

HARMAN FUNERAL HOME
INDEX
1943 TO 1945

Surname	given name	record no.	Surname	given name	record no.
AGEE	GLENN EDWARD	660	FISHER	MARY CLOTILDA	707
ANDERSON	OSBORN MORRIS	701	FRANCIS	ELLEN	667
ANDRUS	ROSE	681	FULLER	ROBERT LEE	722
AUFENKAMP	BABY BOY	711			
BALE	LEONARD G	690	GARD	EMIL AUGUST	717
BARTLETT	FRANK A	646	GOLL	LEONARD	700
BASKINS	OLIVE ANN	652	GRIFFIN	JOSEPH	657
BAUER	PHILLIP	695	HAGENBUSH	PHEBE	7
BEGESSE	THEODORE	653	HAMILTON	JACK	699
BEMBRICK	WILLIAM F	718	HARRIS	WILLIAM BUCKLIN	670
BLANTON	JOE	716	HAUPT	FRANCELIA	723
BLAUSER	SAMUEL	631	HOWLAND	JOANN	678
BLEVINS	CHARLES F	616			
BLUNT	ELIZABETH	628	JESCHKE	EMMA ELIZABETH	644
BRACKEN	FRANCIS	634	JESCHKE	LOUIS CHARLES	702
BROWN	DORA	621	JUDD	BENJAMIN FRANKLIN	3
BRUNER	EVA K	9			
BRUNER	KIERIE EMMOND	8	KARR	ERNEST F	1
BRYNILDSON	INGA MARIE	626	KAUCHER	MARY	668
BUTNER	MARY ELLEN	639	KELLEY	ANTHONY	703
			KIBLER	OSCAR W	4
CAMPBELL	JOHN E	663	KINSEY	SYLVESTER	680
CHANEY	MELVIN	671	KNIGHT	LORILEE	655
CONNET	JOHN J	682	KOTSCH	ANNA E	705
			KUHNERT	THEODORE SPENCER	636
DAUSON	EMALINE	651			
DAUSON	MARGARET ADOLINE	662	LARSON	GEORGE	683
DAVIES	ELIZABETH	10	LARSON	ROBERT	620
DAVIES	SHELBY A	679	LITSON	GEORGE	684
DAWE	JAMES RICHARD	638	LOE	RUTH ANNA	643
DEVEREAUX	ANNA	629	LOYD	TOM	619
DHONE	IVAN J	664			
DISHON	ADDIE A	642	MARTIN	JACOB	669
DITTEMORE	LAURA	708	MCCLELLAND	WILLARD D	622
			MCINTYRE	JAMES JOSEPH	686
EARHART	JAMES HENRY	666	MOLLOY	ANDREW F	697
EDSON	FRANCES LYSLE	693	MORAN	ANNIE ESTELLE	712
ELDER	JANET	635	MORRIS	MALISSA JANE	687
EMORY	EDWARD C	630	MURPHY	AGNES PEARL	665
EULER	MINNIE B	645			

RECORD 713 IS MISSING

HARMAN FUNERAL HOME

INDEX

1943 TO 1945

Surname	given name	record no.	Surname	given name	record no.
PAXTON	SARAH JANE	11	TAYLOR	CHARLES ERNEST	676
PENTECOST	EDDIE	615	THEIS	NICHOLAS	675
PFISTER	JOHN	637	THIRY	BEAULAH	674
PICKERELL	LORA E	692	THROCKMORTON	MADISON	677
POLLARD	BRUCE	720	THROCKMORTON	MARGARET JANE	625
PRIVETT	CHARLES K	624	THURN	JOHN LOUIS	673
PRIVETT	CORA DOVE	632	TURKELSON	CLARENCE R	706
			TURPIN	JAMES SHELL	694
RAMSEIER	FREDERICK F	647	TYRE	ETTA P DDS	672
RAPER	BERTHA	710			
RATCLIFF	JOHANNA LOUISE	658	VAN BEBBER	BERTHA	640
RAWLS	MARTHA A	698	VAN ROSSUM	CHARLES	633
REYNOLDS	RUFUS SPARKS	685			
RHUDY	FANNIE	649	WAGNER	LAWRENCE T	617
RHUE	MARTHA JANE	714	WARNER	MARY ANN	2
ROBBINS	VICTOR LEWIS	623	WARNER	WILLIAM W	650
ROBERTS	EMMA REBECCA	648	WEIDMAN	DELOURA EDWARD	659
RUHNKE	LAMBERT ELMER	661	WILLIAMS	AMANDA	6
SCHLETZBAUM	MARGARET	654	YOUNG	CARL E	13
SCHMIDTKE	OTTO CARL	691	YOUNG	JACOB C	688
SCHOLZ	EDMUND	719			
SCHWAB	HOWARD	709	ZIMMERMAN	ETHEL	618
SHARP	JESSE BARTON	656	ZIMMERMAN	FANNIE BELL	5
SHARP	LIZZIE F	12	ZIMMERMAN	JOSEPHINE	715
STARKS	JAMES N	14	ZIMMERMAN	WILLIAM C	689
STEWART	EDGAR MCCLAIN	641			713
STILES	THOMAS	704			
STRAHAN	JOSEPHINE	627			
STRONG	ANNA LOUISE	721			
SWIGGETT	MARY CATHERINE	696			

1943

Funeral of Eddie Charge to Mrs Mabel Pentecost Account No. 625
 Ordered by Mrs Pentecost Guaranteed by " " Serial No. " "
 Funeral at Residence Mortuary ✓ Church " " Date Jan 10 - 1943 Hour 2:30 PM Annual No. 470
 Clergyman Wm. J. [unclear] Lodge Affiliations " " Body Shipped to or from " "

*7 items of
 Embalming
 Casket + outfit \$ 25
 cloth 1.66
 Shaving 7.20
 10.00
 2.08
 By car Mabel Pentecost 108.20
 Bed deal 100.00*

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services ✓	175 00	1-13-42	By Ch Geo Kern	57 00
	Embalming <i>at Gladworth</i>	26 00	1-13-42	Mabel Pentecost	57 20
	Outer Case or Vault		5-5-43	Ch. Mrs. Treasury	100.00
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	2 00			
	Other Articles of Clothing <i>shirt tie</i>	1.75			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of <u>3 doz.</u> Chairs				
	Flowers <i>3.00 tax .06</i>	3 06			
	Clergyman				
	Singers				
	Casket Coach				
	Use of <u>Funeral Cars</u>				
	Use of Flower Cars				
	Professional Supervision				
	<i>total 175.75</i>				
	<i>total 208.20</i>				
	<i>SALES TAX</i>				
	To Funeral Complete	208 20			208.20

NAME OF DECEASED Eddie Pentecost RESIDENCE Troy - Ks. rural
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE Jan 10-43 HOUR 2:30 PM CLERGYMAN W. M. Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Veterans Hosp. Madaworth Ks</u>
Casket No. <u>234</u> Style <u>Per Shrine Octagon</u>			Date of Death <u>Jan 8 - 1943</u>
Interior <u>gray art</u> Covering <u>Silver Triad Brocade</u>			Cause of Death <u>Uremia Hypertrophy of prostate</u>
Manufacturer <u>Per-art</u>			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M</u> Color or Race <u>W</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Nov 16 1871</u> Age, Years <u>71</u> Months <u>1</u> Days <u>22</u>
Embalming			Occupation <u>farmer retired</u>
Clothing			How Long at Place of Death <u>near Troy 45 yrs</u>
			Birthplace—City or County _____ State or Country <u>Illinois</u>
			Name of Father <u>Anderson</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother _____
			Birthplace of Mother _____
			Signed <u>Dr. Allee M.D.</u> Coroner
			Address <u>Veterans Hosp Madaworth Ks</u>
			Interment at <u>St. Anne Troy - Kans</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral			Source of Call _____
Gross Profit on Funeral		<u>MYd 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 Capt. Lawrence T. Wagner Charge to Leo Wagner Account No. 617
 Ordered by Leo Wagner Family Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ City Michigan Date Feb. 6, 1943 Hour 10 A.M. Annual No. 473
 Clergyman Rev. Father Robert Salmons 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		2-13-43		123.38
	Embalming		3-20-43		49.00
	Outer Case or Vault <u>concrete</u>	100.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	5.00			
	Newspaper Notices				
	Telegrams and Telephone Calls <u>333-120</u>	3.53			
	Use of _____ doz. Chairs				
	Flowers	10.00			
	Clergyman	5.00			
	Singers				
	Casket Coach <u>+ service</u>	39.00			
	Use of _____ Funeral Cars				
	Use of Flower Cars <u>1.00</u>				
	Professional Supervision <u>3.90</u>				
	<u>contribution</u> <u>7.50</u>	7.50			
	SALES TAX	2.35			
	To Funeral Complete	172.38			172.38

Funeral of Zimmerman Ethel Charge to Jim. Warren - Robt. Allison Account No. 618
 Ordered by Jim. Warren Robt. Allison + Milton Zimmerman Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christian Date Feb. 7-1943 Hour 2 P.M. Annual No. 474
 Clergyman Rev. P. K. Elliott Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	175 00	Feb. 5		
	Embalming <u>+ casket at Mt. Vernon</u>	60 00			35 00
	Outer Case or Vault				
	Washing and Dressing		Feb. 6		85 21
	Shaving		4-10-42		
	Slumber Robe				140.26
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <u>from Mt. Vernon</u>	20 73			
	Door Badge		3/2		25.47
	Opening Grave				75.13
	Newspaper Notices				
	Telegrams and Telephone Calls	2 64			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman <u>15.15</u>				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>See papers filed with death certificate</u>				
	SALES TAX	2 10			
	To Funeral Complete	260 47			260 47

Funeral of Lloyd Tom Charge to Doniphan Co. Account No. 619
 Ordered by Lou Strong Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Feb. 7-42 Hour _____ Annual No. 2175
 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	50 00	3-1-42	By Ch. Don. County	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>Feb 7-8-42</u>				
	SALES TAX				
	To Funeral Complete	50 00			50 00

Name Larson Robert Charge to Est. Account No. 620
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christians Date Feb 21-43 Hour 2-30 Annual No. 476
 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	✓	Credits
	Casket and Services	345 00	4-30-43		506 80
	Embalming				
	Outer Case or Vault <u>Special 10 Gauge</u>	135 00	X		
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	10 00			
	Clergyman <u>cash</u>	10 00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>File # 3-11-43</u>				
	SALES TAX	6 84			
	To Funeral Complete				506 80

