28-42  
 paid for*

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services <i>+ transportation</i>	135.87	8-1-42		135.87
	Embalming <i>from Norton - Ma</i>				
	Outer Case of Vault <i>to telephone</i>				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Cash to Death Mortuary	75.00			
	Ry. transportation	94.49			
	Telephone	1.38			
	Karv Lim. Home	35.00			
	<b>SALES TAX</b>				
		135.87			135.87
	To Funeral Complete				













NAME OF DECEASED Betty Lou Schoenfelder RESIDENCE Troy Kent (Rural)  
 FUNERAL AT Mathena Catholic CHURCH Aug 25 - 42 HOUR 2 P.M. CLERGYMAN Father Robt Salmon  
 SINGERS  cemetery LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket <u>all</u> Style <u>hinge top</u>	
Interior <u>cream silk</u> Upholstery <u>white plush</u>	
Manufacturer <u>Sterling Casket 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>7M 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

PERSONAL AND STATISTICAL

Place of Death Schoenfelder home  
 Date of Death Aug. 24 - 42  
 Cause of Death Coronary thrombosis  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child 2  
 Date of Birth Dec 16 1941 Age, Years \_\_\_\_\_ Months 8 Days 8  
 Occupation child  
 How Long at Place of Death life  
 Birthplace—City or County Troy State or Country Kent  
 Name of Father Francis Schoenfelder  
 Birthplace of Father Mathena, Kans.  
 Maiden Name of Mother Elizabeth Strader  
 Birthplace of Mother Mathena 15  
 Signed \_\_\_\_\_ M.D. Robt. Guy Coroner  
 Address Troy 15 Date 8-25-42  
 Interment at Mathena 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 Norman Gilbert Clark Charge to Norman Clark Account No. 598  
 Guaranteed by Finch Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church M.P. Date Aug. 26-42 Hour 3 PM Annual No. 440  
 Clergyman Rev. Coldsmith Lodge Affiliations Eastern Star Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	375.00	11-22-42		461.90
	Embalming				
	Outer Case or Vault <u>Metal</u>	175.00			
	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>Embalming service</u>	5.50			
	<u>stat</u>	6.10			
	To Funeral Complete	461.90			461.90

*Filed Sept 25-42*

NAME OF DECEASED Elberta Clark Norman RESIDENCE Troy - Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Troy, Mo. DATE Aug 26 42 HOUR 3 PM CLERGYMAN Rev. Colburn  
 SINGERS Mrs. Templeton LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>924</u> Style <u>Rec. half Couch</u>		
Interior <u>grey plush covering</u> <u>steel felt</u>		
Manufacturer <u>W. H. H. Co.</u>		
Total Net Cost of Casket		
Outer Case <u>metallic</u>		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>OMASS</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL

Place of Death Mo. Meth. Hosp.  
 Date of Death Aug 23 - 1942  
 Cause of Death acute coronary thrombosis  
 Duration \_\_\_\_\_ Autopsy   
 Sex F Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Nov 4 1868 Age, Years 73 Months 9 Days 19  
 Occupation housewife  
 How Long at Place of Death \_\_\_\_\_  
 Birthplace—City or County Springfield Iowa State or Country \_\_\_\_\_  
 Name of Father James Clark  
 Birthplace of Father Ohio  
 Maiden Name of Mother Mary McClaren  
 Birthplace of Mother Ohio  
 Signed deCarle M.D. Coroner  
 Address St. Joseph Mo. Date 8-23-42  
 Interment at St. Anne Troy  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

REMARKS:

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











NAME OF DECEASED Carl Talbert RESIDENCE Troy - N  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE Sept. 11-42 HOUR 1:30 PM CLERGYMAN Rev. Coldsmith  
 SINGERS Public address music AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>Flat Top</u> style	
Interior <u>cream</u> covering <u>crepe</u>	
Manufacturer <u>Denver Cabinet 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>yd 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

PERSONAL AND STATISTICAL

Place of Death Sisters Hosp.  
 Date of Death Sept. 10 - 1942  
 Cause of Death heart disease Contributory myocarditis  
 Duration Autopsy   
 Sex M Color or Race W  
 Single  Married  Widowed  Divorced  Child   
 Date of Birth Jan 10 - 1882 Age, Years 62 Months 8 Days   
 Occupation house painter  
 How Long at Place of Death 8 days  
 Birthplace—City or County Spiceland State or Country Ind  
 Name of Father Sylvanus Talbert  
 Birthplace of Father Illinois  
 Maiden Name of Mother Catherine Lewis  
 Birthplace of Mother Indiana  
 Signed Paul Forgrave Coroner  
 Address St. Joseph Mo Date 9-10-42  
 Interment at Mt Olive Troy  
 Lot or Grave No. Section No.  
 Shipped to  
 Arrived from  
 Via R. R. Date  
 In Charge of  
 Source of Call  
 Insured in Amount  
 Beneficiary

