

HARMAN FUNERAL HOME

1946 TO 1948

Surname	given name	record no.	Surname	given name	record no.
ABEL	SARAH	102	EARHART	KATHERYN	36
ALLEY	REGINA E	64	ETHERTON	ELLEN	106
APPLEBY	ALEX	67			
			FARTHING	LARRY	32
BACH	FOREST M	131	FOWLER	MRS CHARLES	77
BAHR	WILLIAM C	22	FRAM	LOWE MARY M	86
BAILEY	MARY C	47			
BAKER	HARRY S	81	GALLAGHER	JOHN	43
BARTLETT	MARGARET	82	GAVAT	NEIL	118
BENITZ	FRANK	122	GILLENWATER	AMMA E	105
BENNINGFIELD	HENSLEY	30	GRONNIGER	HENRY P	53
BLANTON	BUTCHIE	141	GSELL	CLAYTON	26
BLANTON	DONALD	145	GUION	MARY A	120
BLANTON	WILLIAM D	148			
BOHR	JOSEPH L	95	HALE	WILLIAM H	108
BRAZELTON	BLANCHE	138	HANNON	PAUL A	98
BROWN	ALMA	114	HART	JAMES M	124
BROWN	FRANKLIN F	59	HAYS	JOHN N	75
BROWN	RAY	126	HERRING	RHODA J	66
			HOWLAND	NONY	128
CAIRO	DOYLE L	143	HUSS	MAZIE E	112
CAMPBELL	JAMES A	103	HUSTED	GEORGE	129
CHANAY	GEORGE S	80	HUTCHISON	IDA A	76
CHAPPLE	VERNE B	78			
CLARY	JOHN H	39	JENKINS	JOSEPH	93
CLUCK	SAMUEL	79	JESCHKE	CARL F	37
COLLEY	Wm HENRY HARRISON	16			
CORDONIER	LUCY L	31	KARN	JOHN L	61
CORF	ANNA M	94	KELLER	ERNIE E	20
CROWLEY	MARY A	135	KIBLER	LEROY F	45
			KIRBY	NANCY H	68
DAVIES	MAGGIE M	49	KLINE	LINDA SUE	50
DENTON	EZRA T	101	KOEHLER	FLORA E	152
DEVEREUX	ANNA M	130	KOEHLER	TWINS	125
DILLENBACK	CHARLOTTE	113	KOTSCH	CYRUS C	17
DITTEMORE	H A	35	KUEBLER	LLOYD F	149
DITTEMORE	MARY A	116	KUEBLER	LORA	21
DITTEMORE	MARY E	83			
DUNCAN	PEGGY J	89	LIEFFRING	PETE J	73
DUSE	LURA	55	LONG	STEPHEN B	111
			LOROFF	CLARA BELL	100
			LOWE	HUGH A	117

HARMAN FUNERAL HOME

1946 TO 1948

Surname	given name	record no.	Surname	given name	record no.
MANN	JESS A	62	SCARBOROUGH	IRA L	29
MARTIN	ELLIS	137	SCHEFFERT	SALLY F	60
McCARTHY	LEO M	51	SCHEIDE	JOHN J	18
McCLELLAND	ALBERT W	69	SCHOLZ	JULIA A	48
McCLELLAND	TERESSA	115	SCHULKE	ARTHUR	140
McCONNAUGHEY	KENNETH	142	SEELEY	KATHERINE	27
McINTYRE	TERRANCE P	25	SHULL	JAMES L	121
McKERNAN	KATHERINE	92	SIMPSON	FRED W	97
MILLER	JAMES A	109	SINCLAIR	EDWARD A	71
MOEN	OLE G	19	SINGER	FLORA A	38
MORGAN	MINERVA E	29	SLUSS	MARY F	91
MORRIS	W H	96	SMITH	JOHN H	40
			SMITH	MARION D	134
NELSON	OSCAR	56	SPARKS	HELEN	65
NIXON	FREDERICK H	33	SPEAKS	TERRANCE E	139
			SPRINGER	GEORGE	99
PARKER	DOSHIA	52	STAHL	RICHARD F	90
PARKER	H L	150	STRONG	HENRY D	41
PEDEN	FORREST	147			
PEDEN	JOSEPH G	119	THOMAS	BEN F	110
PEDEN	LEVERN	146	TRIPLETT	GEORGE W	85
POWERS	JAMES	127	TRIPLETT	JOHN	132
PRIVETT	WILLIAM L	54	TWOMBLY	BETTY	88
RAMSEY	MINNIE M	57	UTSLER	THOMAS B	107
RANDALL	JAMES W	72			
RANDALL	JOHN H	70	VAN BEBBER	WILLIAM N	23
RHUE	MAYNARD	136	VAUGHN	LORRAINE	28
ROBERTON	WILLIAM H	15			
ROBERTS	ETHEL M	56	WALTERS	ALAN WILLIAM	151
ROBERTS	PHIL	144	WEIDMAN	DARRELL D	63
ROUNDY	SIDNEY G	58	WEINBERG	OTTO L	74
RUHNKE	BEN	104	WERNER	SARAH	34
			WHETSTINE	BYRON K Jr	24
			WHITE	IONE WYNKOOP	44
			WIDMAN	HERMAN F	123
			WILEY	HELEN V	133
			WILSON	JAY W	87
			WOLLNICK	CARL F	46
			WYNKOOP	HATTY D	42

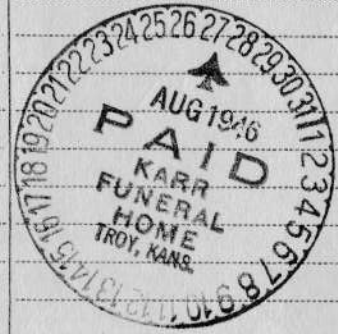
84

RECORD 84 is MISSING

Funeral of ROBERTON WILLIAM H. Charge to ESTATE Account No. 15
 Ordered by FRED ROBERTON Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1-4-46 Hour 1:30 P.M. Annual No. _____
 Clergyman C. HARDER 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	Remarks	V	Credits
	Casket and Services.....	585 00	1-4-46	By casket Martin Burwell		5 10
	Embalming.....	35 00	1-11-46	" " Fred Robertson		5 10
	Outer Case or Vault.....	100 00	2-11-46	" cb "		664 92
	Washing and Dressing.....		8-2-46	W.S. Gaud		100 00
	Shaving.....					
	Slumber Robe.....					
	Suit or Dress.....	31 50				
	Other Articles of Clothing.....	3 50				
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....					
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of _____ doz. Chairs.....					
	Flowers.....	10 00				
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of _____ Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	Insurance Policies.....					
	<i>Filed 1-24-46</i>					
	SALES TAX	9 92				
		10 62				
To Funeral Complete		774 92				774 92



NAME OF DECEASED William H. Robertson RESIDENCE Troy, Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 1-4-46 HOUR 1:30PM CLERGYMAN C. F. Harder
 SINGERS Lyness, Dowdson, Calnan. LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	775 62	Place of Death <u>VH Knoxville, Iowa</u>
Casket No. <u>400</u> Style		Date of Death <u>1-1-46</u>
Interior <u>300's</u> Covering <u>walnut</u>		Cause of Death <u>Pneumonia</u> Contributory
Manufacturer <u>Tribute</u>		Duration <u>2 days</u> Autopsy
Total Net Cost of Casket	175 30	Sex <u>M</u> Color or Race <u>W</u>
Outer Case		Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault	50 00	Date of Birth <u>Jan. 4, 1890</u> Age, Years <u>55</u> Months <u>11</u> Days <u>27</u>
Embalming	35 00	Occupation <u>Farmer</u>
Clothing	17 48	How Long at Place of Death <u>3 yrs</u>
		Birthplace—City or County <u>Troy</u> State or Country <u>Kans.</u>
		Name of Father <u>Robert Robertson</u>
		Birthplace of Father <u>Canada</u>
		Maiden Name of Mother <u>Miss Dittmore</u>
		Birthplace of Mother <u>St. Joseph, Mo</u>
Total Cash Advances		Signed <u>A. R. Wood</u> M.D. Coroner
<u>Flowers</u>	8 00	Address <u>V.H. Knoxville</u> Date <u>1-2-46</u>
<u>Sales Tax</u>	10 62	Interment at <u>Mt. Olive</u>
		Lot or Grave No. Section No.
		Shipped to
		Arrived from
		Via R. R. Date
		In Charge of
Total Net Cost of Funeral	296 40	Source of Call
Gross Profit on Funeral	479 22	Insured in Amount
*Less Overhead Per Funeral	200 00	Beneficiary
Net Profit Apparent	279 22	