NAME OF DECEASED Robert Larson RESIDENCE Troy Kans Rural
 FUNERAL AT... RESIDENCE... MORTUARY... CHURCH Christian DATE Feb. 21-1943 HOUR 2³⁰ CLERGYMAN Rev. Elliott
 SINGERS Wm Debb LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral Casket No. <u>924</u> Style <u>special R. E.</u> Interior <u>cup + velvet</u> Covering <u>brocade</u> Manufacturer <u>Rex-art</u> Total Net Cost of Casket Outer Case Vault <u>special 10 gauge metal</u> Embalming Clothing Total Cash Advances	DEBITS	Place of Death <u>his home (w/interment) of Troy</u> Date of Death <u>Feb. 19-1942</u> Cause of Death _____ Contributory _____ Duration _____ Autopsy _____ Sex <u>M</u> Color or Race <u>W</u> Single _____ Married _____ Widowed _____ Divorced _____ Child _____ Date of Birth <u>Mch 5-1862</u> Age, Years <u>80</u> Months <u>11</u> Days <u>14</u> Occupation <u>farmer</u> How Long at Place of Death <u>Southan Society 74 yrs</u> Birthplace—City or County _____ State or Country <u>Denmark</u> Name of Father <u>Lars Christensen</u> Birthplace of Father <u>Denmark</u> Maiden Name of Mother _____ Birthplace of Mother <u>Denmark</u> Signed <u>A. E. Cordover</u> M.D. Coroner Address <u>Troy - 1st</u> Date _____ Interment at <u>Mt Olive Troy, Mo</u> Lot or Grave No. _____ Section No. _____ Shipped to _____ Arrived from _____ Via _____ R. R. Date _____ In Charge of _____
Total Net Cost of Funeral Gross Profit on Funeral *Less Overhead Per Funeral Net Profit Apparent	 <u>025</u> <u>55</u>	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 Brown Doris Charge to Mr Mrs M.C. Larsen Account No. 621
 Ordered by Mr Mrs Larsen Guaranteed by " " Serial No. " "
 Funeral at Residence Mortuary Bendena Church " " Date Mon 2-19-43 Hour 2:30 Annual No. 477
 Clergyman Rev. Eldenith Lodge Affiliations " " Body Shipped to or from " "

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

*HE 11
 hand
 Paid for dress
 1113 Ch #35-27*

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	265 00	3-1-43 By M.C. Larsen		184 11
	Embalming		3-1-43 By M.C. Larsen		100 00
	Outer Case or Vault		<i>Not Paid in full</i>		
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <i>dress</i>	12 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				
	<i>Top boards</i>	3 69			
	SALES TAX	3 42			
	To Funeral Complete	284 11			284 11

NAME OF DECEASED Mrs Dora Brown RESIDENCE Bendena Kansas
 FUNERAL AT Bendena RESIDENCE Bendena MORTUARY Lutheran CHURCH Lutheran DATE Feb 2-1943 HOUR 2:30 CLERGYMAN Rev. Coldsmith
 SINGERS Don Pope LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>244</u> Style <u>Categon hals Creek</u>	
Interior <u>H Cedar</u> Covering <u>Polyester Dahlia</u>	
Manufacturer <u>Rev-art</u>	DEBITS
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing <u>dress 12.00</u>	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>MTP 05</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

REMARKS: M.C. Larsen
704 Mac Vicar Ave
Topeka - Kansas

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

PERSONAL AND STATISTICAL

Place of Death her home Bendena Kans
 Date of Death Feb - 27 - 1943
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex W Color or Race W.
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Oct. 10 - 1873 Age, Years 69 Months 4 Days 17
 Occupation housewife
 How Long at Place of Death 16 years
 Birthplace—City or County Deerfield State or Country Illinois
 Name of Father Wm H Derry
 Birthplace of Father Freeport Ohio
 Maiden Name of Mother Martha Deniston
 Birthplace of Mother Daugma Illinois
 Signed R.R. Cluby M.D. _____ Coroner _____
 Address Bendena Kans Date _____
 Interment at Maray 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 _____

NAME OF DECEASED *Willard D. McClelland* RESIDENCE *Blair Kansas*
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE *March 3-43* HOUR *2 P.M.* CLERGYMAN *Rev. Oldsmith*
 SINGERS *Mrs Plumb & Coker* LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <i>No. Meth Hosp.</i>
Casket No. <i>772</i> Style <i>1/2 Couch slab</i>		Date of Death <i>Feb. 28-1943</i>
Interior <i>grey crepe</i> Covering <i>dark leaf grass</i>		Cause of Death _____ Contributory _____
Manufacturer <i>Wey-lyt</i>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <i>M</i> Color or Race <i>W</i>
Outer Case <i>bot</i>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <i>Jan 26 1863</i> Age, Years <i>80</i> Months <i>1</i> Days <i>2</i>
Embalming _____		Occupation <i>farmer</i>
Clothing _____		How Long at Place of Death <i>entire life at Blair</i>
		Birthplace—City or County <i>Blair</i> State or Country <i>Kans</i>
		Name of Father <i>Ed M. Clelland</i>
		Birthplace of Father <i>Ohio</i>
Total Cash Advances _____		Maiden Name of Mother <i>Elizabeth Davis</i>
		Birthplace of Mother _____
		Signed <i>Paul Ferguson</i> M.D. Coroner
		Address <i>St. Joseph Abate</i>
		Interment at <i>Mt Olive Troy</i>
		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 <i>757 55</i>		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 Victor Lewis Robbins RESIDENCE Denton Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE March 10 1943 HOUR 2:30 CLERGYMAN Rev. Brakebill
 SINGERS Rev. + Mrs. Brakebill LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Denton Ia.</u>
Casket No. <u>102</u> Style <u>square raised H.P. top</u>		Date of Death <u>March 9 - 1943</u>
Interior <u>or silk</u> Covering <u>white Lamb</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Ret-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 _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault		Date of Birth _____ Age, Years _____ Months <u>28</u> Days _____
Embalming		Occupation <u>child</u>
Clothing		How Long at Place of Death <u>about 18 days</u>
		Birthplace—City or County <u>Elwood</u> State or Country <u>Kans.</u>
		Name of Father <u>Victor Robbins</u>
		Birthplace of Father <u>Bendona - Kans</u>
		Maiden Name of Mother <u>Ethel Jane Coomer</u>
		Birthplace of Mother <u>Wathena Kans</u>
		Signed <u>B. R. Clutz</u> M.D. _____ Coroner _____
		Address <u>Bendona Ia.</u> Date _____
		Interment at <u>St. Clair Troy Ia</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 <u>Child brought to funeral home from Denton by family</u>
Gross Profit on Funeral	<u>Mad 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 Prinett Charles K. Charge to Don'than Co. Account No. 624
 Ordered by Julie Disher Guaranteed by Margaret Hille Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Mch 20 1943 Hour 7 P.M. Annual No. 480
 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 00	4-1-43		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

Filed 3-22-43

NAME OF DECEASED Charles K. Brivett RESIDENCE Troy, Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____
 DATE Mar 20, 1943 HOUR 2 PM CLERGYMAN Rev. Carter
 SINGERS Mrs. Plummer & Aikin LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____	
Casket No. _____ Style _____	
Interior _____ Covering _____	
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 _____	
*Less Overhead Per Funeral _____	
Net Profit Apparent _____	

DEBITS

Place of Death his home Troy Ks.
 Date of Death March 18 - 1943
 Cause of Death Pneumonia
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Oct 22 - 1861 Age, Years 81 Months 4 Days 24
 Occupation retired farmer Justice of Peace
 How Long at Place of Death life in & near Troy
 Birthplace—City or County Troy State or Country Kansas
 Name of Father W. G. Brivett
 Birthplace of Father Tennessee
 Maiden Name of Mother Margaret Berry
 Birthplace of Mother Missouri
 Signed C. E. Nader M.D. Coroner
 Address Troy Ks. Date 3-19-43
 Interment at Ref. Olive Troy 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.

Throckmorton Margaret Jane

Funeral of _____ Charge to _____ Account No. 625
 Ordered by Family + M.R. Guaranteed by _____ Serial No. _____
 Funeral at _____ Resident _____ Mortuary _____ Church Christian Date March 27-43 Hour 3 - P.M. Annual No. 481
 Clergyman Elliott + Carter Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	225.00	3-26-43		90.00
	Embalming		4-7-43		25.00
	Outer Case or Vault		5-6-43		25.00
	Washing and Dressing		6-8-43		10.00
	Shaving		7-2-43		20.00
	Slumber Robe		7-28-43		10.00
	Suit or Dress		8-12-43		10.00
	Other Articles of Clothing		9-7-43		15.00
	Transferring Body		9-11-43		26.39
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Top boards</u>	3.69			
	SALES TAX	2.70			
	To Funeral Complete	231.39			231.39

NAME OF DECEASED Margaret Jane Throckmorton RESIDENCE Troy - Kans

FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE March 23-43 HOUR 3 PM CLERGYMAN Elliott & Porter

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. 176 Styl. Octagon high back
 Interior Red-vel Covering Grey plush

Manufacturer Ref. Art.
 Total Net Cost of Casket _____
 Outer Case _____
 Vault _____
 Embalming _____
 Clothing _____

Total Cash Advances _____

DEBITS

Place of Death her home Troy - Kans
 Date of Death March 21-1943
 Cause of Death hypostatic pneumonia

Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth March 1-1879 Age, Years 64 Months 21 Days _____

Occupation housewife
 How Long at Place of Death entire life near Troy
 Birthplace—City or County Troy State or Country Kansas

Name of Father John Hart
 Birthplace of Father Alabama
 Maiden Name of Mother Mannah Sutton
 Birthplace of Mother va

Signed Arch Blawie D.D. Coroner
 Address Troy Kans Date 3-22-43
 Interment at Mt Olive Troy

Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____

Total Net Cost of Funeral _____
 Gross Profit on Funeral MPA 55
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

In Charge of _____
 Source of Call _____

REMARKS:

Insured in _____ Amount _____
 Beneficiary _____

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

Funeral of Brynmildson Inga Marie Charge to Paid Account No. 626
 Ordered by her sons Guaranteed by " Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 4-1-43 Hour 4 P.M. Annual No. 482
 Clergyman Rev. Coldson 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		4-1-43	By cash	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 <u>hears to St Joe</u> <u>for funeral</u> <u>Both to cemetery</u>	35.00			
	SALES TAX				
	To Funeral Complete	35 00			35.00

NAME OF DECEASED Inga Marie Brynildson

RESIDENCE Albert Lee Minnesota

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE Sept. 1-43 HOUR 4 PM CLERGYMAN Rev. Coldsmith

SINGERS none

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death Albert Lee Minn.