REMARKS:

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





NAME OF DECEASED Mildred A. Roland RESIDENCE Blair Kans  
 FUNERAL AT Trinity Baptist RESIDENCE Trinity Baptist MORTUARY Trinity Baptist CHURCH Baptist DATE Sept. 22-42 HOUR 2 PM CLERGYMAN Rev Herrington  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>232</u> Style <u>Buy payell chagon</u>		
Interior <u>gray twill</u> Covering <u>gray - lamb</u>		
Manufacturer <u>Wet-lut</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing <u>ant 15.00</u>		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>MSN 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 Blair  
 Date of Death Sept. 19-1942  
 Cause of Death Gastric Hemorrhage  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Dec 9-1888 Age, Years 53 Months 9 Days 10  
 Occupation farmer  
 How Long at Place of Death 7 months  
 Birthplace—City or County Steverson State Kans Country Kans  
 Name of Father John C. Roland  
 Birthplace of Father Bloomfield Iowa  
 Maiden Name of Mother Nina Keedham  
 Birthplace of Mother Temperance  
 Signed Arch Blair D.O. M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address 2707 1st Date 9-20-42  
 Interment at Severance Id.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. \_\_\_\_\_ Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_









Charge to Charles Sullivan & Son Account No. 603  
 Declared by Mrs. Mary Clark Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church M.E. Date Oct. 6-1947 Hour 2 P.M. Annual No. 445  
 Clergyman Rev. Coldsmithe 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	47.50	11-9-42		
	Embalming				
	Outer Case or Vault <u>Mausoleum</u>				
	Washing and Dressing <u>with granite top</u>	360.00			
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>10<sup>00</sup> Sep 20</u>	10.20			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed 10-27-48</u>				
	SALES TAX	12.90			
	To Funeral Complete	858.10			858.10







NAME OF DECEASED Rudolph Kasselhute RESIDENCE 922 Highland St. St. Joseph Mo  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH St. Joseph - MS DATE Oct. 31 - 1942 HOUR 2 P.M. CLERGYMAN Rev. W. Berge  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Home of Robt. Clemens South of Troy</u>
Casket No. <u>234</u> Style <u>Berg Shrine</u>			Date of Death	<u>Oct. 27 - 1942</u>
Interior <u>gray art</u> Covering <u>vel. brocade</u>			Cause of Death	<u>Apoplexy</u> Contributory _____
Manufacturer <u>Ret-art</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>Dec 11 - 1865</u>	Age, Years <u>76</u> Months <u>10</u> Days <u>16</u>
Embalming _____			Occupation	<u>retired farmer</u>
Clothing _____			How Long at Place of Death	<u>2 days</u>
			Birthplace—City or Country	<u>Hamburg, Germany</u>
			Name of Father	<u>Amfenow</u>
			Birthplace of Father	<u>Germany</u>
			Maiden Name of Mother	<u>Amfenow</u>
			Birthplace of Mother	<u>Germany</u>
Total Cash Advances _____			Signed <u>W. Cordonier</u>	Coroner
			Address <u>Troy, Mo.</u>	Date _____
			Interment at <u>Meroy</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>MS 35</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 Miss Gordon Lee Charge to See Miss Account No. 605  
 Ordered by Mrs. + Blair Family Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Nov. 1-1947 Hour 2 PM Annual No. 447  
 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	11-4-47		166.98
	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	1.98			
	To Funeral Complete	166.98			166.98





Funeral of Morgan Samuel David Charge to Doniphan Co Account No. 606  
 Ordered by Mrs Mabel Brock Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Nov. 2-42 Hour 2:30 Annual No. 448  
 Clergyman Rev. Carter 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 <sup>00</sup>	12-1-42	By Brock Don. Co	50 <sup>00</sup>
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX				
	To Funeral Complete	50 <sup>00</sup>			50 <sup>00</sup>





Funeral of Frank Benoni Charge of Emma Margaret Benoni Account No. 507  
 Ordered by Emma Margaret Benoni Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at Residence  Mortuary  Church \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_ Annual No. 449  
 Clergyman Rev. Coldsmithe 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	✓	Credits
	Casket and Services	225 00	11-9-42		130 05
	Embalmng				130 05
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>20 00</u> <u>tot. 40</u>	20 40			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Funeral Coach</u>				
	<u>for Sales</u>	12 20			
	SALES TAX	2 70			
	To Funeral Complete	260 10			260 10