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 COLLEY, Wm. Henry Harrison Charge to ESTATE Account No. 16
 Ordered by FAMILY Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date 1-9-46 Hour 2 PM Annual No. _____
 Clergyman Biggs 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	390 00	Jan 14 46		10 20
	Embalming		2-4-46		49 4 68
	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				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	10 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	6 88			
	To Funeral Complete	504 88			504 88



494 68

NAME OF DECEASED Wm. Henry Harrison Colley RESIDENCE Highland Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH ✓ DATE 1-9-46 HOUR 2 PM CLERGYMAN Biggs
 SINGERS _____ LODGE AFFILIATIONS Masonic

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		504 88	Place of Death <u>Highland Ke.</u>
Casket No. <u>319</u> Style _____			Date of Death <u>1-8-46</u>
Interior _____ Covering <u>Emberton B.C.</u>			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket	86 00		Sex <u>M</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault <u>Concrete</u>	50 00		Date of Birth <u>Nov. 6, 1875</u> Age, Years <u>70</u> Months <u>2</u> Days _____
Embalming _____			Occupation <u>Farmer</u>
Clothing _____			How Long at Place of Death <u>14 yrs.</u>
			Birthplace—City or County <u>Doniphan</u> State or Country <u>Ke.</u>
			Name of Father <u>Harrison Colley</u>
			Birthplace of Father <u>Ohio</u>
Total Cash Advances			Maiden Name of Mother <u>Nancy Martin</u>
<u>Flowers</u>	8 00		Birthplace of Mother <u>Indiana</u>
<u>Sales Tax</u>	6 88		Signed <u>Ray Meidinger</u> M.D. _____ Coroner _____
			Address <u>Highland Ke.</u> Date <u>1-8-46</u>
			Interment at _____
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral	150 88		In Charge of _____
Gross Profit on Funeral		354 00	Source of Call _____
*Less Overhead Per Funeral		200 00	Insured in _____ Amount _____
Net Profit Apparent		154 00	Beneficiary _____

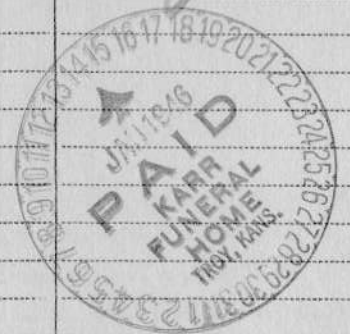
REMARKS:

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

Funeral of KOTSCH, CYRUS C Charge to Harry + Cy Kotsch Account No. 3 17
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date 1-14-46 Hour 10 A.M. Annual No. _____
 Clergyman Rev. Robt Salomon 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	365 00	1-14-46	By Ch Harry + Cy Kotsch	424 78
	Embalming	35 00			
	Outer Case or Vault <u>Concrete Box</u>	20 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	4 78			
To Funeral Complete		424 78			424 78



NAME OF DECEASED Cyrus C. Katsch RESIDENCE Troy, Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 1-14-46 HOUR 10 AM CLERGYMAN Rev. R. H. Selman
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		424 78	Place of Death <u>St. Margarets. K. C. Mo.</u>
Casket No. _____ Style _____			Date of Death <u>1-11-46</u>
Interior _____ Covering _____			Cause of Death <u>Cerebral Hemorrhage</u> Contributory
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket	67 50		Sex <u>M</u> Color or Race <u>W</u>
Outer Case	9 00		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault			Date of Birth <u>9 May 1869</u> Age, Years <u>68</u> Months <u>8</u> Days <u>2</u>
Embalming	35 00		Occupation <u>R. R.</u>
Clothing			How Long at Place of Death <u>3 days</u>
			Birthplace—City or County _____ State or Country _____
			Name of Father <u>John Katsch</u>
			Birthplace of Father <u>Germany</u>
Total Cash Advances			Maiden Name of Mother <u>Mary Newman</u>
<u>Sales Tax</u>	<u>4 78</u>		Birthplace of Mother <u>England</u>
			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at _____
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral	116 28		In Charge of _____
Gross Profit on Funeral	308 50		
*Less Overhead Per Funeral	200 00		
Net Profit Apparent	108 50		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 Scheide, John J Charge to Miss Maggie Scheide Account No. 18
 Ordered by..... Guaranteed by..... Serial No.....
 Funeral at..... Residence..... Mortuary..... Church Date 1-5-46 Hour 10 AM Annual No.....
 Clergyman..... Lodge Affiliations..... Body Shipped to or from.....

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	218 00	12-6-46	By check	279 27
	Embalming.....				
	Outer Case or Vault <u>Box</u>	15 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress	31 00			
	Other Articles of Clothing <u>tie</u>	1 50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	10 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		3 77			
	To Funeral Complete	279 27			279 27



NAME OF DECEASED John Scheide RESIDENCE Everett Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 1-15-46 HOUR 10 AM CLERGYMAN
 SINGERS _____ LODGE AFFILIATIONS _____

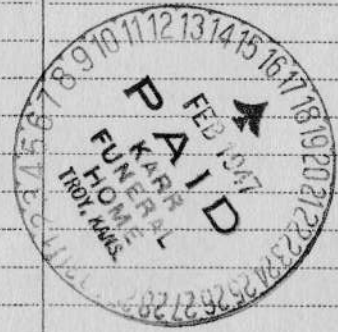
REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	279 27	Place of Death <u>St. Joseph, Mo.</u>
Casket No. <u>318</u> Style _____		Date of Death <u>1-10-46</u>
Interior _____ Covering _____		Cause of Death <u>Cerebral Hemorrhage</u> Contributory
Manufacturer _____		Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket	33 00	Sex <u>M</u> Color or Race <u>W</u>
Outer Case	12 88	Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Aug 8, 1868</u> Age, Years <u>87</u> Months _____ Days _____
Embalming _____		Occupation <u>Farmer</u>
Clothing	14 00	How Long at Place of Death <u>31 days</u>
_____		Birthplace—City or County _____ State or Country _____
_____		Name of Father <u>Peter Scheide</u>
_____		Birthplace of Father <u>Germany</u>
Total Cash Advances		Maiden Name of Mother <u>Julia Wentland</u>
<u>Sales Tax</u>	3 77	Birthplace of Mother <u>Germany</u>
<u>7 lower</u>	8 00	Signed <u>Motherhead</u> M.D. _____ Coroner
_____		Address _____ Date <u>1-12-46</u>
_____		Interment at <u>Purcell</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral	71 65	In Charge of _____
Gross Profit on Funeral	207 62	Source of Call _____
*Less Overhead Per Funeral	200 00	Insured in _____ Amount _____
Net Profit Apparent	7 62	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 MOEN, OLE G Charge to ESTATE Account No. 19
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1-18-46 Hour 1:30 PM Annual No. _____
 Clergyman Freeburg Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	497 50	1-18-46		644 77
	Embalming.....		1-26-46		22 58
	Outer Case or Vault <u>MOSAHEUM</u>	235 00	1-26-46		8 16
	Washing and Dressing.....		2-17-47		100 00
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	22 00			
	Other Articles of Clothing.....	1 50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	8 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	11 31			
To Funeral Complete		775 31			775 31

*Mrs. Anna Carlson
 1630 - Central
 Horton*



NAME OF DECEASED Olaf G. Moon RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 1-18-46 HOUR 1:30 PM CLERGYMAN Arthur Frueby
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	774 87
Casket No. <u>300</u> Style _____	
Interior _____ Covering _____	
Manufacturer _____	
Total Net Cost of Casket	144 20
Outer Case _____	
Vault _____	145 00
Embalming _____	
Clothing _____	11 00
Total Cash Advances	
<u>Flowers</u>	6 40
<u>Sales Tax</u>	11 31
Total Net Cost of Funeral	317 91
Gross Profit on Funeral	456 96
*Less Overhead Per Funeral	200 00
Net Profit Apparent	256 96

Place of Death Troy Kansas
 Date of Death 1-15-46
 Cause of Death By Wound Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Sept 14, 1890 Age, Years 55 Months 8 Days 2
 Occupation Carpenter
 How Long at Place of Death 38 yrs.
 Birthplace—City or County _____ State or Country Norway
 Name of Father Humbert Moon
 Birthplace of Father Marin Olson
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed A. E. Perkins M.D. _____ Coroner _____
 Address _____ Date 1-16-46
 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 KELLER, ERNIE E. Charge to BESSY E. KELLER Account No. 20
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date 1-23-46 Hour 2:00 PM Annual No. _____
 Clergyman Wm. Twombly 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	585 00	2-16-46		
	Embalming		6-6-46		200 00
	Outer Case or Vault		7-16-46		150 00
	Washing and Dressing		8-22-46		100 00
	Shaving		9-23-46		25 00
	Slumber Robe		10-22-46		25 00
	Suit or Dress		11-15-46		5 00
	Other Articles of Clothing		12-24-46		50 00
	Transferring Body		1-23-47		43 15
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	5 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	5 92			
To Funeral Complete		595 92			595 92