Date of Death Mch. 29-43

Cause of Death Carcinoma of stomach

Duration Autopsy N.

Sex F Color or Race

Single Married Widowed Divorced Child

Date of Birth Age, Years 75 Months Days

Occupation housewife

How Long at Place of Death

Birthplace—City or County State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed M.D. Coroner

Address Date

Interment at Moray Cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

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

Funeral Strahan Mary Josephine Charge to _____ Account No. 627
 Ordered by Wm Strahan Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church St Charles Date April 18-1943 Hour 11:30 A.M. Annual No. 483
 Clergyman Father Robt. Salmon 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	265.00	6-22-43	By <u>Wm H. Strahan</u>	100.00
	Embalming		11-3-44	By <u>Chas. " "</u>	169.07
	Outer Case or Vault <u>concrete</u>	100.00	1-22-45	By <u>Ch " "</u>	108.76
	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	7.50			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	SALES TAX	5.33			
	To Funeral Complete	397.83			377.83

NAME OF DECEASED Mary Josephine Strahan RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH St Charles DATE April 14-1943 HOUR 11:30 AM CLERGYMAN Rev. Robert Salmon
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>her home Troy Kas.</u>
Casket No. <u>244</u> Style <u>Octagon half arch</u>			Date of Death <u>April 16-1943</u>
Interior <u>Rose tan</u> Covering <u>Polyleth. Bakha</u>			Cause of Death <u>Hypostatic Pneumonia</u>
Manufacturer <u>Ray-cut</u>			Duration _____ Autopsy <input checked="" type="checkbox"/>
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>W</u>
Outer Case			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault <u>Concrete</u>	100 ⁰⁰		Date of Birth <u>Dec. 16-1854</u> Age, Years <u>88</u> Months <u>4</u> Days <u>0</u>
Embalming			Occupation <u>housewife</u>
Clothing			How Long at Place of Death <u>41 yrs</u>
			Birthplace—City or County <u>Paris</u> State or Country <u>Kentucky</u>
			Name of Father <u>William Gullyman</u>
			Birthplace of Father <u>Ireland</u>
Total Cash Advances			Maiden Name of Mother _____
			Birthplace of Mother _____
			Signed <u>Arch Blair Hill</u> Coroner
			Address <u>Troy, Kas</u> Date _____
			Interment at <u>St. Charles 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>MTA 95</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 Burnt Mary Elizabeth Charge to Don Co. Account No. 628
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date April 20 1943 Hour 2 30 Annual No. 484
 Clergyman W. M. Womble 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	6-1-43		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 4-21-43</u>				
	SALES TAX				
	To Funeral Complete	50.00			50.00

see small ledger

NAME OF DECEASED Mary Elizabeth Plummer RESIDENCE Troy - Kans.
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____
 SINGERS Jm Webb DATE April 20-43 HOUR 2 30 CLERGYMAN Jm Trombly
 LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. 234 Style Perf shrmit casket
 Interior grey art Covering _____
 Manufacturer Ref-art

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

7d

Place of Death Horton Kans.

Date of Death April 18-1943

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex F Color or Race W

Single _____ Married _____ Widowed Divorced _____ Child _____

Date of Birth Feb 23-1862 Age, Years 81 Months 1 Days 26

Occupation housewife

How Long at Place of Death 4 months

Birthplace—City or County Pittsburg State Kans. County Towa

Name of Father Ed Plummer

Birthplace of Father _____

Maiden Name of Mother Mary Esther Keller

Birthplace of Mother _____

Signed _____ M.D. _____ Coroner _____

Address _____ Date _____

Interment at St Olive Troy-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:

See sum all ledger

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

Funeral Reverend Anna Charge to John Damschick Account No. 629
 Ordered by Mr & Mrs John Damschick Guaranteed by " " Serial No. _____
 Funeral at _____ Residence _____ Mortuary St Charles Church _____ Date April 21-1943 Hour 10 AM Annual No. 485
 Clergyman Father Robt Salmon 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	235.00	May 3 '43		10.20
	Embalming				
	Outer Case or Vault		May 6-43		44.60
	Washing and Dressing		May 6-43		193.22
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	10.20			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	SALES TAX	2.82			
	To Funeral Complete	248.02			248.02

NAME OF DECEASED Emma Severens RESIDENCE Droy Kans Rural
 FUNERAL AT RESIDENCE MORTUARY CHURCH St Charles DATE April 19 1943 HOUR 10 AM CLERGYMAN Father Robert
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>176</u> Style <u>Octagon high Couch</u>		
Interior <u>grey art</u> Covering <u>Plush</u>		
Manufacturer <u>Net 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>MAS</u>	<u>00</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death Home of Mr John Damerick
 Date of Death April 20 - 1943
 Cause of Death Carcinoma of intestine
 Duration _____ Autopsy _____
 Sex F Color or Race W.
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth Jan 16 1868 Age, Years 75 Months 3 Days 20
 Occupation housewife
 How Long at Place of Death Life in Graham County
 Birthplace—City or County Adriana State of Country Kans.
 Name of Father John Delaney
 Birthplace of Father Ireland
 Maiden Name of Mother Catherine Raymond
 Birthplace of Mother Ireland
 Signed Arch J. Blair M.D. Coroner
 Address Droy 15 Date 4-20-43
 Interment at St Benedict's 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 Edward C Emory RESIDENCE Troy - Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE May 4 1943 HOUR 3 PM CLERGYMAN Rev. Elliot
 SINGERS Fairy Emory LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

Charge for Complete Funeral	
Casket No. <u>802</u> Style <u>Slab half Couch</u>	
Interior <u>Sil Baronette</u> Covering <u>silver</u> <u>700</u>	
Manufacturer <u>Rex-Art</u>	DEBITS
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	
Net Profit Apparent	<u>750.89</u>

Place of Death Mercy Hosp. St. Joseph Mo
 Date of Death May 1 - 1943
 Cause of Death Coronary Thrombosis
 Duration _____ Autopsy _____
 Sex M. Color or Race W.
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Dec 17 - 1890 Age, Years 52 Months 4 Days 23
 Occupation Transfer Business
 How Long at Place of Death life Troy Mo
 Birthplace—City or County Troy Mo State or Country Mo
 Name of Father John L. Emory
 Birthplace of Father _____
 Maiden Name of Mother Martha Malone
 Birthplace of Mother _____
 Signed Wm P. Louz D.D. M.D. _____ Coroner
 Address St. Joseph Mo Date 5-1-43
 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 _____

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 Blauzer Samuel Charge to Est Account No. 631
 Ordered by Mrs Blauzer + Betty Dempster Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Christa Church _____ Day May 30 1942 Hour 4 P. M. Annual No. 487
 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	375.00	8-4-43		100.00
	Embalming		8-18-43		432.56
	Outer Case or Vault <u>Special 10 gauge</u>	135.00			
	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	15.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed 6-14-43</u>				
	SALES TAX	7.50			
	To Funeral Complete	532.50			532.50

NAME OF DECEASED Samuel Blausen RESIDENCE Troy - Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE May 30 - 43 HOUR 4 PM CLERGYMAN Rev. P.H. Elliot
 SINGERS Wm. Debb LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. 924 Style R. Co. Special Oct. Stob
 Interior gray cloth covering steel B. Co.
 Manufacturer Ref - Art
 Total Net Cost of Casket _____
 Outer Case _____
 Vault special 10 gauge metal
 Embalming _____
 Clothing _____
 Total Cash Advances _____
 Total Net Cost of Funeral _____

DEBITS

Gross Profit on Funeral 0.00
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

REMARKS: veteran of Indian war
enlisted Oct. 24 - 1868 - 19th
discharged April 18 - 1869

Place of Death His home Troy. Kans.
 Date of Death May 27 - 1943
 Cause of Death Globa Pneumonia Autopsy Influenza
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth April 21 - 1847 Age, Years 96 Months 1 Days 6
 Occupation retired farmer
 How Long at Place of Death since 1867
 Birthplace—City or County Atna State or Country Ohio
 Name of Father Joseph Blausen
 Birthplace of Father unknown
 Maiden Name of Mother Madeline Stalter
 Birthplace of Mother unknown
 Signed Ch. Hally M.D. Coroner
 Address Troy Kans Date May 27 - 43
 Interment at St. Olme Troy Kans
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____

In Charge of Military service by
Troy Company
 Source of Call _____
 Insured in Kansas State Guard
 Beneficiary Kansas Cavalry

* 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 Lora Dove Pruitt RESIDENCE Troy - Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 6-6-43 HOUR 2:30 CLERGYMAN Rev. Carter
 SINGERS Rev. Carter's daughter LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. _____ Style hosp.
 Interior _____ Covering _____
 Manufacturer Reichert
 Total Net Cost of Casket _____
 Outer Case _____
 Vault _____
 Embalming _____
 Clothing dress 10

50⁰⁰

Place of Death her home Troy Ks.
 Date of Death June 4 - 1943
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth Aug 2 - 1865 Age, Years 78 Months _____ Days 23
 Occupation housewife
 How Long at Place of Death 63 years
 Birthplace—City or County Cincinnati State or Country Ohio
 Name of Father Smith Hoyland
 Birthplace of Father Kentucky
 Maiden Name of Mother Margaret Tomlin
 Birthplace of Mother Ohio
 Signed C.E. Hader M.D. _____ Coroner
 Address Troy, Ks. Date 6-5-43
 Interment at St Olive Troy, K.