NAME OF DECEASED Frank Benoni Ral (Ben) Troy Rann RESIDENCE Troy, Kan  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE Nov. 5, 1942 HOUR 1 P.M. CLERGYMAN Rev. Coldsmith  
 SINGERS Oliver Kusum 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>777</u> Style <u>single panel slab</u>			Date of Death <u>Nov. 3, 1942</u>
Interior <u>grey art</u> Covering <u>grey Ripley cloth</u>			Cause of Death <u>Coronary Thrombosis</u>
Manufacturer <u>Ret. Art.</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>May 4, 1864</u> Age, Years <u>78</u> Months <u>5</u> Days <u>29</u>
Embalming			Occupation <u>retired mail carrier</u>
Clothing			How Long at Place of Death <u>34 yrs</u>
			Birthplace—City or County <u>Wichita, Kan</u> State <u>Kan</u> Country <u>U.S.A.</u>
			Name of Father <u>William Frank</u>
			Birthplace of Father <u>Ohio</u>
Total Cash Advances			Maiden Name of Mother <u>Margaret Dawson</u>
			Birthplace of Mother <u>Holtonville Ohio</u>
			Signed <u>A. E. Cordover</u> Coroner
			Address <u>Troy, Kan</u> Date _____
			Interment at <u>Salem, Neb</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>MNS 59</u>	
*Less Overhead Per Funeral			
Net Profit Apparent			
REMARKS:			Source of Call _____
			Insured in _____ Amount _____
			Beneficiary _____

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





NAME OF DECEASED Fred Moses Steavens RESIDENCE Troy - Kansas Rural  
 FUNERAL AT RESIDENCE MONUARY CHURCH DATE Nov. 6 - 1942 HOUR 10 AM CLERGYMAN Rev. Coldsmith  
 SINGERS Fairy Emory LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral  
 Casket No. 50 Style flat top  
 Interior Covering Ret-art.  
 Manufacturer Ret-art.  
 Total Net Cost of Casket  
 Outer Case  
 Vault  
 Embalming  
 Clothing

DEBITS

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral yd 55

\*Less Overhead Per Funeral

Net Profit Apparent

Place of Death Mill Morgan farm  
 Date of Death Nov. 3 - 1942  
 Cause of Death Apoplexy Contributory  
 Duration Autopsy  
 Sex M Color or Race W  
 Single  Married  Widowed  Divorced  Child   
 Date of Birth 4-20-1881 Age Years 61 Months 6 Days 14  
 Occupation farm laborer  
 How Long at Place of Death  
 Birthplace—City or County Cuppa State or Country Iowa  
 Name of Father John Steavens  
 Birthplace of Father Morristown N.Y.  
 Maiden Name of Mother Marie Surfer  
 Birthplace of Mother Morristown N.Y.  
 Signed Robt Snyder M.D. Coroner  
 Address Troy, Mo. Date  
 Interment at Wt Olive Troy  
 Lot or Grave No. Section No.  
 Shipped to  
 Arrived from  
 Via R. R. Date  
 In Charge of

Source of Call

Insured in Amount  
 Beneficiary

REMARKS:

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





NAME OF DECEASED Fred Rufer RESIDENCE Sparks Kansas  
 FUNERAL AT RESIDENCE Sparks MORTUARY Christian CHURCH Christian DATE Nov. 15, 1942 HOUR 2:30 CLERGYMAN Wm Twombly  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>his home NE of Sparks</u>
Casket No. <u>234</u> Style <u>Cryshneil longford</u>		Date of Death <u>Nov. 13 - 1942</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer <u>Ry-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 13 - 1866</u> Age, Years <u>76</u> Months <u>4</u> Days _____
Embalming _____		Occupation <u>farmer</u>
Clothing <u>suit</u>		How Long at Place of Death <u>37 yrs</u>
		Birthplace—City or County <u>Joseph</u> State or Country <u>Missouri</u>
		Name of Father <u>Unknown Rufer</u>
		Birthplace of Father <u>Switzerland</u>
Total Cash Advances _____		Maiden Name of Mother <u>Switzerland</u>
		Birthplace of Mother <u>Switzerland</u>
		Signed <u>DeRay Neudorfer</u> M.D. Coroner
		Address <u>Nighlan Rd</u> Date _____
		Interment at <u>Valley cemetery Sparks 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>MMA 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 Emma Harris RESIDENCE Troy Kansas Rural

FUNERAL AT RESIDENCE MORTUARY CHURCH Methodist DATE Nov 30 1942 HOUR 2 PM CLERGYMAN Rev. Coldsmith

SINGER Doughty Lyness Norman Carlson LODGE AFFILIATIONS Eastern Star

REVENUE ITEMS AND THEIR COST

Charge for Complete Funeral  
Casket No. 1212 Style R.L. Copper hal Couch  
Interior 6 satin Covering Brn. Bronze  
Manufacturer Gateway  
Total Net Cost of Casket  
Outer Case  
Vault 10 gage Bronze metal  
Embalming  
Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral RSP 55