NAME OF DECEASED Ernie E. Keller RESIDENCE Troy, Mo.
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 1-23-46 HOUR 2 PM CLERGYMAN Wm. Trumble
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	595 92
Casket No. <u>400 1/2</u> Style _____	
Interior _____ Covering _____	
Manufacturer _____	
Total Net Cost of Casket	MAN 05
Outer Case	12 20
Vault	
Embalming	25 00
Clothing	
Total Cash Advances	
<u>Flowers</u>	4 00
<u>Sales Tax</u>	5 92
Total Net Cost of Funeral	YYD LY
Gross Profit on Funeral	0AS DS
*Less Overhead Per Funeral	YSS SS
Net Profit Apparent	MAS DS

PERSONAL AND STATISTICAL

Place of Death St Joseph, Mo
 Date of Death 1-19-46
 Cause of Death Homicide Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Oct 27, 1908 Age, Years 37 Months 2 Days 22
 Occupation _____
 How Long at Place of Death 4 months
 Birthplace—City or County Troy State or Country Ks.
 Name of Father Mert Keller
 Birthplace of Father Highland, Ks.
 Maiden Name of Mother Bessie E. Keller
 Birthplace of Mother Troy, Ks.
 Signed Jadlock M.D. _____ Coroner _____
 Address St. Joe Date 1-19-46
 Interment at Fanning
 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 KUEBLER, LORA Charge to SAMUEL L. KUEBLER Account No. 21
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 2-3-46 Hour 2:00 P.M Annual No. 5
 Clergyman F.E. 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	253 00	2-6-46	By ch S L Kuebler		276 44
	Embalming					
	Outer Case or Vault <u>Spec. Box</u>	20 00				
	Washing and Dressing					
	Shaving					
	Slumber Robe					
	Suit or Dress					
	Other Articles of Clothing	1 78				
	Transferring Body					
	Door Badge					
	Opening Grave					
	Newspaper Notices					
	Telegrams and Telephone Calls					
	Use of _____ doz. Chairs					
	Flowers					
	Clergyman					
	Singers					
	Casket Coach					
	Use of _____ Funeral Cars					
	Use of Flower Cars					
	Professional Supervision					
	SALES TAX	3 44				
	To Funeral Complete	276 44				276 44



NAME OF DECEASED Lara Kneller RESIDENCE Tracy, Ke.
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 2-3-46 HOUR 2 PM CLERGYMAN F. E. Carter
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	276 44	Place of Death <u>Hartton Ke.</u>
Casket No. <u>122 XX</u> Style _____		Date of Death <u>1-31-46</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer _____		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>♀</u> Color or Race <u>W</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>May 25, 1880</u> Age, Years <u>65</u> Months <u>8</u> Days <u>6</u>
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>4 days</u>
<u>Flowers</u>		Birthplace—City or County <u>Clay</u> State or Country <u>Ke.</u>
<u>Sales Tax</u>		Name of Father _____
		Birthplace of Father <u>Loran Noels, Ill</u>
		Maiden Name of Mother <u>Elizabeth Busby</u>
		Birthplace of Mother <u>Mo.</u>
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at _____
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral <u>PM LY</u>		In Charge of _____
Gross Profit on Funeral <u>YMD 51</u>		Source of Call _____
*Less Overhead Per Funeral <u>YSS 55</u>		Insured in _____ Amount _____
Net Profit Apparent <u>MD 51</u>		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 BAHR, WILLIAM C Charge to MRS. CLARA BAHR Account No. 22
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date Feb 4, 1946 Hour 2:00 PM Annual No. 6
 Clergyman Freeburg 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.....	335 00	2-5-46	By Ch Lawrence Bahr		376 25
	Embalming.....					
	Outer Case or Vault <u>Box</u>	15 00				
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....					
	Suit or Dress.....					
	Other Articles of Clothing.....	1 50				
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....					
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of..... doz. Chairs.....					
	Flowers.....	20 00				
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of..... Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	SALES TAX	4 75				
	To Funeral Complete	376 25				376 25



NAME OF DECEASED William C. Bab RESIDENCE Denton Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 2-4-46 HOUR 2 PM CLERGYMAN Arthur Freeburg
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS		CREDITS
Charge for Complete Funeral			376 25
Casket No. <u>316 1/2</u> Style _____			
Interior _____ Covering _____			
Manufacturer _____			
Total Net Cost of Casket	<u>AS 05</u>		
Outer Case _____	<u>MY 15</u>		
Vault _____		<u>AD</u>	
Embalming _____	<u>MP 55</u>		
Clothing _____		<u>ND</u>	
Total Cash Advances			
<u>Flowers</u>	<u>MP 55</u>		
<u>Tax</u>	<u>L AD</u>		
Total Net Cost of Funeral	<u>MSL MS</u>		
Gross Profit on Funeral			<u>YAY MD</u>
*Less Overhead Per Funeral			<u>Y55 55</u>
Net Profit Apparent			<u>AY MD</u>

PERSONAL AND STATISTICAL

Place of Death Denton Ke.
 Date of Death 2-2-46
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Dec 3 1875 Age, Years 70 Months 1 Days 29
 Occupation Retired Farmer
 How Long at Place of Death 35 years
 Birthplace—City or County Wathens State or Country Ke.
 Name of Father Henry Bab
 Birthplace of Father Germany
 Maiden Name of Mother Johanna Wronick
 Birthplace of Mother Germany
 Signed M. H. H. H. 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 VAN BEBBER, William N. Charge to ESTATE Account No. 23
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date 2-22-46 Hour 2:00 PM Annual No. _____
 Clergyman Clarence Harder 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	425 00	1-23-47		550 97
	Embalming				
	Outer Case or Vault <u>Concrete</u>	100 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing	3 50			
	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				
	SALES TAX	7 47			
	To Funeral Complete	550 97			550 97



Handwritten: 7/2/46 2/22/46

NAME OF DECEASED Wm. N. Van Belder RESIDENCE Troy Ks.
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 2-22-46 HOUR 2:00 CLERGYMAN Harder
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		550 97	Place of Death <u>Atchison Ks</u>
Casket No. <u>Oak</u> Style _____			Date of Death <u>2-20-46</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket	<u>LN 55</u>		Sex <u>M</u> Color or Race <u>W</u>
Outer Case <u>Concrete Vault</u>	<u>DS 55</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____	<u>Y LD</u>		Date of Birth <u>Oct. 6, 1865</u> Age, Years <u>80</u> Months <u>4</u> Days <u>14</u>
Embalmng _____			Occupation <u>Farmer</u>
Clothing _____			How Long at Place of Death <u>1 yr 11 mo. 23 da</u>
			Birthplace—City or County <u>De Kalb</u> State or Country <u>Mo.</u>
			Name of Father <u>James Van Belder</u>
			Birthplace of Father <u>Elizabeth Snuffer</u>
Total Cash Advances _____			Maiden Name of Mother _____
<u>Flowers</u>	<u>MY 55</u>		Birthplace of Mother _____
<u>Sales Tax</u>	<u>A LA</u>		Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at _____
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral	<u>MMT TY</u>		In Charge of _____
Gross Profit on Funeral	<u>LOM 50</u>		Source of Call _____
*Less Overhead Per Funeral	<u>YSS 55</u>		Insured in _____ Amount _____
Net Profit Apparent	<u>YOM 00</u>		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 Whetstine, Byron K. Jr. Charge to Byron K. Whetstine Account No. 24
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 2-24-46 Hour 2:00 P.M. Annual No. _____
 Clergyman Wm Twombly 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.....	218 00	4-1-47		60 00
	Embalming.....		1-5-48		186 12
	Outer Case or Vault <u>Box</u>	15 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.....	10 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX.....	3 12			
	To Funeral Complete	246 12			246 12



NAME OF DECEASED Byron K. Whetstone

RESIDENCE Jerry Ke.

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE 2-24-46 HOUR 2 P M CLERGYMAN Wm. J. ...