DEBITS

Total Cash Advances _____

Total Net Cost of Funeral _____

Gross Profit on Funeral _____

*Less Overhead Per Funeral _____

Net Profit Apparent _____

45 55

REMARKS:

Source of Call _____

Insured in _____ Amount _____

Beneficiary _____

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

Funeral of Van Rossum Mrs. Van Rossum Account No. 633
 Ordered by Mrs. Fulling Guaranteed by Ernest Van Rossum Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Huron Date June 27-43 Hour 2:30 PM Annual No. 489
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services <i>sale</i>	235	0048-43	By check	
	Embalming			Lila Van Rossum	237.82
	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				
	Insurance Policies				
	SALES TAX	2.82			
	To Funeral Complete	237.82			237.82

NAME OF DECEASED Charley Van Rossum RESIDENCE Senston Kans Rural
 FUNERAL AT Huron RESIDENCE MORTUARY CHURCH DATE June 27-43 HOUR 2:30 CLERGYMAN
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral	
Casket No. <u>176</u> Style <u>Detegon half Couch</u>	
Interior <u>grog art</u> Covering <u>Plush</u>	
Manufacturer <u>Rex-art</u>	DEBITS
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>MAS 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death his home 4 miles south, Senston
 Date of Death June 23-1943 Senston
 Cause of Death Intestinal Paralysis
 Duration Autopsy
 Sex M Color or Race W
 Single Married Widowed Divorced Child
 Date of Birth Aug 18 1876 Age, Years 66 Month 10 Days 7
 Occupation farmer
 How Long at Place of Death
 Birthplace—City or County Lancaster State or Country Kansas
 Name of Father Peter Van Rossum
 Birthplace of Father Germany
 Maiden Name of Mother unknown
 Birthplace of Mother Germany
 Signed R.R. Clutz M.D. Coroner
 Address Bendera 16 date
 Interment at Senston 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 Francis Bracken RESIDENCE Troy - Kans
 FUNERAL AT RESIDENCE MORTUARY CHURCH St. Charles DATE June 30 - 43 HOUR 9.30 CLERGYMAN Rev. Robt Selmon
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral _____	
Casket No. <u>10</u> Style <u>hinge lid stand</u>	
Interior <u>cream</u> Covering <u>dol</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>75.55</u>	
*Less Overhead Per Funeral _____	
Net Profit Apparent _____	

Place of Death Bell Memorial Hosp - K.C. Mo.
 Date of Death June 26 - 1943
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy yes
 Sex M Color or Race W.
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Dec. 8 - 1927 Age, Years 15 Months 6 Days 18
 Occupation _____
 How Long at Place of Death 1 day
 Birthplace—City or County Swanton State or Country Ks.
 Name of Father Bert Bracken
 Birthplace of Father Swanton - Ks.
 Maiden Name of Mother Christena Thompson
 Birthplace of Mother Robinson Ks.
 Signed _____ M.D. _____ Coroner _____
 Address Bell Memorial Hosp.
 Interment at St. Charles
 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 Elder Janet Charge to _____ Account No. 635
 Ordered by Family Guaranteed by Family Serial No. _____
 Funeral at _____ Residence _____ Mortuary Tracy Church _____ Date June 30-43 Hour 3 PM Annual No. 491
 Clergyman Rev Arthur Freiberg 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 <i>sale</i>	525 00	10-15-43		538 95
	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	7 50			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
<i>Filed 7-21-43</i>					
	SALES TAX	6 76			
To Funeral Complete		538 95			538 95

NAME OF DECEASED Mrs Janet Elder RESIDENCE Troy Kansas Rural
 FUNERAL AT RESIDENCE MORTUARY CHURCH Troy M.E. DATE June 30-43 HOUR 3 P.M. CLERGYMAN Rev. Freeburn
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. Palma Style A.E. hinge panel
 Interior Regent Crepe Covering Pharba Bronze
 Manufacturer Springfield DEBITS
 Total Net Cost of Casket _____
 Outer Case _____
 Vault _____
 Embalming _____
 Clothing _____
 Total Cash Advances _____
 Total Net Cost of Funeral _____
 Gross Profit on Funeral 9.00 55
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

Place of Death her home west of Troy
 Date of Death June 28-1943
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W.
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth Aug. 24-1856 Age, Years 86 Months 10 Days 4
 Occupation housewife
 How Long at Place of Death 37 yrs
 Birthplace—City or County Canada State or Country _____
 Name of Father William Robertson
 Birthplace of Father Scotland
 Maiden Name of Mother Janet Gray
 Birthplace of Mother Scotland
 Signed A.E. Cordover Coroner
 Address _____ Date _____
 Interment at Mt Olive
 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 Kulmest Theodore Hance Charge to Henry Kulmest Account No. 636
 Ordered by Mrs. Mrs. Kulmest Guaranteed by " " Serial No. _____
 Funeral at _____ Residence Mortuary _____ Church _____ Date July 2, 1943 Hour 2:30 Annual No. 419
 Clergyman Ray Hauer Lodge Affiliations _____ Body Shipped to or from _____
Alchison, Mo.

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	100. ⁰⁰	7-6-43		
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	3.50			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	SALES TAX	1.20			
	To Funeral Complete	104.70			104.70

NAME OF DECEASED Theodore Spencer Kirknerst RESIDENCE _____
 FUNERAL AT RESIDENCE MORTUARY _____ CHURCH _____ DATE July 7-1943 HOUR 2:30 CLERGYMAN Rev. Hauer
 SINGERS none LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral		
Casket No. <u>11</u> Style <u>hinge lid</u>		
Interior <u>white silk</u> covering <u>white velvet</u>		
Manufacturer <u>Hurffrage</u>		DEBITS
Total Net Cost of Casket		
Outer Case <u>lot</u>		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>88.25</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death Gtchison Hospital
 Date of Death June 30-1943
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex Male Color or Race white
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth May 1-1940 Age, Years 3 Months 1 Days 29
 Occupation child at home
 How Long at Place of Death 15 days in Hosp.
 Birthplace—City or County South of Denton State of Kentucky
 Name of Father Henry Kirknerst
 Birthplace of Father Dunham County
 Maiden Name of Mother Lara Spencer
 Birthplace of Mother Dunham County
 Signed W. H. G. Charles Coroner
 Address Gtchison, Ky Date _____
 Interment at Denton Cemetery
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 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 Pfister John C Charge to Mrs Lela Pfister Account No. 637
 Ordered by Mr Pfister + Sons Guaranteed by " " " Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date _____ Hour _____ Annual No. 493
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

	Date	Description of Service	Amount	Date		V	Credits
Place of Burial		Casket and Services	+ 185 00	7-13-43	By cash MRP		25 00
Cemetery		Embalmng		7-13-43	By check MRP		130 00
Grave No.		Outer Case or Vault		7-13-43	By cash MRP		3 13
Lot No.		Washing and Dressing		7-20-43	.. Cr 500 F Lodge		50 00
Block No.		Shaving					
Section		Slumber Robe					
Pall Bearers		Suit or Dress	+ 16 00				
		Other Articles of Clothing <u>underspar</u>	1 50				
		Transferring Body					
		Door Badge					
		Opening Grave					
		Newspaper Notices					
		Telegrams and Telephone Calls					
		Use of _____ doz. Chairs					
		Flowers	3 00				
		Clergyman					
Singers		Singers					
		Casket Coach					
		Use of _____ Funeral Cars					
		Use of Flower Cars					
		Professional Supervision					
Insurance Policies							
		SALES TAX	2 63				
		To Funeral Complete	208 13				208 13

NAME OF DECEASED John Pfister RESIDENCE 6 miles North of Troy
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE July 4-43 HOUR 3 P.M. CLERGYMAN Rev. Elliot
 SINGERS _____ 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>Peaf Shroud Octagon</u>	
Interior <u>grey art</u> Covering <u>flamb. plush grey</u>	
Manufacture <u>Rey-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>MYA 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death Lisborne North of Troy
 Date of Death July 2-1943
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth June 16 1887 Age, Years 56 Months _____ Days 16
 Occupation farmer
 How Long at Place of Death 1 year
 Birthplace—City or County Osborne State or Country Missouri
 Name of Father J. F. Pfister
 Birthplace of Father Missouri
 Maiden Name of Mother Elizabeth Sherwood
 Birthplace of Mother _____
 Signed Arch J. Blair, D.O. 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 _____

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 *James Richard Dawe* RESIDENCE *Grand Island Nebr.*

FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. _____ Style _____

Interior _____ Covering _____

Manufacturer _____

Total Net Cost of Casket

Outer Case _____

Vault _____

Embalming _____

Clothing _____

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

DEBITS

md 55

Place of Death *Grand Island Nebr*

Date of Death *May - 21 - 1943*

Cause of Death *burned* Contributory _____

Duration _____ Autopsy _____

Sex *M* Color or Race *W*

Single _____ Married Widowed _____ Divorced _____ Child _____

Date of Birth *1-9-19* Age, Years *24* Months *4* Days *12*

Occupation *Auto Mechanic*

How Long at Place of Death _____

Birthplace—City or County *Troy* State or Country *Kan*

Name of Father *James E Dawe*

Birthplace of Father *Troy - Mo*

Maiden Name of Mother *Charlie Cot*

Birthplace of Mother *Troy - Mo*

Signed _____ M.D. _____ Coroner _____

Address _____ Date _____

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 _____

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 Butner Mary E. charge to J Ford Account No. 639
 Ordered by M Ford Mrs Pearl Crowley & ... Serial No. _____
 Funeral at Noll Residence Noll Mortuary _____ Church _____ Date July 27-43 Hour _____ Annual No. 485
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Dress
MYds
o Td
N. d. d. d.
H. K. ...
 Singers

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	275 00	8-30-43		
	Embalming				
	Outer Case or Vault <i>concrete</i>	100 00			
	Washing and Dressing				203 77
	Shaving		12-13-43		
	Slumber Robe				150.00
	Suit or Dress <i>dress</i>	12 50			39.27
	Other Articles of Clothing				
	Transferring Body	87 50			
	Door Badge	39 27			
	Opening Grave				
	Newspaper Notices	49 23			
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	SALES TAX	5 54			
	To Funeral Complete	398 04			393 04

NAME OF DECEASED Mary Ellen Burtner RESIDENCE Home of V Ford
 FUNERAL AT _____ RESIDENCE _____ MORTUARY Noll CHURCH _____ DATE July 27-43 HOUR 2:30 CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral
 Casket No. 244 Style Eastern half Couch
 Interior Rosatom Covering Light Purple Dahlia
 Manufacturer Ret-Art

DEBITS

Total Net Cost of Casket
 Outer Case
 Vault Concrete
 Embalming
 Clothing dress

Total Cash Advances

Daughter
Mrs Pearl Crowley
3621 Harrison Blvd
Kansas City - Mo

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

Place of Death No. Beth. Hosp St Joe Mo
 Date of Death July 26-1943
 Cause of Death _____ Contributory _____

Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____

Date of Birth Apr 2-1856 Age, Years 87 Months 3 Days 24
 Occupation housewife

How Long at Place of Death 16 days
 Birthplace—City or County Highland Station State or Country _____

Name of Father Geo Cogan
 Birthplace of Father St Charles Mo

Maiden Name of Mother Elley Keener
 Birthplace of Mother Pa.