\*Less Overhead Per Funeral

Net Profit Apparent

CREDITS

PERSONAL AND STATISTICAL

Place of Death her home east of Troy on 26  
Date of Death Nov 27 1942

Cause of Death embolism from infected  
Duration one vein  
Sex F Color or Race

Single  Married  Widowed  Divorced  Child   
Date of Birth Sept 13 1856 Age, Years 86 Months 7 Days 14

Occupation housewife  
How Long at Place of Death 58 years

Birthplace—City or County England State or Country England

Name of Father Peter Cundiff

Birthplace of Father Cornwall England

Maiden Name of Mother Margaret Phillips

Birthplace of Mother Cornwall England

Signed W.E. Cordone M.D. Coroner  
Address Troy, Kansas Date 11-30-42

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

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 Lindsay Lena Elizabeth Charge to Paid Account No. 618  
 Ordered by C. M. Lindsay & Family Guaranteed by " Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Dec 12-1942 Hour 7 P.M. Annual No. 453  
 Clergyman Rev. Coldemith 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	265 00	12-10-42		
	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				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	3 18			
	To Funeral Complete	268 18			368 18

NAME OF DECEASED Lena Elizabeth Lindsey RESIDENCE St. Joseph - Mo  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_  
 DATE Dec 12-42 HOUR 2 PM CLERGYMAN Rev. Coldsmith  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Mercy Hosp St Joseph Mo</u>
Casket No. <u>244</u> Style <u>select mahogany</u>		Date of Death <u>Dec 8-1942</u>
Interior <u>tan silk</u> Covering <u>lyette Dahlia tan</u>		Cause of Death <u>Diabetes</u> Contributory _____
Manufacturer <u>Rey - art</u>	DEBITS	Duration <u>4</u> Autopsy <u>W</u>
Total Net Cost of Casket		Sex <u>W</u> Color or Race _____
Outer Case		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>May 8-1884</u> Age, Years <u>58</u> Months <u>5</u> Days _____
Embalming		Occupation <u>housewife</u>
Clothing		How Long at Place of Death <u>3 days</u>
		Birthplace—City or County <u>Dallas Co.</u> State or Country <u>Mo</u>
		Name of Father <u>Isaac Minnick</u>
		Birthplace of Father <u>Missouri</u>
		Maiden Name of Mother _____
		Birthplace of Mother <u>Missouri</u>
		Signed <u>C. H. Grose</u> M. B. <u>Grose</u> Coroner
		Address <u>St. Joseph Mo 12-8-42</u>
		Interment at <u>McClure Troy</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>MTA 55</u>	
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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



Funeral charge to Duncan Percy M. Paid 12-22-42 Account No. 613  
 Ordered by Mrs. Clara Duncan Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at Residence  Mortuary  Church \_\_\_\_\_ Date Dec 22-42 Hour 2 P.M. Annual No. 454  
 Clergyman Rev. Chas. J. Schaefer 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		12-22-42		
	Embalmng				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz Chairs				
	Flowers <u>5.00</u> <u>take 10</u>	<u>5.10</u>			
	Clergyman <u>&amp; singers</u>	<u>8.00</u>			
	Singers				
	Casket Coach <u>&amp; service</u>	<u>35.00</u>			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>He paid cash 8.00</u>				
	<u>in Per. &amp; other</u>				
	<u>CALLS TO</u>				
	To Funeral Complete	<u>48.10</u>			<u>48.10</u>







NAME OF DECEASED Mrs Mary Johnson RESIDENCE 7 miles South of Troy  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE Sept 13-48 HOUR 2.30 CLERGYMAN Rev. Gaston  
 SINGERS Ralph Fletcher LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>234</u> Style <u>Perf. Shrimel</u>	
Interior <u>grey art</u> Covering <u>blue &amp; red Broad</u>	
Manufacturer <u>Perf. art</u>	
Total Net Cost of Casket	
Outer Case <u>Bob own make</u>	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>MMSS</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death her home South of Troy  
 Date of Death Sept 11 - 1947  
 Cause of Death Chloral Demerol haze  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed ✓ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Dec 30 - 1866 Age, Years 80 Months 8 Days 11  
 Occupation housewife  
 How Long at Place of Death 2 years  
 Birthplace—City or County \_\_\_\_\_ State or Country Denmark  
 Name of Father Christian Rasmussen  
 Birthplace of Father Denmark  
 Maiden Name of Mother Jensens  
 Birthplace of Mother Denmark  
 Signed \_\_\_\_\_ M.D. Robt. Guyler Chloral  
 Address Troy, Kans Date 9-12-47  
 Interment at Meroy  
 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.