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

246 12

Casket No. 122 Style

Place of Death

Interior Covering Lambkin

Date of Death

Manufacturer Trib.

DEBITS

Cause of Death

Contributory

Total Net Cost of Casket

OA 55

Duration

Autopsy

Outer Case Box

MY NN

Sex

Color or Race

Vault

Single

Married

Widowed

Divorced

Child

Embalming

Date of Birth

Age, Years

Months

Days

Clothing

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

Total Cash Advances

Flowers
Sales Tax

N 55

O MY

Signed

M.D.

Coroner

Address

Date

Interment at

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

Total Net Cost of Funeral

PM 55

In Charge of

Gross Profit on Funeral

MND MY

*Less Overhead Per Funeral

YSS 55

Net Profit Apparent

- ML NN

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 McIntyre, Terrance P. Charge to..... Account No. 26 25
 Ordered by..... Guaranteed by..... Serial No.....
 Funeral at..... Residence..... Mortuary..... Church Date 3-6-46 Hour 10:30 AM Annual No. 7
 Clergyman Rev Salmon 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.....	269 00	3-26-46		200 00
	Embalming.....		4-16-46		111 65
	Outer Case or Vault..... <u>Bay</u>	15 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	24 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	3 65			
	To Funeral Complete	311 65			311 65



NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOOR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. 123 1/4 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

LAST MY 100

MY 100

SUIT YL 55

Tax OAD

NA 00

311 65

YL MY

YL 55

YL MY

Place of Death

Date of Death

Cause of Death

Duration

Sex

Single

Date of Birth

Occupation

How Long at Place of Death

Birthplace—City or County

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

Address

Interment at

Lot or Grave No.

Shipped to

Arrived from

Via

In Charge of

Source of Call

Insured in

Beneficiary

Color or Race

Married

Widowed

Divorced

Child

Age, Years

Months

Days

Contributory

Autopsy

State or Country

M.D.

Coroner

Date

Section No.

R. R. Date

Amount

Troy Kas

Fanning Kas

SUIT

Tax

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 Gsell Clayton Charge to Katherine Eader Account No. 26
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 3-19-46 Hour 10:00 AM Annual No. 8
 Clergyman Glenna Lillibridge 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	218 00	3-19-46		292 25
	Embalming <u>Osawatomie Ms</u>	35 00			
	Outer Case or Vault <u>Box</u>	15 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <u>Shirt</u>	1 50			
	Other Articles of Clothing				
	Transferring Body	20 00			
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	2 75			
To Funeral Complete		292 25			292 25



NAME OF DECEASED

Clayton Gsell

RESIDENCE

Troy, Kansas

FUNERAL AT

RESIDENCE

MORTUARY

✓ CHURCH

3-19-46

DATE

10:00

HOUR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

*292 25*Casket No. *122*

Style

Place of Death *Osawatomie Ks.*Date of Death *3-17-46*

Interior

Covering

Cause of Death *Arterio Sclerosis* Contributory

Manufacturer

DEBITS

Duration

Autopsy

Total Net Cost of Casket

00 05

Outer Case

MY NN

Sex

M

Color or Race

W

Vault

Embalming

Clothing

*00 55**AD*

Single

Married

Widowed

✓

Divorced

Child

Date of Birth *Jan 12, 1869* Age, Years *77* Months *2* Days *5*

Occupation

How Long at Place of Death *3 mos*

Birthplace—City or County

State or Country

*Penn*Name of Father *Jonas Gsell*

Birthplace of Father

*Penn*Maiden Name of Mother *Hallie Hassler*

Birthplace of Mother

Penn

Signed

M.D.

Coroner

Address

Date

Interment at *Plattsburg, Mo.*

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

Total Cash Advances

Total Net Cost of Funeral

MS Y MO

Gross Profit on Funeral

MTS MY

*Less Overhead Per Funeral

YSS SS

Net Profit Apparent

- T NN

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 Seeley, Katherine Charge to Mrs. Kibler + Mrs. Dannevik Account No. 27
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date 3-24-46 Hour 2:30 P.M. Annual No. 9
 Clergyman Rev. Biggs 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	298 00	3-24-46		137 94
	Embalming		3-24-46		137 94
	Outer Case or Vault <u>Concrete</u>	100 00	" "		137 94
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	10 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	5 82			
To Funeral Complete		413 82			413 82



NAME OF DECEASED Katherine Sealey RESIDENCE Troy, Mo.
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____
 DATE 3-24-46 HOUR 2:30 CLERGYMAN Biggs
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	
Charge for Complete Funeral	413	82
Casket No. <u>312</u> Style _____		
Interior _____ Covering <u>Oxford</u>		
Manufacturer _____		
Total Net Cost of Casket	63	40
Outer Case _____		
Vault <u>Concrete</u>	50	00
Embalming _____		
Clothing _____		
Total Cash Advances		
<u>Flowers</u>	8	00
<u>Tax</u>	5	82
Total Net Cost of Funeral	127	22
Gross Profit on Funeral	296	60
*Less Overhead Per Funeral	200	00
Net Profit Apparent	86	60

Place of Death Troy, Kansas
 Date of Death 3-22-46
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth 7-31-1865 Age, Years 80 Months 7 Days 21
 Occupation House keeper
 How Long at Place of Death Six years
 Birthplace—City or County St. Joe State or Country Mo
 Name of Father Horace Sealey
 Birthplace of Father Penn.
 Maiden Name of Mother Elizabeth Caraway
 Birthplace of Mother Trenton, Mo.
 Signed R. R. Clute M.D. _____ Coroner _____
 Address Bender, Mo. 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 Vaughn, Lorraine Charge to B. F. Vaughn Account No. 28
 Ordered by _____ Guaranteed by _____ Serial No. 10
 Funeral at _____ Residence _____ Mortuary _____ Church Shipped Out Date 3-30-46 Hour 4:55 A.M. Annual No. _____
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	585 00	3-30-46		607 32
	Embalming				
	Outer Case or Vault <u>Box</u>	15 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	7 32			
	To Funeral Complete	607 32			607 32



Funeral of Scarborough Ira L Charge to Enos Scarborough Account No. R9
 Ordered by _____ Guaranteed by _____ Serial No. 11
 Funeral at _____ Residence _____ Mortuary Church _____ Date 4-2-46 Hour 2:00 P.M. Annual No. _____
 Clergyman Wm. Twombly 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.....	269 00	4-11-46	By Ch. Enos Scarborough	287 52
	Embalming.....				
	Outer Case or Vault..... <u>Box</u>	15 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	3 52			
	To Funeral Complete	287 52			287 52



NAME OF DECEASED Mrs. L. Scarborough RESIDENCE Tracy Ke.
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____
 DATE 4-2-46 HOUR 2:00 CLERGYMAN Wm. Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

287 52

Casket No. _____ Style _____

Interior _____ Covering _____

Manufacturer _____

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

Place of Death St. Joseph Mo.

Date of Death 3-30-46

Cause of Death Rheumatic Heart

Duration _____

Sex M

Color or Race W

Single

Married _____

Widowed _____

Divorced _____

Child _____

Date of Birth 2-7-1923

Age, Years 23

Months _____

Days _____

Occupation _____

How Long at Place of Death 1 wk

Birthplace—City or County Tracy

State or Country Ks.

Name of Father Eros Scarborough

Birthplace of Father Tracy

Maiden Name of Mother Mary Blanton

Birthplace of Mother K. C. Mo.