Signed Dr. W. S. Baker M.D. Coroner

Address St. Joseph Mo Date 7-26-43

Interment at Highland 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: Son, Vasques G. Ford
Tray-16

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

Funeral of Van Bebber Bertha Charge to WM Van Bebber Account No. 640
 Ordered by WM + Ann Van Bebber Serial No. see accept order
 Funeral at Residence Mortuary MF Church Date Aug 5-43 Hour 2 PM Annual No. 496
 Clergyman Rev Gordon Colburn 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	375.00	8-21-43	Ch. WM Van Bebber	481.50
	Embalmg.				
	Outer Case or Vault <u>concrete</u>	100.00			
	Washing and Dressing				
	Shaving	4.75			
	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	6.50			
	To Funeral Complete	481.50			481.50

NAME OF DECEASED Bertha Van Bibber RESIDENCE Troy - Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Troy M E DATE Aug. 5-1943 HOUR 2 PM CLERGYMAN Rev. Coldsmitth
 SINGERS Mrs. Targeler + Norman LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. 844 Style ect. state 1/2 Couch
 Interior Rose crepe Covering Rose Cedar 206 E 107
 Manufacturer Ret - Art
 Total Net Cost of Casket _____
 Outer Case _____
 Vault concrete
 Embalming _____
 Clothing _____

DEBITS

Total Cash Advances _____

Total Net Cost of Funeral _____

Gross Profit on Funeral 0.85 55

*Less Overhead Per Funeral _____

Net Profit Apparent _____

REMARKS:

Place of Death her home Troy Kans
 Date of Death Aug 3-1943
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Nov 13-1943 Age, Years 7 Months 8 Days 20
 Occupation housewife
 How Long at Place of Death Troy 30 yrs
 Birthplace—City or County Davis State or Country Mo
 Name of Father Wm Osborn
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed W. E. Cordover M.D. Coroner
 Address Troy Ks Date _____
 Interment at Mt Olive Troy 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 _____

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

Funeral of Stewart Edgar M Charge to _____ Account No. 641
 Ordered by Jessie DeShon Guaranteed by Brother Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Aug. 7-1943 Hour 3 P.M. Annual No. 497
 Clergyman Rev. Collinsmith Lodge Affiliations _____ Body Shipped to or from _____

	Date	Description of Service	Amount	Date	✓	Credits
Place of Burial		Casket and Services	35.00	8-18-43		147.00
Cemetery		Embalming				
Grave No.		Outer Case or Vault <u>concrete</u>	100.00			
Lot No.		Washing and Dressing				
Block No.		Shaving	35			
Section		Slumber Robe				
Pall Bearers		Suit or Dress				
		Other Articles of Clothing				
		Transferring Body				
		Door Badge				
		Opening Grave	10.00			
		Newspaper Notices				
		Telegrams and Telephone Calls				
		Use of _____ doz. Chairs				
		Flowers				
		Clergyman				
Singers		Singers				
		Casket Coach				
		Use of _____ Funeral Cars				
		Use of Flower Cars				
		Professional Supervision				
Insurance Policies		<u>Filed 8-9-43</u>				
		SALES TAX	2.00			
		To Funeral Complete	147.00			147.00

NAME OF DECEASED *Edgar M^cClain Stewart* RESIDENCE *Los Angeles California*
FUNERAL AT RESIDENCE MORTUARY CHURCH DATE *Aug 7, 1943* HOUR *3 PM* CLERGYMAN *Rev. Coldsmith*
SINGER *Pub. address system* LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral
Casket No. Style
Interior Covering
Manufacturer
Total Net Cost of Casket
Outer Case
Vault *Concrete*
Embalming
Clothing

DEBITS

Total Cash Advances *Brother*
Albert H Stewart
Room 518, Newark Athletic Club.
Newark - N. J.
Prudential Ins. Co
Newark N. J.
Home address

Total Net Cost of Funeral

Gross Profit on Funeral *Ad. 55*

*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death *Los Angeles California*
Date of Death *Aug 2, 1942*
Cause of Death Contributory
Duration Autopsy
Sex *M.* Color or Race *W*
Single Married Widowed Divorced Child
Date of Birth *Aug 8, 1867* Age, Years Months Days
Occupation *Salesman*
How Long at Place of Death
Birthplace—City or County *Cincinnati* State or Country *Ohio*
Name of Father
Birthplace of Father
Maiden Name of Mother
Birthplace of Mother
Signed _____ M.D. _____ Coroner
Address _____ Date _____
Interment at *St. Clive Troy - N.Y.*
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 Lishon Addie A Charge to Bulah Suggitt Account No. 642
 Ordered by Mrs. Grant Lishon Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence 1 Mortuary 1 Church _____ Date Aug. 18-43 Hour 2 PM Annual No. 515
 Clergyman Rev. Caldwell Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	275 00	8-19-43		50 00
	Embalming		8-17-43		5 00
	Outer Case or Vault		8-17-43		50 00
	Washing and Dressing		5-14-45		128 30
	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>have been paid</u>				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	<u>Filed 9-15-44</u>				
	SALES TAX	3 30			
	To Funeral Complete	278 30			278 30

NAME OF DECEASED Addie A Dishon RESIDENCE Troy - Kans
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____
 DATE Aug 18 1943 HOUR 2 PM CLERGYMAN Rev. Coldsmitth
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. 275 Style Retigon Dearing's Cloudy
 Interior grey crepe Covering silky plush
 Manufacturer Ret - Art DEBITS _____
 Total Net Cost of Casket _____
 Outer Case _____
 Vault _____
 Embalming _____
 Clothing _____
 Total Cash Advances _____
 Total Net Cost of Funeral _____
 Gross Profit on Funeral _____
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

Place of Death her home Troy - Kans
 Date of Death Aug. 16 - 1943
 Cause of Death apoplexy Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth Aug 8 - 1865 Age, Years 78 Months 0 Days 8
 Occupation housewife
 How Long at Place of Death 49 yrs
 Birthplace - City or County Clay State or Country Missouri
 Name of Father Oliver Gaddell
 Birthplace of Father unknown
 Maiden Name of Mother Jucy Moore
 Birthplace of Mother unknown
 Signed W. E. Cardones, M.D.
 Address Troy 12 Date 8-18-43
 Interment at ref. Olive Troy, Mo
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____

REMARKS:

Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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

Funeral of Loe Ruth Emma Charge to W. E. Loe Account No. 643
 Ordered by W. E. Loe + Charletta Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christian Date Sept. 6-43 Hour 2.30 Annual No. 499
 Clergyman Rev. Taylor Elliott Edge 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	375 00	9-11-43	✓	432 87
	Embalming				
	Outer Case or Vault	375			
	Washing and Dressing	1 19			
	Shaving	35			
	Slumber Robe				
	Suit or Dress	1 19		✓	
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices	35 00		✓	
	Telegrams and Telephone Calls	65		✓	
	Use of _____ doz. Chairs	12 27		✓	
	Flowers <u>4 fat</u>				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision	3 89		✓	
	SALES TAX	4 90		✓	
	To Funeral Complete	432 87			432.87

NAME OF DECEASED Ruthanna Lee RESIDENCE Troy - Kansas
 FUNERAL AT Christian RESIDENCE Christian MORTUARY Christian CHURCH Christian DATE Sept 6 1943 HOUR 2:30 CLERGYMAN Rev Taylor & Elliott
 SINGERS Wm Webb LODGE AFFILIATION O-ES-SLK

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. 844 Style State half Couch
 Anterior at rear crepe Covering 206 E 167
 Manufacturer Ret-art DEBITS
 Total Net Cost of Casket _____
 Outer Case concrete outside box
 Vault _____
 Embalming _____
 Clothing _____
 Total Cash Advances _____
 Total Net Cost of Funeral _____
 Gross Profit on Funeral 054 55
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

Place of Death her home Troy - Mo
 Date of Death Sept. 3 - 1943
 Cause of Death Coronary Thrombosis Contributory
 Duration sudden Autopsy no
 Sex F Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Feb 6 - 1896 Age, Years 47 Months 6 Days 27
 Occupation housewife
 How Long at Place of Death 2 yrs 10 mos.
 Birthplace - City or County Parisville State or Country Mo
 Name of Father J. A. Giller
 Birthplace of Father Camden - Mo
 Maiden Name of Mother Nancy Elliott
 Birthplace of Mother Parisville - Mo
 Signed A. E. Cordomey M.D. Coroner
 Address _____ Date _____
 Interment at Memorial Park, St. Joseph 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 Jeschke Emma Charge to Emil Jeschke Account No. 644
 Ordered by Family Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church W.P.S. Date Sept. 12 Hour 2 30 Annual No. 499
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

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

Drum
MSS
OTD
HE ASD
his in Paul

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	285.00	9-27-43		412.74
	Embalming				
	Outer Case or Vault <u>concrete</u>	100.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	10.00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>had tap in</u>	6.12			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sept 8-43 Ambulance</u> <u>to No. 11th St.</u>	10.00			
	SALES TAX	5.62			
	To Funeral Complete	412.74			412.74

NAME OF DECEASED Emma Elizabeth Jeschke RESIDENCE Fanning Kans
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH L. D. S. DATE Sept 12-43 HOUR 2:30 CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. 1104 Style RE. Stachel Couch
 Interior Rose tan rayonette Covering Rose cedar
 Manufacturer Imperial Casket Co. (DEBITS)
 Total Net Cost of Casket _____
 Outer Case _____
 Vault concrete
 Embalming _____
 Clothing dress

 Total Cash Advances _____

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

Place of Death No. Meth. Hosp.
 Date of Death Sept. 10-1943
 Cause of Death Broncho Pneumonia
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Nov. 23-1919 Age, Years 23 Months 9 Days 17
 Occupation school teacher
 How Long at Place of Death 2 days
 Birthplace—City or County Bond State or Country Ks. Rural
 Name of Father Emil Jeschke
 Birthplace of Father Finn Kans
 Maiden Name of Mother Ma Hopkins
 Birthplace of Mother Kelavaka Ks
 Signed Paul Ferguson W.D. Coroner
 Address St. Joseph Mo Date 9-11-43
 Interment at St. Louis 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.

