

HARMAN FUNERAL HOME

INDEX

1949 TO 1951

Surname	given name	record no.	Surname	given name	record no.
ABBETT	LENORAH A	252	FITZGERALD		154
ALLEY	MARGARET	259	FOLEY	HARRY J	184
ARMSTRONG	ROGER	213	FOLEY	WILLIAM PVT	159
ARNOLD	BLANCHE	258	FOLSCHÉ	LIZZIE	214
			FORREST	MICHAEL	262
BANKS	IDA J	220	FRANKLIN	BABY	246
BECKMAN	OSCAR	260	FULLER	CLIFFORD O	222
BENTLEY	JAMES F	177			
BLANTON	LINDA LOU	188	GANDEE	ENOCH	233
BLAUSER	SARAH A	194	GIBSON	EVERETT L	227
BONHAM	LOU M	163	GIBSON	L H	160
BOOS	CHRISTOPHER	167	GILMORE	VIOLET M	245
BRAZELTON	MECK	187	GRIFFEY	KATE	193
BRIGGS	THOMAS	192			
BULLOCK	JOSEPH	224	HALE	MARTHA E	205
			HALL	ALTON W	176
CAMPBELL	MARY M	250	HAUBER	ALICE E	161
CASE	HUGH F	174	HAUBER	FRANK A	170
CHANEY	ED R	168	HOWARD	GLENN A	178
CHAPPLE	EDWIN A	243	HOWLAND	JOSEPH	223
CHARLES	GEORGE	254	HUTCHISON	WILSON D	182
CHESTNUT	ADRIAN	256			
CLARK	GEORGE A	255	INGRAM	WILLIAM	173
CLARK	MARY E	157			
CLARK	WILLIAM R	197	JACKSON	HENRIETTA	242
CLUCK	JOHN	165	JOHNSON	LOUIS H	190
COLLINS	RICHARD	231			
COLLINS	DAN	183	KIMMI	BARBARA SUE	189
COURTIN	PAUL KENNETH	207	KINKEAD	GEORGE W	211
CUMBEE	G LEE	236	KIRBY	HARAN	153
			KOEHLER	ALICE L	221
DAVIES	WILLIAM H	155			
DEMONEY	MYRTLE B	230	KUEBLER	SAMUEL L	210
DENTON	CORA B	257	LAMMERS	GENEVA	238
DHONE	F LeROY	234	LAMMERS	LARA MAE	239
DIEHL	WILLIAM M	235	LAMMERS	LAVERNE	240
			LAMMERS	MELVA	241
EMORY	FRED H	191	LANCASTER	EDWARD	208
EULER	FRANK E	253	LIBEL	THERESA M	249
			LICHLITER	DANIEL	166
			LIEFFRING	CLAUDE M	248

HARMAN FUNERAL HOME

INDEX

1949 TO 1951

Surname	given name	record no.	Surname	given name	record no.
MATHENEY	PEARL	206	SANDLIN	JOHN	212
MAYER	BERTHA	203	SCARBOROUGH	ISAAC A	200
McCARTHY	ORLENA E	198	SIMPSON	JACOB	172
McCLELLAND	CHARLES	219	SMITH	JAMES H	204
McCLELLAND	EMILY A	175	SMITH	WILLIAM F	156
McNEMEE	J L	202	SNYDER	MYRTLE	244
MEERS	MARY L	218	STEWART	INFANT	225
MIDDLETON	LEWIS	180	STOUFER	HURLEY H	251
MILLER	LELIA D	169	STULL	LILLY M	247
MITCHELL	DELMAR	186	SUTTON	GEORGE	199
MONROE	LORENZO	261			
MONROE	LULU H	228	THOMAS	JOSEPH W	232
MORGAN	EVA D	215	THROCKMORTON	IDA	162
MOSER	GOLDIE	179	TILBURY	MARY E	158
			TYLER	EVA E	185
O'KEEFE	WILLIAM S	226			
			USS	STEPHAN	201
PICKERELL	JERRY D	217			
POLLARD	MARTHA	216	WAGNER	EMMA	209
POLLARD	MARTHA E	195	WALLER	C E	263
PRIVETT	LORA	181	WALTER	BABY GIRL	237
REEDER	CHARLES W	196			
RUDDY	JAMES J	229			
RUHNKE	ARTHUR	164			
RUHNKE	PEARL	171			