Signed Carl

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 _____

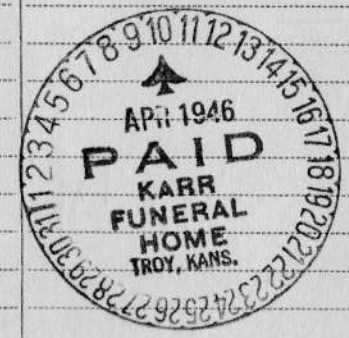
REMARKS:

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

Funeral of Morgan, Minerva E Charge to Mrs. Mable Brock Account No. 29
 Ordered by _____ Guaranteed by _____ Serial No. 17
 Funeral at _____ Residence _____ Mortuary _____ Church Date 4-10-46 Hour 10:00 A.M. Annual No. _____
 Clergyman Salmon 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	269 00	4-9-46	Cash Mable Brock		145 00
	Embalming		4-10-46	" " "		15 34
	Outer Case or Vault		4-10-46	ck Minerva Morgan		111 77
	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					
		3 11				
To Funeral Complete		272 11				272 11



Funeral of Benningfield, Hensley Charge to Mrs. Ernest Benitz Account No. 30
 Ordered by _____ Guaranteed by _____ Serial No. 13
 Funeral at _____ Residence _____ Mortuary _____ Church Date 4-15-46 Hour 2:30 P.M. Annual No. _____
 Clergyman L. A. Boatman Lodge Affiliations _____ Body Shipped to or from _____
St. Joe

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.....	425 00	4/17/46		545 87
	Embalming.....		5/31/46		10 20
	Outer Case or Vault <u>Concrete Vault</u>	100 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing <u>Underwear</u>	1 50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	22 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		7 57			
To Funeral Complete		556 07			556 07



NAME OF DECEASED Hensley Benningfield RESIDENCE Troy, Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE 4-15-46 HOUR 2:30 CLERGYMAN Rev. Boatman
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	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		

PERSONAL AND STATISTICAL

Place of Death St. Joseph, Mo.
 Date of Death 4-12-46
 Cause of Death arterio Sclerosis Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth Oct 28, 1857 Age, Years 88 Months _____ Days _____
 Occupation Cattle Breeder
 How Long at Place of Death 4 days
 Birthplace—City or County _____ State or Country Ky.
 Name of Father _____
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 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 Cordonier, Lucy L. Charge to A. E. Cordonier Account No. 31
 Ordered by _____ Guaranteed by _____ Serial No. 14
 Funeral at _____ Residence _____ Mortuary _____ Church Date 4-18-46 Hour 2:00 P.M. Annual No. _____
 Clergyman 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	490 00	4-22-46		776 38
	Embalming				
	Outer Case or Vault <u>Mausoleum</u>	235 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	40 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	10 38			
	To Funeral Complete	776 38			776 38



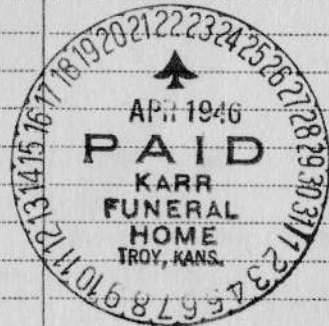
Funeral of Farthing Larry Charge to Jesse Robertson Account No. 3R
 Ordered by _____ Guaranteed by _____ Serial No. 15
 Funeral at _____ Residence _____ Mortuary Church _____ Date 4-23-46 Hour 2:30 Annual No. _____
 Clergyman Carter Lodge Affiliations _____ Body Shipped to or from _____

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	160 00	4-23-46		161 92
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	1 92			
	To Funeral Complete	161 92			161 92



Funeral of Nixon Frederick H. Charge to Russell Nixon Account No. 33
 Ordered by _____ Guaranteed by _____ Serial No. 6
 Funeral at _____ Residence _____ Mortuary _____ Church Date 4-26-46 Hour 2:30 Annual No. _____
 Clergyman F. E. 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	365 00	4-26-46	Mo. Surv. Moser		145 00
	Embalming		4-26-46	Russell Nixon		150 21
	Outer Case or Vault <u>Box</u>	15 00	7-1-46	U. S. Govt		100 00
	Washing and Dressing					
	Shaving					
	Slumber Robe					
	Suit or Dress					
	Other Articles of Clothing <u>shirt</u>	1 50				
	Transferring Body					
	Door Badge					
	Opening Grave					
	Newspaper Notices					
	Telegrams and Telephone Calls					
	Use of _____ doz. Chairs					
	Flowers					
	Clergyman					
	Singers					
	Casket Coach					
	Use of _____ Funeral Cars					
	Use of Flower Cars					
	Professional Supervision					
	SALES TAX	4 71				
	To Funeral Complete	386 21				386 21



NAME OF DECEASED

Fredrick H. Nison

RESIDENCE

Troy Kansas

FUNERAL AT

RESIDENCE MORTUARY CHURCH

DATE

4-26-46

HOUR

2:30

CLERGYMAN

F.E. Carter

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. *318 1/2* 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

Vets Hosp Leavenworth

Date of Death

4-24-46

Cause of Death

Coronary Arterio Contributory

Duration

Autopsy

Sex

M

Color or Race

W

Single

Married

Widowed

Divorced

Child

Date of Birth

July 5, 1888 Age, Years *57* Months *9* Days *19*

Occupation

Painter

How Long at Place of Death

2 days

Birthplace—City or County

Troy

State or Country

Ks.

Name of Father

Joseph Nison

Birthplace of Father

Troy Ks.

Maiden Name of Mother

Susy Davis

Birthplace of Mother

Ill.

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 Werner, SARAH Charge to John Werner Account No. 34
 Ordered by _____ Guaranteed by _____ Serial No. 17
 Funeral at _____ Residence _____ Mortuary _____ Church Date 4-26-46 Hour 4:00 P.M. Annual No. _____
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	218 00	5-16-47		262 45
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>Dress</u>	16 50			
	Other Articles of Clothing.....				
	Transferring Body.....	25 00			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	2 95			
To Funeral Complete		262 45			262 45



NAME OF DECEASED H. A. Dittmore RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-5-46 HOUR 2:30 P.M. CLERGYMAN Biggs + Carter
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Troy Kansas</u>
Casket No. Style			Date of Death	<u>5-2-46</u>
Interior Covering			Cause of Death	Contributory
Manufacturer	DEBITS		Duration	Autopsy
Total Net Cost of Casket			Sex	<u>M</u> Color or Race <u>W</u>
Outer Case			Single	Married Widowed <input checked="" type="checkbox"/> Divorced Child
Vault			Date of Birth	<u>Aug 4, 1856</u> Age, Years <u>88</u> Months <u>8</u> Days <u>28</u>
Embalming			Occupation	<u>Retired Farmer</u>
Clothing			How Long at Place of Death	<u>35 yrs.</u>
			Birthplace—City or County	State or Country
			Name of Father	
			Birthplace of Father	
			Maiden Name of Mother	
			Birthplace of Mother	
Total Cash Advances			Signed	M.D. _____ Coroner
			Address	Date
			Interment at	
			Lot or Grave No.	Section No.
			Shipped to	
			Arrived from	
			Via	R. R. Date
Total Net Cost of Funeral			In Charge of	
Gross Profit on Funeral				
*Less Overhead Per Funeral			Source of Call	
Net Profit Apparent				
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 Earhart, Kathryn Charge to Myrtle Snyder Account No. 36
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date 5-13-46 Hour 2:30 P.M. Annual No. _____
 Clergyman F. E. 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. + Box	218 00	5-13-46	By Ch. C. R. Snyder	142 50
	Embalming		6-10-46	By Carl Laveda Brumalee	10 00
	Outer Case or Vault		7-7-46	" " " "	10 00
	Washing and Dressing		8-7-46	" " " "	10 00
	Shaving		9-9-46	" " " "	10 00
	Slumber Robe		10-8-46	" " " "	10 00
	Suit or Dress		11-6-46	" " " "	10 00
	Other Articles of Clothing		12-9-46	" " " "	10 00
	Transferring Body		1-7-47	" " " "	10 00
	Door Badge		2-8-47	" " " "	8 32
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	10 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	2 82			
	To Funeral Complete	230 82			230 82



NAME OF DECEASED Katherine Earhart

RESIDENCE Troy Kansas

FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH

DATE 5-13-46 HOUR 2:30 CLERGYMAN Carter

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 _____

Place of Death Atchison Kan.