Funeral of Euler Minnie B. Est Charge to Est Account No. 645
 Ordered by Children Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church ME Date Sept 26 1943 Hour 2 PM Annual No. 500
 Clergyman Colmich & Seiver Lodge Affiliations _____ Body Shipped to or from _____

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

arent
MNTD
Nds
MS.D.D.
H.E. R. Row
been by Mrs. Sch 3633

Singers _____

Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	450.00	3-16-44		
	Embalming <u>at K.C.</u>	30.00			
	Outer Case or Vault				
	Washing and Dressing				
	Shaving <u>4.50</u>				
	Slumber Robe <u>18.95</u>				
	Suit or Dress <u>18.95</u>				
	Other Articles of Clothing				
	Transferring Body <u>Sept 26 1943</u>				
	Door Badge				
	Opening Grave				
	Newspaper Notices <u>at K.C. No</u>	4.06			
	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>	3.59			
	<u>Filed 12-14-43</u>				
	SALES TAX	5.78			
	To Funeral Complete	512.38			512.38

NAME OF DECEASED Minnie B Euler RESIDENCE Kansas City Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH Troy ME DATE Sept 25-43 HOUR 2 PM CLERGYMAN Caldsmith
 SINGERS Oliver Nazum LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. 150 1/2 Style step Walnut 1/2 Couch
 Interior Rose Siegel Covering plain Walnut
 Manufacturer Guthrie Co DEBITS
 Total Net Cost of Casket _____
 Outer Case _____
 Vault _____
 Embalming _____
 Clothing _____
 Total Cash Advances _____
 Total Net Cost of Funeral _____
 Gross Profit on Funeral 005 55
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

Place of Death Berda Road del home K.C. Mo
 Date of Death Sept. 23-43
 Cause of Death Coronary Occlusion
 Duration _____ Autopsy W
 Sex F Color or Race W
 Single _____ Married _____ Widowed ✓ Divorced _____ Child _____
 Date of Birth Dec 30-1870 Age, Years 72 Months 8 Days 23
 Occupation housewife
 How Long at Place of Death 3 years
 Birthplace—City or County Dayton State or Country Ohio
 Name of Father Ferdinand Euler
 Birthplace of Father Germany
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed at K.C. Mo. M.D. _____ Coroner _____
 Address _____ Date _____
 Interment at St 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 Bartlett Frank Charge to Frank & Volie Hillers Account No. 646
 Ordered by Mrs Bartlett Guaranteed by B. D. Bethel Rans Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Chriskar Date Oct. 17-1943 Hour 10:30 A.M. Annual No. 501
 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. <i>Done</i>	265.00	Oct 16 43		100.18
	Embalmg.		10-17-43		10.00
	Outer Case or Vault		10-18-43		188.00
	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 <i>excess mileage</i>				
	Use of <i>to Mount City Rans</i> <small>Funeral Cars</small>	30.00			
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	3.18			
	To Funeral Complete	298.18			298.18

NAME OF DECEASED Frank A. Bartlett RESIDENCE Troy - Kansas
 FUNERAL AT Christian RESIDENCE Christian MORTUARY Christian CHURCH Christian DATE 10-17-43 HOUR 10:30 AM CLERGYMAN Rev. Elliott
 SINGERS Wm. Webb LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>405</u> Styl. <u>Octagon half Couch</u>	
Interior <u>egg shell</u> Covering <u>Hawn Dundee</u>	
Manufacturer <u>Huffman</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
<u>Cash</u>	<u>100.18</u>
<u>Check</u>	<u>198.00</u>
By <u>Fred W. Hillers</u>	
<u>A. J. Nellie Hillers</u>	
<u>R. & I. Bethel Kansas</u>	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>495.33</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death his home Troy Ks.
 Date of Death Oct. 15-1943
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married X Widowed _____ Divorced _____ Child _____
 Date of Birth Nov. 6-1870 Age Years 72 Months 11 Days 9
 Occupation retired farmer
 How Long at Place of Death 43 years
 Birthplace—City or County _____ State or Country Iowa
 Name of Father Jankinson
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed _____ M.D. _____ Coroner _____
 Address W. E. Cordover Date _____
 Interment at Mount City - Kansas
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of trip made by E. S.
 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 Ramsseier Fred, F. Charge to Mrs Fred Ramsseier No. 647
 Ordered by Mrs Mary Krutzman Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary W. K. Church _____ Date Oct. 24-1943 Hour 2:30 Annual No. 502
 Clergyman Rev. Peter Myers Lodge Affiliations _____ Body Shipped to or from _____

	Date	Description of Service	Amount	Date	✓	Credits
Place of Burial		Casket and Services		10-27-42	✓	
Cemetery		Embalming				
Grave No.		Outer Case or Vault				35.00
Lot No.		Washing and Dressing				
Block No.		Shaving				
Section		Slumber Robe				
Pall Bearers		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		Singers				
		Casket Coach				
		Use of _____ Funeral Cars				
		Use of Flower Cars				
Insurance Policies		Professional Supervision				
		Funeral coach to St Joe & funeral personal services	35.00			
		SALES TAX				
		To Funeral Complete	35.00			35.00

NAME OF DECEASED Frederick F. Ramseyer RESIDENCE Detroit - Michigan
 FUNERAL AT RESIDENCE MORTUARY CHURCH Troy ME DATE Oct. 24 - 43 HOUR 2:30 CLERGYMAN Rev. Walter Myers
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. _____ Style _____

Interior _____ Covering _____

Manufacturer _____

Total Net Cost of Casket

Outer Case OK

Vault _____

Embalming _____

Clothing _____

Total Cash Advances _____

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral 70 35

*Less Overhead Per Funeral

Net Profit Apparent

Place of Death 90 miles from Detroit Mich

Date of Death Oct. 21 - 1943

Cause of Death auto accident

Duration _____ Autopsy _____

Sex M. Color or Race W

Single _____ Married Widowed _____ Divorced _____ Child _____

Date of Birth _____ Age, Years 43 Months _____ Days _____

Occupation defense plant

How Long at Place of Death 3 years

Birthplace—City or County Troy State or Country Me.

Name of Father Henry Ramseyer

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed _____ M.D. _____ Coroner _____

Address _____ Date _____

Interment at St. Anne Troy Me.

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 Roberts Anna Rebecca Charge to John Roberts Account No. 648
 Ordered by John Roberts + daughter Organized by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Christan Church _____ Date Oct 26-1943 Hour 3 P.M. Annual No. 503
 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.....	500.00	Nov 1 '43	By check	\$643.70
	Embalming.....				
	Outer Case or Vault <u>engage metal</u>	135.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	8.70			
	To Funeral Complete	\$643.70			\$643.70

NAME OF DECEASED Emma Rebecca Roberts RESIDENCE Troy - Kans Rural
 FUNERAL AT Troy Church RESIDENCE Chushka MORTUARY Chushka DATE Oct. 26 1943 HOUR 3 P.M. CLERGYMAN Rev. P.H. Elliot
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>her home N.W. of Troy</u>
Casket No. <u>681</u> Style <u>Stab 1/2 Couch Metallic</u>		Date of Death <u>Oct. 24-1943</u>
Interior <u>Rose tan</u> Covering <u>metallic</u>		Cause of Death <u>Coronary heart disease</u>
Manufacturer <u>Decatur</u>	DEBITS	Duration _____ Autopsy <u>N</u>
Total Net Cost of Casket		Sex <u>F.</u> Color or Race <u>N</u>
Outer Case		Single _____ Married <u>Widowed</u> Divorced _____ Child _____
Vault <u>10 gauge Metal</u>		Date of Birth <u>Jan 29-1862</u> Age, Years <u>81</u> Months <u>8</u> Days <u>25</u>
Embalming		Occupation <u>housewife</u>
Clothing		How Long at Place of Death <u>entire life</u>
		Birthplace - City or County <u>Troy</u> State or Country <u>Kansas</u>
		Name of Father <u>John Heymiller</u>
		Birthplace of Father <u>Switzerland</u>
		Maiden Name of Mother <u>Sarah Dittmore</u>
		Birthplace of Mother <u>Gessport Ind.</u>
Total Cash Advances		Signed <u>H.C. Gordon</u> M.D. _____ Coroner
		Address <u>Troy - Ks</u> Date _____
		Interment at <u>St. Anne</u> <u>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>dms 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 Rhudy Fannie Charge to _____ Account No. 649
 Ordered by her Daughters Guaranteed by _____ Serial No. _____
 Funeral at ^{the} home Residence Mortuary _____ Church _____ Date Nov. 1-1943 Hour 2 P.M. Annual No. 504
 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.....	375.00	2-4-44		
	Embalming.....				
	Outer Case or Vault <u>concrete</u>	100.00			
	Washing and Dressing.....				
	Shaving.....	475			
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Filed 12-14-43</u>				
	SALES TAX	6 50			
	To Funeral Complete	481 50			481.50

NAME OF DECEASED Mrs Fannie Rhudy RESIDENCE Troy - Kans
 FUNERAL AT her RESIDENCE MORTUARY CHURCH DATE Nov 1-1943 HOUR 2 P.M. CLERGYMAN Rev. Carter
 SINGERS Records LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>974</u> Style <u>Pic. state half couch</u>	
Interior <u>grey velvet</u> Covering <u>on B.C.</u>	
Manufacturer <u>Ref. cert</u>	
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>005 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death her home south of Troy
 Date of Death Oct. 31-1943
 Cause of Death Carcinoma of face
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth Apr 12 1888 Age, Years 55 Months 6 Days 19
 Occupation housewife
 How Long at Place of Death 53 yrs
 Birthplace—City or County Depue State or Country Mo
 Name of Father Washington Brown
 Birthplace of Father _____
 Maiden Name of Mother Elizabeth Marten
 Birthplace of Mother _____
 Signed W.E. Cordover Coroner
 Address Troy - Mo Date _____
 Interment at McClure Troy Mo
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____