Funeral of Kirby, Haran Charge to _____ Account No. 153
 Ordered by _____ Guaranteed by _____ Serial No. 1
 Funeral at _____ Residence _____ Mortuary _____ Church Date 1-12-49 Hour 2:00 P.M. Annual No. _____
 Clergyman Kirschner 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.....	400 00	1/31/49		13 10
	Embalming.....		2/4/49		5 17 00
	Outer Case or Vault..... <u>Concrete</u>	110 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.....				
	<u>Sales Tax</u>	7 40			
To Funeral Complete		537 40			

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 Davies, Wm H. Charge to..... Account No. 155
 Ordered by..... Guaranteed by..... Serial No. 3
 Funeral at..... Residence..... Mortuary..... Church Date 1-14-49 Hour 2:00 P.M. Annual No.....
 Clergyman Kirschner 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.....	140 00	1-18-49	By ch	80 00
	Embalming.....		7-2-49	Cash	5 00
	Outer Case or Vault..... <u>Box</u>	15 00			10 00
	Washing and Dressing.....		10-4-49	Cash	15 00
	Shaving.....		11-4-49	Cash	10 00
	Slumber Robe.....		1-9-50	Cash	10 00
	Suit or Dress.....		3/4/50	Cash	26 90
	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>Salos Tax</u>	1 98			
To Funeral Complete		156 98			156 98

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

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.

Funeral of Clark, Mary E. Charge to _____ Account No. 157
 Ordered by Mrs. Arthur Hardwick Guaranteed by _____ Serial No. 5
 Funeral at _____ Residence _____ Mortuary _____ Church M.E. Date Jan 24, 1949 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.....	690 00	1/27/49		758 97
	Embalming.....				
	Outer Case or Vault.....	20 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	24 50			
	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	9 47			
To Funeral Complete		758 97			758 97

NAME OF DECEASED Mary Ellen Clark RESIDENCE Troy, Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH ME DATE Jan. 24, 1949 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>St. Josephs Hospital</u>
Casket No. _____ Style _____			Date of Death <u>Jan. 23, 1949</u>
Interior _____ Covering _____			Cause of Death <u>Carcinoma</u> 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 <u>78</u> Age, Years <u>2</u> Months <u>17</u> Days
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County _____ State or Country <u>Ia.</u>
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>Motherhead</u> M.D. _____ Coroner
			Address _____ Date _____
			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			
Gross Profit on Funeral			
*Less Overhead Per Funeral			
Net Profit Apparent			
			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.

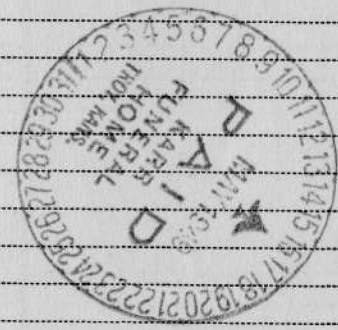
Funeral of Tilbury, Mary E Charge to..... Account No. 158
 Ordered by..... Guaranteed by..... Serial No. 6
 Funeral at..... Residence..... Mortuary..... Church Date Feb 4, 1949 Hour 2:00 PM Annual No.....
 Clergyman Harder Lodge Affiliations..... Body Shipped to or from.....

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.....	540 00	5/16/49		844 32
	Embalming.....				
	Outer Case or Vault <u>mausoleum</u>	250 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	22 00			
	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.....				
	<u>Filed</u> <u>5/16/49</u> <u>Sales Tax</u>	12 32			
To Funeral Complete		844 32			844 32



NAME OF DECEASED Mary Eliza Tilbury RESIDENCE Bendona, Kans.
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH St. Johns Lutheran DATE Feb. 4, 1949 HOUR 2:00 PM CLERGYMAN Harder
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Bendona, Kans</u>
Casket No. _____ Style _____			Date of Death <u>Feb. 2, 1949</u>
Interior _____ Covering _____			Cause of Death <u>myocarditis</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>Female</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>Jan 24, 1890</u> Age, Years <u>59</u> Months <u>0</u> Days <u>9</u>
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County _____ State or Country <u>Kansas</u>
			Name of Father <u>George A. Clark</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Margaret A. FULTON</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>Clutz</u> M.D. _____ Coroner _____
			Address <u>Bendona</u> Date <u>Feb 4, 1949</u>
			Interment at <u>Moray Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral			
*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 Pvt. William Foley Charge to Will Foley Account No. 159
 Ordered by..... Guaranteed by..... Serial No. 7
 Funeral at..... Residence..... Mortuary..... Church St. Charles Date Feb. 21, 1949 Hour 9:30 AM Annual No.....
 Clergyman Father Roberts Lodge Affiliations..... Body Shipped to or from FT. W.