Date of Death 5-11-46

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex F Color or Race W

Single _____ Married _____ Widowed Divorced _____ Child _____

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

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 _____

Lot or Grave No. _____ Section No. _____

Shipped to _____

Arrived from _____

Via _____ R. R. _____ Date _____

In Charge of _____

Source of Call _____

Insured in _____ Amount _____

Beneficiary _____

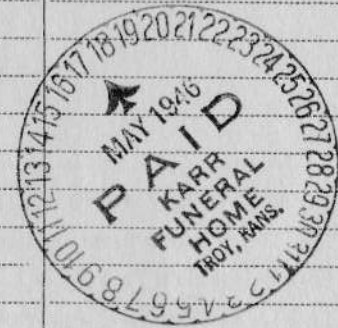
REMARKS:

* 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, Carl F Charge to Emil Jeschke Account No. 37
 Ordered by _____ Guaranteed by _____ Serial No. 18
 Funeral at _____ Residence _____ Mortuary _____ Church Date 5-16-46 Hour 2:30 P.M. Annual No. _____
 Clergyman Milo Burnett 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.....	302 00	5-17-46	By Ch. Emil Jeschke		340 30
	Embalming.....					
	Outer Case or Vault.....					
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....					
	Suit or Dress <u>Suit</u>	24 00				
	Other Articles of Clothing.....					
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....					
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of _____ doz. Chairs.....					
	Flowers.....	10 00				
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of _____ Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	SALES TAX	4 30				
To Funeral Complete		340 30				340 30



NAME OF DECEASED *Carl F. Jacobbe* RESIDENCE *Fanning Kansas*
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE *5-16-46* HOUR *2:30* CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____			Place of Death <i>Fanning Kansas</i>
Casket No. _____ Style _____			Date of Death <i>5-14-46</i>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <i>M</i> Color or Race <i>W</i>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <i>Apr 17, 1856</i> Age, Years <i>90</i> Months _____ Days _____
Embalming _____			Occupation <i>Farmer</i>
Clothing _____			How Long at Place of Death <i>40 yrs</i>
			Birthplace—City or County _____ State or Country <i>Ill.</i>
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at _____
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			
*Less Overhead Per Funeral _____			
Net Profit Apparent _____			Source of Call _____

REMARKS: _____

Insured in _____ Amount _____

Beneficiary _____

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

Funeral of Singer Flora A Charge to _____ Account No. 38
 Ordered by _____ Guaranteed by _____ Serial No. 19
 Funeral at _____ Residence _____ Mortuary _____ Church Date 5-20-46 Hour 2:30 Annual No. _____
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

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

Singers _____

Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	100 00	5-19-46		116 50
	Embalming				
	Outer Case or Vault <u>Box</u>	15 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	1 50			
	To Funeral Complete	116 50			116 50



NAME OF DECEASED

RESIDENCE

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

Place of Death

Date of Death

Cause of Death

Contributory

Duration

Autopsy

Sex

Color or Race

Single

Married

Widowed

Divorced

Child

Date of Birth

Age, Years

Months

Days

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

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 Clary, John H. Charge to Bob, Harl, Vincent Account No. 39
 Ordered by _____ Guaranteed by _____ Serial No. 22
 Funeral at _____ Residence _____ Mortuary Church _____ Date 6-4-46 Hour 2:00 PM Annual No. _____
 Clergyman Carter & Lillibridge 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	218 00	6-14-46		88 47
	Embalming		10-2-46		90 00
	Outer Case or Vault <u>Box</u>	15 00	11-12-46		43 47
	Washing and Dressing		11-22-46		43 47
	Shaving				
	Slumber Robe				
	Suit or Dress	24 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	5 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	3 40			
To Funeral Complete		265 40			265 40



NAME OF DECEASED John Henry Clary RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 6-4-46 HOUR 2:00 CLERGYMAN

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. Style		
Interior 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 St. Joseph Mo.
 Date of Death 6-2-46
 Cause of Death _____ Contributory
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married X Widowed _____ Divorced _____ Child _____
 Date of Birth Nov. 18, 1869 Age, Years 76 Months 6 Days 14
 Occupation Farmer
 How Long at Place of Death 11 days
 Birthplace—City or County Troy State or Country Mo.
 Name of Father Henry C. Clary
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 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 Smith, John H. Charge to _____ Account No. 40
 Ordered by _____ Guaranteed by _____ Serial No. 21
 Funeral at _____ Residence _____ Mortuary Church _____ Date 6-7-46 Hour 2:30 P.M. Annual No. _____
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	265 00	6-19-46		491 34
	Embalming	35 00			
	Outer Case or Vault <u>Box</u>	15 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	22 00			
	Other Articles of Clothing				
	Transferring Body	35 00			
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls	4 02			
	Use of _____ doz. Chairs				
	Flowers	10 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Cemetery Plot & Grave Opening</u>	58 00			
	SALES TAX	5 32			
To Funeral Complete		491 34			491 34



NAME OF DECEASED John H. Smith RESIDENCE Hutchinson Kans
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE _____ HOUR _____ CLERGYMAN Lillibridge
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death _____
Casket No. _____ Style _____			Date of Death _____
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex _____ Color or Race _____
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years _____ Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County _____ State or Country _____
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at _____
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			

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 Strong, Henry D. Charge to Estate Account No. 41
 Ordered by _____ Guaranteed by _____ Serial No. 22
 Funeral at _____ Residence Mortuary _____ Church _____ Date 6-9-46 Hour 2:00 Annual No. _____
 Clergyman C. L. Harder 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.....	302 00	11-25-46		336 22
	Embalming.....				
	Outer Case or Vault <u>Box</u>	15 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.....				
	SALES TAX	4 22			
	<i>Added</i>				
	To Funeral Complete	336 22			336 22



NAME OF DECEASED *Henry D. Strong* RESIDENCE *Troy Kansas*
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE *6-9-46* HOUR *2:00* CLERGYMAN *Harder*

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <i>Troy Kansas</i>
Casket No. _____ Style _____		Date of Death <i>6-7-46</i>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <i>M</i> Color or Race <i>W</i>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <i>12-6-1887</i> Age, Years <i>58</i> Months <i>6</i> Days <i>1</i>
Embalming _____		Occupation <i>Clerk</i>
Clothing _____		How Long at Place of Death <i>Life</i>
		Birthplace—City or County <i>Troy</i> State or Country <i>Ks.</i>
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
Total Cash Advances _____		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 _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral		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.

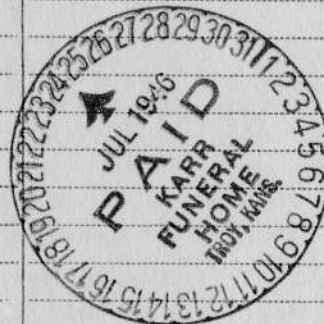
Funeral of Wynkoop, Hatty D. Charge to A. L. Wynkoop Account No. 42
 Ordered by _____ Guaranteed by _____ Serial No. 23
 Funeral at _____ Residence _____ Mortuary _____ Church Date 6-29-46 Hour 2:30 Annual No. _____
 Clergyman Harder & Carter Lodge Affiliations _____ Body Shipped to or from _____

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.....	390 00	7-24-46		634 38
	Embalming.....				
	Outer Case or Vault <u>Mausoleum</u>	235 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	9 38			
To Funeral Complete		634 38			634 38



Funeral of Gallagher, John Charge to Mrs. Gallagher Account No. 43
 Ordered by _____ Guaranteed by _____ Serial No. 24
 Funeral at _____ Residence _____ Mortuary _____ Church Date 7-1-46 Hour 9:30 A.M. Annual No. _____
 Clergyman Salmon 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.....	269 00	8-20-46		384 93
	Embalming.....				
	Outer Case or Vault <u>Concrete Vault</u>	100 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	3 00			
	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.....				
	SALES TAX	5 43			
	To Funeral Complete	384 93			384 93



Funeral of White, Lane Wynkoop Charge to G. R. White Account No. 44
 Ordered by _____ Guaranteed by _____ Serial No. 25
 Funeral at _____ Residence _____ Mortuary _____ Church Date 7-6-46 Hour 2:30 PM Annual No. _____
 Clergyman Taylor + Harder 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	302 00	7-19-46	G.R.W. lit. Ch		545 32
	Embalming					
	Outer Case or Vault <u>Mausoleum</u>	235 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 32				
To Funeral Complete		545 32				545 32



Funeral of Kibler, LeRoy F Charge to Roy Kibler Account No. 45
 Ordered by _____ Guaranteed by _____ Serial No. 26
 Funeral at _____ Residence _____ Mortuary Church _____ Date 7-9-46 Hour 1:30 P.M. Annual No. _____
 Clergyman R.G. Biggs 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.....	50 00	7-9-46	By Ch. R. H. Kibler		56 76
	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.....	1 06				
	Use of _____ doz. Chairs.....					
	Flowers.....	5 00				
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of _____ Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	Insurance Policies.....					
	SALES TAX	70				
	To Funeral Complete	56 76				56 76



NAME OF DECEASED

Le Roy Kibler

RESIDENCE

Troy Kansas

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH

DATE

7-9-46

HOUR

1:30

CLERGYMAN

Biggs

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

REMARKS:

Place of Death

St. Joseph Mo

Date of Death

7-7-46

Cause of Death

Hydrocephalus Contributory

Duration

Autopsy

Sex

M

Color or Race

W

Single

Married

Widowed

Divorced

Child

Date of Birth

Apr 9, 1945

Age, Years

1

Months

2

Days

28

Occupation

How Long at Place of Death

1 day

Birthplace—City or County

Troy

State or Country

Kana

Name of Father

Roy Kibler

Birthplace of Father

Troy

Maiden Name of Mother

Helen Browning

Birthplace of Mother

Mexico Mo.