REMARKS:

Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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

Funeral of Warner William W Charge to Mrs Emma Warner Account No. 650
 Ordered by Mrs Warner Guaranteed by " " " Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Nov. 10-43 Hour _____ Annual No. 503
 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		<u>4-7-44</u>		
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>hearse + personal service</u>	<u>36.00</u>			
	<u>Filed 12-14-43</u>				
	<u>SALES TAX</u>				
	To Funeral Complete	<u>36.00</u>			<u>36.00</u>

NAME OF DECEASED William W. Warner RESIDENCE Severance Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Nov. 10-43 HOUR 2 P.M. CLERGYMAN Rev. D. W. Brakebill
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral <u>Funeral complete and</u>	
<u>back of 100</u> Style	
Interior <u>concrete vault</u> Covering	
Manufacturer	
Total Net Cost of Casket	
Outer Case <u>concrete vault</u>	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>4.53</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death his home Severance Mo
 Date of Death Nov. 7-1943
 Cause of Death Chronic Nephritis
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Dec 30-1861 Age, Years 81 Months 7 Days 10
 Occupation farmer
 How Long at Place of Death 40 yrs
 Birthplace—City or County Wray State or Country Kansas
 Name of Father William Warner
 Birthplace of Father _____
 Maiden Name of Mother Martha Stewart
 Birthplace of Mother _____
 Signed _____ M.D. _____ Coroner _____
 Address _____ Date _____
 Interment at St. Charles
 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 Danson Enalina Charge to Doniphan Co Account No. 651
 Ordered by _____ Guaranteed by Margaret Gilliam Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church St. Mary's Date Nov 11 1943 Hour 2 P.M. Annual No. 576
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

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

*dress
M.T.D.
Paid
11-13-43*

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	75.00	12-1-43	Doniphan Co	75.00
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	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				
	<i>Filed 11-13-43</i>				
	SALES TAX				
	To Funeral Complete	75.00			75.00

NAME OF DECEASED Emmaline (Pony) Denton RESIDENCE Sparks - Nevada
 FUNERAL AT RESIDENCE MORTUARY CHURCH Sparks Co. No. 11-43 DATE Nov 11-43 HOUR 2 P.M. CLERGYMAN
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	DEBITS
Charge for Complete Funeral	
Casket No. <u>51</u> Style <u>light panel</u>	
Interior _____ Covering <u>Crape</u>	
Manufacturer <u>Re-art</u>	
Total Net Cost of Casket	
Outer Case <u>✓</u>	
Vault _____	
Embalming _____	
Clothing _____	
Total Cash Advances _____	
Total Net Cost of Funeral	
Gross Profit on Funeral <u>70.55</u>	
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death No. Nev. Hosp.
 Date of Death Nov. 8-1943
 Cause of Death arteriosclerosis
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married _____ Widowed ✓ Divorced _____ Child _____
 Date of Birth _____ Age, Years 83 about days
 Occupation housewife
 How Long at Place of Death 10 months
 Birthplace—City or County ambur State or Country _____
 Name of Father _____
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed Paul Ferguson Coroner
 Address St Joseph Date Nov
 Interment at Gold cemetery
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____

REMARKS:

Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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

Funeral of *Baskins Olive Ann* charge to *Douglas County* Account No. *652*
 Ordered by *Margaret Gillen* Guaranteed by *Miss Gillen for* Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date *Nov. 16-43* Hour *2 PM* Annual No. *507*
 Clergyman *Wm. W. Wandy* Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	<input checked="" type="checkbox"/>	Credits
	Casket and Services.....	<i>28 00</i>	<i>12-1-43</i>	<i>Douglas County</i>	<i>28 00</i>
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				

	SALES TAX				
	To Funeral Complete	<i>28 00</i>			<i>28 00</i>

NAME OF DECEASED Olive Ann Barkins RESIDENCE Sparks - Kansas

FUNERAL AT RESIDENCE MORTUARY CHURCH DATE _____ HOUR _____ CLERGYMAN Rev. Trumbley

SINGERS none LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
Casket No. 50 Style A. J. J.
Interior cream Covering velvet green
Manufacturer W. A. T.
Total Net Cost of Casket _____
Outer Case _____
Vault _____
Embalming _____
Clothing _____

DEBITS

Total Cash Advances _____

Filed 11-16-43

Total Net Cost of Funeral _____

Gross Profit on Funeral 111.55

*Less Overhead Per Funeral _____

Net Profit Apparent _____

REMARKS:

Place of Death No. Mich. St. St Joe
Date of Death Nov. 15-1943
Cause of Death Tuberculosis
Duration _____ Autopsy _____
Sex F Color or Race W.
Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Date of Birth Oct. 24-43 Age, Years _____ Months 2 Days 2
Occupation child
How Long at Place of Death 22 ds.
Birthplace—City or County Sparks State or Country Kansas
Name of Father Jesse Barkins
Birthplace of Father _____
Maiden Name of Mother _____
Birthplace of Mother _____
Signed A. E. Petersen M.D. Coroner
Address St. Joseph Mo. Date 11-15-43
Interment at St. Joe Sparks 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 Begesse Theodore charge to Est Account No. 653
 Ordered by Mrs Begesse & children guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary K Church _____ Date Nov. 22, 1943 Hour 1:30 P.M. Annual No. 508
 Clergyman Rev. Frederick Stoerker 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	300.00	Jan 17-44		60
	Embalming				
	Casket Case or Vault <u>concrete</u>	100.00			405
	Washing and Dressing	4.00			
	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				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed 12-14-43</u>				
	SALES TAX	5.60			
	To Funeral Complete	405.60			405.60

NAME OF DECEASED Theodore Begense RESIDENCE 2600 Sacramento St Joseph Mo.
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Nov. 22 43 HOUR 1:30 PM CLERGYMAN Rev. Friedrich Staeker
 SINGERS P.A. System LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral _____	
Casket No. <u>802</u> Style <u>stab half Coe</u>	
Interior <u>gray Baroque</u> Covering <u>silver 700 cloth</u>	
Manufacturer <u>Pat-art.</u>	
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 _____	
*Less Overhead Per Funeral _____	
Net Profit Apparent _____	

Place of Death his home 2600 Sacramento
 Date of Death Nov. 19-1943 St. Joseph Mo
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Nov 5-1865 Age, Years 78 Months 0 Days 14
 Occupation retired farmer
 How Long at Place of Death 20 years
 Birthplace—City or County _____ State or Country Germany
 Name of Father _____
 Birthplace of Father Germany
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed Dr. Leroy Beck M.D. Coroner
 Address St. Joseph Mo date 11-20-43
 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 _____

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 Schletzbaum Margaret Charge to Est. Account No. 654
 Ordered by Bertha Hayton Guaranteed by Mrs Hayton Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Nov 22-1943 Hour 3 P.M. Annual No. 509
 Clergyman Rev. Coldsmit Lodge Affiliations _____ Body Shipped to or from _____

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

*Dress
 MYSS
 O.T.D.
 HE R. Paul
 75 B. Ch 3633*

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	395 00	4-24-44		
	Embalming				
	Outer Case or Vault <i>special chest</i>	37 50			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	12 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman	10 00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<i>Filed Jan. 5-1944</i>				
	SALES TAX	5 73			
	To Funeral Complete	460 23			460 23

NAME OF DECEASED Margaret (Minnie) Schlotzbaum RESIDENCE Troy - Kans
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Nov. 22-43 HOUR 3 PM CLERGYMAN Rev. Col Smith
 SINGERS Mrs. Neola Norman LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

Charge for Complete Funeral		
Casket No. <u>844</u> Style <u>stab half couch</u>		
Interior <u>Rose Congo Crepe</u> Covering <u>Cedar Needlepoint</u>		
Manufacturer <u>Re. Art</u>		
Total Net Cost of Casket		
Outer Case <u>spiral clear redwood</u>		
Vault 50		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>09M55</u>	
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death No. Mech. Hoop
 Date of Death Nov. 19-1943
 Cause of Death Carcinoma of Stomach Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W.
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth July 17 1866 Age, Years 77 Months 4 Days 2
 Occupation Retired County Clerk
 How Long at Place of Death 22 days
 Birthplace—City or County Douglas State or Country Kans
 Name of Father Joseph Schlotzbaum
 Birthplace of Father Germany
 Maiden Name of Mother Christene Feller
 Birthplace of Mother Germany
 Signed _____ M.D. _____ Coroner _____
 Address _____ Date _____
 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 Lorilee (Lee) Knight RESIDENCE Stockton California
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Dec. 22-43 HOUR 2:30 CLERGYMAN Rev. Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. _____ Style _____

Interior _____ Covering _____

Manufacturer _____

Total Net Cost of Casket

Outer Case _____

Vault _____

Embalming _____

Clothing _____

Total Cash Advances _____

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

DEBITS

Place of Death San Francisco Cal.

Date of Death Dec 12 - 1943

Cause of Death Pneumonia Contributory

Duration _____ Autopsy

Sex M Color or Race W

Single _____ Married _____ Widowed Divorced _____ Child _____

Date of Birth Aug 14 - 1879 Age, Years 64 Months 3 Days 28

Occupation _____

How Long at Place of Death _____

Birthplace—City or County _____ State or Country _____

Name of Father _____

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed _____ M.D. _____ Coroner _____

Address _____ Date _____

Interment at Gold Springs, N.C.