		Date	Description of Service	Amount	Date	V	Credits
Place of Burial			Casket and Services.....		<u>3/4/49</u>		<u>10 00</u>
Cemetery			Embalming.....		<u>3/28/49</u>		<u>50 20</u>
Grave No.			Outer Case or Vault.....				
Lot No.			Washing and Dressing.....				
Block No.			Shaving.....				
Section			Slumber Robe.....				
Pall Bearers			Suit or Dress.....				
			Other Articles of Clothing.....				
			Transferring Body.....				
			Door Badge.....				
			Opening Grave.....				
			Newspaper Notices.....				
			Telegrams and Telephone Calls.....				
			Use of..... doz. Chairs.....				
			Flowers.....	<u>10 00</u>			
			Clergyman.....				
			Singers.....				
			Casket Coach.....				
			Use of..... Funeral Cars.....				
			Use of Flower Cars.....				
			Professional Supervision.....	<u>50 00</u>			
Insurance Policies							
			Sales tax	<u>20</u>			
To Funeral Complete				<u>60 20</u>			<u>60 20</u>



Funeral of Gibson, L. H. Charge to _____ Account No. 160
 Ordered by _____ Guaranteed by _____ Serial No. 8
 Funeral at _____ Residence _____ Mortuary _____ Church Date Feb. 26, 1949 Hour 2:30 PM Annual No. _____
 Clergyman Hadley 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.....	265 00	2/24/49	<input checked="" type="checkbox"/>	312 04
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	28 00			
	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 04			
To Funeral Complete		312 04			312 04

Paid

NAME OF DECEASED L. H. GIBSON

RESIDENCE _____

FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE Feb 21, 1949 HOUR 2:30 CLERGYMAN Victor Hadley

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 Elwood, Kansas

Date of Death Feb. 19, 1949

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex male Color or Race W

Single _____ Married _____ Widowed Divorced _____ Child _____

Date of Birth Nov. 18, 1869 Age, Years 81 Months 3 Days 1

Occupation _____

How Long at Place of Death _____

Birthplace—City or County Brighton State or Country Iowa

Name of Father Henry Gibson

Birthplace of Father IND.

Maiden Name of Mother Elizabeth A. Lewis

Birthplace of Mother IND.

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 Hauber, Alice E. Charge to..... Account No. 161
 Ordered by..... Guaranteed by..... Serial No. 9
 Funeral at..... Residence..... Mortuary..... Church Date 7-1-49 Hour 9:30 A.M. Annual No.....
 Clergyman Father Robert 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.....	869.00	4/10/49		1067 12
	Embalming.....				
	Outer Case or Vault..... <u>concrete</u>	110.00			
	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.....	25.00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Trip to Joplin</u>	50.00			
	<u>Sales Tax</u>	13.12			
	To Funeral Complete	1067.12			1067 12

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	DEBITS
Charge for Complete Funeral	
Casket No. <i>Wheat</i> 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 *Soplin Mo*
Date of Death *2/27/49*
Cause of Death *Carcinoma of Colon* Contributory
Duration _____ Autopsy _____
Sex *M* Color or Race _____
Single _____ Married Widowed _____ Divorced _____ Child _____
Date of Birth _____ Age, Years *78* Months _____ Days _____
Occupation _____
How Long at Place of Death *20 days*
Birthplace—City or County *Hannibal* State or Country *Mo.*
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.

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.

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.