Signed

Petersen M.D.

Coroner

Address

Date

Interment at

Lot or Grave No.

M^c Coy

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 Wollnick, Carl Charge to Doniphan Co. Account No. 46
 Ordered by _____ Guaranteed by _____ Serial No. 27
 Funeral at _____ Residence _____ Mortuary _____ Church Date 7-21-46 Hour 2:30 Annual No. _____
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	65 00	8-5-46		65 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	None			
	To Funeral Complete	65 00			65 00



Insurance Policies

NAME OF DECEASED _____ RESIDENCE _____

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

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death _____
Casket No. _____ Style _____			Date of Death _____
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex _____ Color or Race _____
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years _____ Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County _____ State or Country _____
			Name of Father _____
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother _____
			Birthplace of Mother _____
			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at _____
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral			
*Less Overhead Per Funeral			Source of Call _____
Net Profit Apparent			

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 Bailey Mary G Charge to Estate Account No. 47
 Ordered by _____ Guaranteed by _____ Serial No. 28
 Funeral at _____ Residence _____ Mortuary _____ Church Date 8-10-46 Hour 10:00 AM Annual No. _____
 Clergyman Rev. Salmon 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.....	625 00	9-14-46		1066 00
	Embalming.....				
	Outer Case or Vault <u>Marble (Mable)</u>	260 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Extra Marble Slab</u>	165 00			
	SALES TAX	16 00			
To Funeral Complete		1066 00			1066 00



*Filed
8/25/46*

NAME OF DECEASED Mary G. Bailey RESIDENCE Troy Kans
 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

Place of Death St. Joe

Date of Death 8-7-46

Cause of Death arterio Scler. Contributory _____

Duration _____ Autopsy _____

Sex 7 Color or Race W

Single _____ Married _____ Widowed Divorced _____ Child _____

Date of Birth July 10, 1888 Age, Years 58 Months _____ Days 27

Occupation Co. Treas

How Long at Place of Death 8 months

Birthplace—City or County Troy State or Country Mo.

Name of Father Abraham Kent

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed H. D. Carl 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 _____

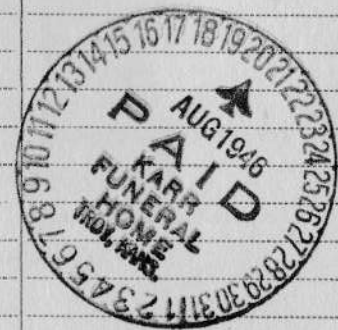
REMARKS:

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

Funeral of Scholz Julia A. Charge to _____ Account No. 48
 Ordered by _____ Guaranteed by _____ Serial No. 29
 Funeral at _____ Residence _____ Mortuary _____ Church - Date 8-20-46 Hour 2:00 P.M. Annual No. _____
 Clergyman F.E. 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	V	Credits
	Casket and Services.....	370 00	8-20-46	By ck.	501 64
	Embalming.....				
	Outer Case or Vault.....	100 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....	15 00			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	10 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	6 64			
To Funeral Complete		501 64			501 64



NAME OF DECEASED _____ RESIDENCE _____

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 _____

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

Place of Death

Date of Death

Cause of Death

Contributory

Duration

Autopsy

Sex

Color or Race

Single _____

Married _____

Widowed _____

Divorced _____

Child _____

Date of Birth

Age, Years _____

Months _____

Days _____

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

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.

36

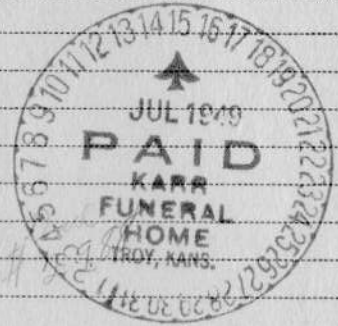
Funeral of Davies Maggie M Charge to David E. Davies Account No. 49
 Ordered by _____ Guaranteed by Clarksdale Mo. Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date 8-29-46 Hour 2:00 Annual No. _____
 Clergyman Twombly Lodge Affiliations _____ Body Shipped to or from _____

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	By	✓	Credits
	Casket and Services.....	282 00	8-29-46	By Ch. David Davies		100 00
	Embalming.....			" " Robert Walker		2 55
	Outer Case or Vault <u>Box</u>	15 00	3-1-47	" " David Davies		93 90
	Washing and Dressing.....		5-7-48	" " "		94 75
	Shaving.....		7-15-49	By Ch. David Davies		29 88
	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.....	10 00				
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of..... Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	SALES TAX	4 08				
To Funeral Complete		321 08				321 08



NAME OF DECEASED _____ RESIDENCE _____

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

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST _____ CREDITS _____ PERSONAL AND STATISTICAL _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death
Casket No. Style		Date of Death
Interior Covering		Cause of Death Contributory
Manufacturer	DEBITS	Duration Autopsy
Total Net Cost of Casket		Sex Color or Race
Outer Case		Single Married Widowed Divorced Child
Vault		Date of Birth Age, Years Months Days
Embalming		Occupation
Clothing		How Long at Place of Death
		Birthplace—City or County State or Country
		Name of Father
		Birthplace of Father
Total Cash Advances		Maiden Name of Mother
		Birthplace of Mother
		Signed M.D. Coroner
		Address Date
		Interment at
		Lot or Grave No. Section No.
		Shipped to
		Arrived from
		Via R. R. Date
Total Net Cost of Funeral		In Charge of
Gross Profit on Funeral		
*Less Overhead Per Funeral		Source of Call
Net Profit Apparent		

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 Kline Linda Sue Charge to John J. Kline Account No. 50
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 9-5-46 Hour 2:00 PM Annual No. _____
 Clergyman Harder 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	22 00	9-5-46		15 00
	Embalming		7/10/49		3 00
	Outer Case or Vault		8/10/49		3 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	3 00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	26			
	To Funeral Complete	25 26			

NAME OF DECEASED _____ RESIDENCE _____

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

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
------------------------------	---------	--------------------------

Charge for Complete Funeral	DEBITS
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 _____
Date of Death _____
Cause of Death _____ Contributory _____
Duration _____ Autopsy _____
Sex _____ Color or Race _____
Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Date of Birth _____ Age, Years _____ Months _____ Days _____
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 _____
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 M^s Carthy, Leo M Charge to Horace + Anna Williams Account No. 51
 Ordered by _____ Guaranteed by _____ Serial No. 30
 Funeral at _____ Residence _____ Mortuary Shipped to Date 9-7-46 Hour _____ Annual No. _____
Jeff. City Mo.
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	218 00	10-25-46		251 58
	Embalming.....				
	Outer Case or Vault..... <u>Box</u>	15 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body <u>to Jeff City (Grain.)</u>	15 66			
	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	2 92			
	To Funeral Complete	251 58			251 58



NAME OF DECEASED _____ RESIDENCE _____

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

Place of Death Bendena, Ka.

Date of Death 9-6-46

Cause of Death apoplexy

Duration _____

Sex M

Color or Race W

Single

Married _____

Widowed _____

Divorced _____

Child _____

Date of Birth July 1900

Age, Years 46

Months _____

Days _____

Occupation Barber

How Long at Place of Death 6 wks.

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 _____

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.

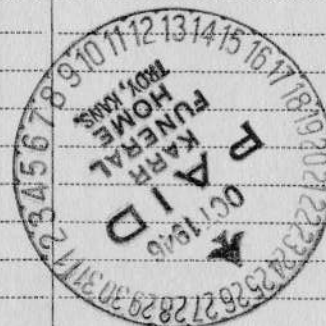
Funeral of Parker, Doshia Charge to I.D. Parker Account No. 52³⁹
 Ordered by..... Guaranteed by..... Serial No. 13
 Funeral at..... Residence..... Mortuary..... Church Date 9-19-46 Hour 2:00 P.M. Annual No. 39
 Clergyman Harder Lodge Affiliations..... Body Shipped to or from.....