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 *Sharp Jesse Barton* Charge to *Mrs Sharp.* Account No. **656**
 Ordered by *Mrs Sharp + family* Guaranteed by *Paid* Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date *Dec. 23-1943* Hour *2 P.M.* Annual No. *511*
 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>245 00</i>	<i>12-21-43</i>		<i>264.77</i>
	Embalsming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <i>suit</i>	<i>16 50</i>			
	Other Articles of Clothing	<i>61 50</i>			
	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	<i>3 27</i>			
	To Funeral Complete	<i>264.77</i>			<i>264.77</i>

NAME OF DECEASED Jesse Barton Sharp RESIDENCE Bendena - Kansas
 FUNERAL AT Severance RESIDENCE Christman MORTUARY Severance CHURCH Christman DATE Dec. 23 - 43 HOUR 2 PM CLERGYMAN Rev. Coldsmith
 SINGERS Wm Webb, Jr. LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral	
Casket No. <u>176</u> Style <u>Octagon half Couch</u>	
Interior <u>gray art</u> Covering <u>steel plush</u>	
Manufacturer <u>ret - ar</u>	DEBITS
Total Net Cost of Casket	
Outer Case <u>Bot</u>	
Vault	
Embalming	
Clothing	<u>16.50</u>
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>M N 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death his home Bendena Ks.
 Date of Death Dec 20 - 1943
 Cause of Death Pneumonia Contributory _____
 Duration _____ Autopsy W
 Sex M Color or Race _____
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Oct. 11 - 1879 Age, Years 64 Months 7 Days 9
 Occupation post master
 How Long at Place of Death _____
 Birthplace—City or County _____ State or Country _____
 Name of Father Dennis Sharp
 Birthplace of Father Illinois
 Maiden Name of Mother Emily Turner
 Birthplace of Mother Illinois
 Signed Ray Meidinger Coroner
 Address Highland St Date _____
 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 _____

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 Griffin Joseph Charge to Paid Account No. 657
 Ordered by Clarence Griffin Guaranteed by Paid Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date Dec 31 43 Hour _____ Annual No. 512
 Clergyman Rev. Col Smith 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..... <i>paid</i>	<i>165 00</i>	<i>12 30 43</i>	<i>By Clarence Griffin</i>	<i>177. 08</i>
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	<i>5 00</i>			
	Clergyman <i>Col Smith has been Paid</i>	<i>5 00</i>			
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
		SALES TAX	<i>2 08</i>		
To Funeral Complete			<i>177 08</i>		<i>177. 08</i>

NAME OF DECEASED Joseph Griffin

RESIDENCE Troy - Kansas

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE Dec. 31 - 43 HOUR 2 PM

CLERGYMAN Rev. Coldsmith

SINGERS Public Address

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral
Casket No. 232 Style burgundy top
Interior grey art Covering dark lamb
Manufacturer Net-art

Total Net Cost of Casket
Outer Case
Vault
Embalming
Clothing

Total Cash Advances

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral MM\$ 55

*Less Overhead Per Funeral

Net Profit Apparent

Place of Death Nursing Home - 2018 Francis St. St. Joseph Mo
Date of Death Dec 30 - 1943

Cause of Death Cerebral Hemorrhage

Duration Autopsy

Sex M Color or Race W.

Single Married Widowed Divorced Child

Date of Birth Aug. 22 - 1872 Age, Years 71 Months 4 Days 8

Occupation

How Long at Place of Death St. Joseph 12 days

Birthplace - City or County Marionville Mo State or Country

Name of Father John Henry Griffin

Birthplace of Father

Maiden Name of Mother Nancy Keywood

Birthplace of Mother

Sign Paul Forquard M.D. Coroner

Address St. Joseph Mo Date 12-30-43

Interment at Net Art 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.

Funeral of Ratchiff Johanna Louise Account No. 658
 Ordered by Miss Ratchiff, Mrs. Harris, Thomas Ratchiff Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Jun 2 - 1944 Hour 2:30 Annual No. 516
 Clergyman Rev. Coldsmith Lodge & Affiliations _____ Body Shipped to or from _____

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

dress
M.S. d.s.
O. d.s.
A. S.S.
 Singers _____

Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	395.00	11-20-44		
	Embalmng				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	10.50			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman <i>cash paid</i>	5.00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<i>Filed 8-22-44</i>				
	SALES TAX	4.95			
	To Funeral Complete	415.45			415.45

NAME OF DECEASED Shama Louise Ratchiff RESIDENCE Troy, Ks. Rural
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Jan 2, 1944 HOUR 2:30 CLERGYMAN Rev. Caldwell
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral
 Casket No. 924 Style Re. stat. h. w. couch
 Interior gray silk + velvet Covering steel B. C.
 Manufacturer Re. - art

DEBITS

Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>054 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death her home North of Troy
 Date of Death Dec. 31 - 43
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth Jan. 13 - 1853 Age, Years 90 Months 11 Days 18
 Occupation housewife
 How Long at Place of Death 49 years
 Birthplace—City or County _____ State or Country Germany
 Name of Father Mr. Beyer
 Birthplace of Father Germany
 Maiden Name of Mother Amann
 Birthplace of Mother Germany
 Signed W. E. Cordover M.D. _____ Coroner
 Address Troy, Ks. Date _____
 Interment at Mt. Olive Troy - 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.

1

Funeral of Weidman Du L E Charge to Edna Weidman Account No. 659
 Ordered by Edna Weidman Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Jan 19 1944 Hour 2-30 Annual No. 517
 Clergyman Rev. Trumbly 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	600.00	6-6-44		
	Embalsming				
	Outer Case or Vault <u>Mausoleum</u>	235.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <u>Sale 8 33</u>				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>\$2.50 per 50</u>	25.50			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Feb. 23-1944</u>				
	SALES TAX	11.90			
	To Funeral Complete	872.40			872.40

NAME OF DECEASED St Louis Edward Weidman Sr RESIDENCE Troy, Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE Jan 19, 1944 HOUR 2:30 CLERGYMAN Rev. Tuombly
 SINGER Mrs. Mailer & Mrs. Coleman LODGE AFFILIATIONS Masonic

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. 244B Style P.C. Job
 Interior gray Organdy Covering stippled Metal
 Manufacturer Belmont
 Total Net Cost of Casket _____
 Outer Case Mausoleum
 Vault _____
 Embalming _____
 Clothing _____

DEBITS

Total Cash Advances _____

Total Net Cost of Funeral _____

Gross Profit on Funeral QPa 55

*Less Overhead Per Funeral _____

Net Profit Apparent _____

REMARKS:

Place of Death his home Troy Kans
 Date of Death Jan. 14-1944
 Cause of Death gun shot wound of head
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Aug 31-1897 Age, Years 46 Months 4 Days 13
 Occupation Veteran & farmer
 How Long at Place of Death 24 yrs
 Birthplace—City or County Jurich State of Country Mo
 Name of Father Haron Weidman
 Birthplace of Father unknown
 Maiden Name of Mother Lena Schreff.
 Birthplace of Mother unknown
 Signed _____ M.D. Harren Decker Coroner
 Address Troy, Ks. Date 1-15-44
 Interment at Highland 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 _____

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

Funeral of Agee Glenn Charge to Hugh Agee Account No. 660
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Jan 26 44 Hour 4:30 PM Annual No. 518
 Clergyman Rev. Bash Lodge Affiliations Mason 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	35 00	2-8-44		
	Embalsming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX				
	To Funeral Complete	35 00			35 00

Bash
Hugh Agee
2-8-44
35 00

NAME OF DECEASED Glen Edward Agee RESIDENCE Concordia Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Jan 26 44 HOUR 4:30 CLERGYMAN Rev. Bash.
 SINGERS Mrs. Viola Norman LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

	DEBITS
Charge for Complete Funeral	
Casket No. Style	
Interior Covering	
Manufacturer	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death Concordia - Kansas
 Date of Death Jan 22 - 1944
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married _____ Widowed Divorced Child _____
 Date of Birth Jan 21 44 Age, Years 43 Months 0 Days 1
 Occupation Mgr. Fed. Train Dept Creanley
 How Long at Place of Death 2 yrs
 Birthplace—City or County Tracy State or Country Kansas
 Name of Father _____
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed _____ M.D. _____ Coroner _____
 Address Concordia Date _____
 Interment at St. Olive
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call Hugh Agee
 Insured in 1313 South 25th
 Beneficiary St. Joseph, Mo.

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 Rubuke Lambert Charge to Yus Rubuke Account No. 661
 Ordered by _____ Guaranteed by " " Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Lutheran Date Jan 26-44 Hour 1:30 PM Annual No. 519
 Clergyman Rev. Lubeck 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	275.00	5-13-44		
	Embalsming <u>at Topeka + trip</u>	35.00			
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>tie</u>	1.00			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>10.00 for 20</u>	10.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	3.20			
	To Funeral Complete	324.50			324.50

NAME OF DECEASED Lambert Elmer Rubinka RESIDENCE Troy, Kans rural
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Lutheran DATE Jan 26-44 HOUR 1:30 CLERGYMAN Rev. Zubeck
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. 176 Style Octagon base of wood
 Interior gray art Covering gray plush
 Manufacturer Pat-Cut DEBITS _____
 Total Net Cost of Casket _____
 Outer Case Bot
 Vault _____
 Embalming _____
 Clothing _____
 Total Cash Advances _____
 Total Net Cost of Funeral _____
 Gross Profit on Funeral 73d 55
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

Place of Death State Hosp. Topeka Kans
 Date of Death Jan 23-1944
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Aug. 29. 1922 Age, Years 21 Months 4 Days 23
 Occupation at home
 How Long at Place of Death 21 days
 Birthplace—City or County Troy State or Country Ks
 Name of Father August Rubinka Jr
 Birthplace of Father Troy
 Maiden Name of Mother Mary Kadelheit
 Birthplace of Mother Kathernia - Ks
 Signed _____ M.D. _____ Coroner _____
 Address of Topeka Date _____
 Interment at Gal Lutheran Cemetery
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in Lutheran aid 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 Margaret Adeline Dawson RESIDENCE Sparks - Kansas
 FUNERAL AT Sparks RESIDENCE Sparks MORTUARY 1-2-8 CHURCH 1-2-8 DATE 1-2-8 HOUR 2:30 CLERGYMAN Walter Meyer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. _____ Style <u>brass lid</u>	
Interior <u>gray</u> - Covering <u>blue</u> <u>Panel</u>	
Manufacturer <u>Pine Bluff</u>	
Total Net Cost of Casket	
Outer Case <u>hot</u>	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>od 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death Mill Rauls home Sparks
 Date of Death Jan 26 - 1944
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Feb 18 - 1857 Age, Years 92 Months 11 Days 24
 Occupation housewife
 How Long at Place of Death 80 years
 Birthplace—City or County Forest Grove or Country MO
 Name of Father Calvert Dawson
 Birthplace of Father Indiana
 Maiden Name of Mother Louise Ellenbaugh
 Birthplace of Mother Indiana
 Signed W. C. Cordover Coroner
 Address _____ Date _____
 Interment at Tower Point
 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:

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