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.....	370 00	10-25-46	By Ch	486 64
	Embalming.....				
	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.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	10 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>PAID</u> <u>9/20/46</u>				
	SALES TAX	6 64			
	To Funeral Complete	486 64			486 64



NAME OF DECEASED _____

RESIDENCE _____

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 _____

REMARKS:

Place of Death _____

Date of Death _____

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex _____ Color or Race _____

Single _____ Married _____ Widowed _____ Divorced _____ Child _____

Date of Birth _____ Age, Years 77 Months _____ Days _____

Occupation _____

How Long at Place of Death Life

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 _____

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 Gronniger, Henry P. Charge to August P. Gronniger Account No. 53⁴⁰
 Ordered by _____ Guaranteed by _____ Serial No. 32
 Funeral at _____ Residence _____ Mortuary _____ Church Date 10-12-46 Hour 3:00 P.M. Annual No. _____
 Clergyman Salmon 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	22 50	10-12-46		22 77
	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	27			
	To Funeral Complete	22 77			22 77



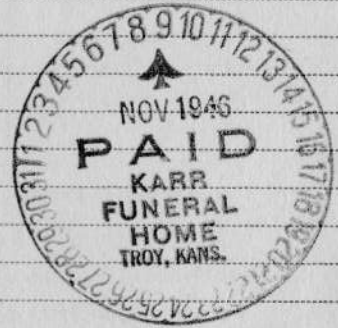
Funeral of Duse, Lura Charge to _____ Account No. 55
 Ordered by _____ Guaranteed by _____ Serial No. 33
 Funeral at _____ Residence _____ Mortuary _____ Church Maysoile, Mo Date 11-10-46 Hour 2:00 P.M. Annual No. _____
 Clergyman Harder Lodge Affiliations _____ Body Shipped to or from _____

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.....	370 00	11-9-46		399 74
	Embalming.....		11-9-46		
	Outer Case or Vault..... <u>Box</u>	15 00			15 30
	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.....	10 00			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	5 04			
To Funeral Complete		415 04			415 04



NAME OF DECEASED Lura Duse RESIDENCE Troy Kans.
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH DATE 11-10-46 HOUR 2:00 CLERGYMAN Harder
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Troy Kansas</u>
Casket No. _____ Style _____			Date of Death <u>11-8-46</u>
Interior _____ Covering _____			Cause of Death <u>CA Kidney</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>7</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years _____ Months _____ Days _____
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>30 yrs.</u>
			Birthplace—City or County <u>Mo.</u> State or Country _____
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>Blair</u> M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Maysville, Mo.</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral			
*Less Overhead Per Funeral			Source of Call _____
Net Profit Apparent			

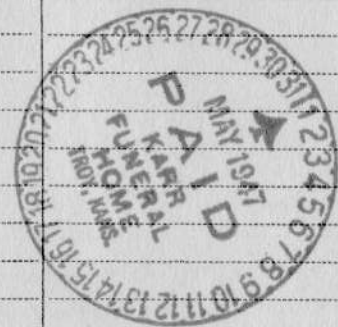
REMARKS:

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

Funeral of Nelson, Oscar Charge to Estate Account No. 56⁴⁹
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date Nov. 26, 1946 Hour 2:30 P.M. Annual No. _____
 Clergyman Freeburg 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.....	420 00	12-14-46		20 40
	Embalming.....		5-1-47		562 64
	Outer Case or Vault <u>Steel</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.....	20 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	8 14			
	To Funeral Complete	583 14			583 14



Filed 12/26/46

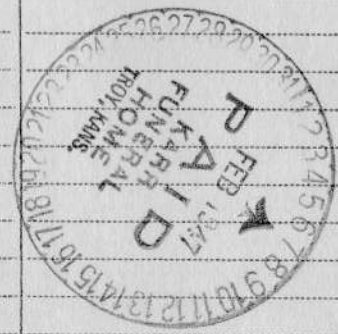
Funeral of Roberts, Ethel M. Charge to Geo. Roberts Account No. 56
 Ordered by..... Guaranteed by..... Serial No.....
 Funeral at..... Residence..... Mortuary..... Church Date 12-19-46 Hour 3:00 P.M. Annual No.....
 Clergyman Rev. West Lodge Affiliations..... Body Shipped to or from.....

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.....	540 00	2-7-47	By CR		806 58
	Embalming.....					
	Outer Case or Vault <u>Mausoleum</u>	235 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.....	20 00				
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of..... Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	SALES TAX	11 58				
	To Funeral Complete	806 58				806 58



Funeral of RAMSEY, MINNIE M Charge to HOWARD RAMSEY Account No. 57
 Ordered by _____ Guaranteed by _____ Serial No. 34
 Funeral at _____ Residence _____ Mortuary _____ Church Date 12-26-46 Hour 2:00 P.M. Annual No. _____
 Clergyman S. L. HARDER 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.....	387 00	1-6-47	By Cl. Howard Ramsey	518 63
	Embalming.....				
	Outer Case or Vault <u>Concrete</u>	100 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <input checked="" type="checkbox"/>	12 50			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	12 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	7 13			
	To Funeral Complete	518 63			518 63



Handwritten scribbles

NAME OF DECEASED

Minnie M. Ramsey

RESIDENCE

Topeka, Kans.

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH

✓

DATE

2/26/46

HOUR

2:00

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

REMARKS:

Place of Death

Topeka

Date of Death

12/21/46

Cause of Death

Contributory

Duration

Autopsy

Sex

F

Color or Race

W

Single

Married ✓

Widowed

Divorced

Child

Date of Birth

June 15, 1886

Age, Years

60

Months

5

Days

6

Occupation

Housewife

How Long at Place of Death

Life

Birthplace—City or County

Topeka

State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

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

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

47

Funeral of ROUNDY, SIDNEY G Charge to ESTATE Account No. 58
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 12/27/46 Hour 200 Annual No. _____
 Clergyman L. NORTHGOTT 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	467 00	3-19-47		666 71
	Embalming				
	Outer Case or Vault <u>Steel</u>	135 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	20 00			
	Newspaper Notices				
	Telegrams and Telephone Calls <input checked="" type="checkbox"/>	4 63			
	Use of _____ doz. Chairs				
	Flowers	20 00			
	Clergyman	10 00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed 12/27/47</u> SALES TAX	8 70			
	To Funeral Complete	635 33			666 71



666 71

NAME OF DECEASED Sidney H. Roundy RESIDENCE Hearry

FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 12/27/46 HOUR 2:00 CLERGYMAN Northcott

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. 319 1/2 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 Hearry

Date of Death 12/21/46

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex M Color or Race W

Single _____ Married _____ Widowed Divorced _____ Child _____

Date of Birth June 19, 1864 Age, Years 82 Months _____ Days _____

Occupation Farmer

How Long at Place of Death Life

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 _____

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 BROWN, FRANKLIN F. Charge to ESTATE Account No. 59
 Ordered by _____ Guaranteed by _____ Serial No. 48
 Funeral at _____ Residence _____ Mortuary Church _____ Date 12/28/46 Hour 2:00 Annual No. 44
 Clergyman C. L. Harder 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.....	45 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.....	7 63			
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<i>Filed</i>				
	SALES TAX				
	To Funeral Complete	52 63			52 63

NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE

MORTUARY

CHURCH

DATE

HOOR

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

Place of Death

Date of Death

Cause of Death

Duration

Sex

Single

Married

Occupation

How Long at Place of Death

Birthplace—City or County

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

Address

Interment at

Lot or Grave No.

Shipped to

Arrived from

Via

In Charge of

Source of Call

Insured in

Beneficiary

Contributory

Autopsy

Color or Race

Divorced

Age, Years

Months

State or Country

M.D.

Date

Section No.

R. R. Date

Amount

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 Scheffert, Sally F. Charge to Ross Linville Account No. '60
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1-12-47 Hour 2:00 P.M. Annual No. _____
 Clergyman C.L. Harder 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.....	387 00	11-13-47		
	Embalming.....				
	Outer Case or Vault <u>Concrete</u>	100 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing <u>Dress</u>	18 50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	12 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	7 25			
To Funeral Complete		524 75			524 75



NAME OF DECEASED _____ RESIDENCE _____

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. 316 1/2 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 _____

Date of Death _____

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex _____ Color or Race _____

Single _____ Married _____ Widowed _____ Divorced _____ Child _____

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

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 _____

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 KARN, JOHN L Charge to ESTATE Account No. 61
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date 1-19-47 Hour 2:00 P.M. Annual No. _____
 Clergyman ROBT BIGGS 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>6/13/47</u>		<u>323 10</u>
	Embalming.....				
	Outer Case or Vault <u>MAUSOLEUM</u>	<u>235 00</u>			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....	<u>18 00</u>			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	<u>20 00</u>			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	<u>45 00</u>			
	SALES TAX.....	<u>5 10</u>			
To Funeral Complete		<u>323 10</u>			<u>323 10</u>



NAME OF DECEASED _____

RESIDENCE _____

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

Place of Death _____

Date of Death _____

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex _____ Color or Race _____

Single _____ Married _____ Widowed _____ Divorced _____ Child _____

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

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 _____

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.