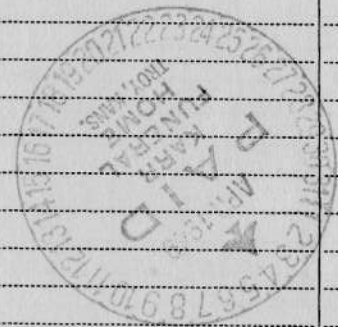
Funeral of Rubnke, Arthur Charge to Adolph Account No. 164
 Ordered by..... Guaranteed by..... Serial No. 12
 Funeral at..... Residence..... Mortuary Church..... Date 3/31/49 Hour 2:00 Annual No.....
 Clergyman Praubner Lodge Affiliations..... Body Shipped to or from.....

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>3/4/49</u>		<u>152 40</u>
	Embalming.....				
	Outer Case or Vault.....	<u>90 00</u>			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	<u>10 00</u>			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	<u>50 00</u>			
				
	<u>Sales Tax</u>	<u>2 40</u>			
				
				
	To Funeral Complete	<u>152 40</u>			<u>152 40</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 _____

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 _____

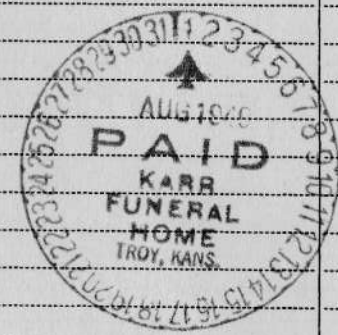
REMARKS:

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

Funeral of Lichtliter, Daniel Charge to..... Account No. 166
 Ordered by..... Guaranteed by..... Serial No. 14
 Funeral at..... Residence..... Mortuary..... Church..... Date 7/23/49 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.....	366.00	6/28/49		270.39
	Embalming.....		7/1/49		-100.00
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Sales Tax	4.39			
To Funeral Complete		370.39			370.39



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 Tracy

Date of Death 2/21/49

Cause of Death _____

Contributory _____

Duration _____

Autopsy _____

Sex M

Color or Race W

Single _____

Married _____

Widowed

Divorced _____

Child _____

Date of Birth 1/6/1860

Age, Years 89

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 _____

REMARKS:

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

NAME OF DECEASED _____ 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 Danvers

Date of Death 7/23/49

Cause of Death _____

Contributory _____

Duration _____

Autopsy _____

Sex M

Color or Race W

Single _____

Married

Widowed _____

Divorced _____

Child _____

Date of Birth Oct. 1869

Age, Years 79

Months _____

Days _____

Occupation _____

How Long at Place of Death 30 yrs.

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 Chaney Ed. R. Charge to _____ Account No. 168
 Ordered by _____ Guaranteed by _____ Serial No. 16
 Funeral at _____ Residence _____ Mortuary _____ Church Date 4/27/49 Hour 2:30 Annual No. _____
 Clergyman Dr. Maish 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.....	690.00	6/23/49		820.68
	Embalming.....				
	Outer Case or Vault <u>Wilbert</u>	120.00			
	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>Sales Tax</u>	10.68			
To Funeral Complete		820.68			820.68



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 <i>Sisters Hosp.</i>
Casket No. _____ Style _____		Date of Death <i>4/24/49</i>
Interior _____ Covering _____		Cause of Death <i>Cerebral Hemorrhage</i>
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>July 28, 1893</i> Age, Years <i>56</i> Months <i>1</i> Days <i>26</i>
Embalming _____		Occupation <i>Farmer</i>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County _____ State or Country _____
_____		Name of Father <i>Ben Chaney</i>
_____		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.

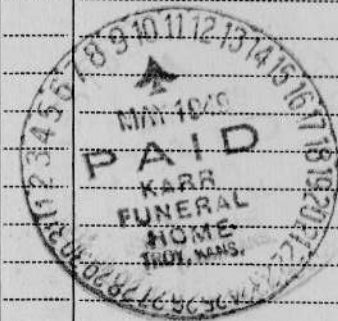
Funeral of Miller Lelia D Charge to Will K Miller Account No. 169
 Ordered by _____ Guaranteed by _____ Serial No. 17
 Funeral at _____ Residence _____ Mortuary Church _____ Date 4/28/19 Hour 2:00 Annual No. _____
 Clergyman Kirschner Lodge Affiliations _____ Body Shipped to or from _____

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....		<u>6/18/19</u> <u>Ry</u> <u>CP</u>		<u>162 40</u>
	Embalming.....				
	Outer Case or Vault <u>Walbert</u>	<u>120 00</u>			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	<u>15 00</u>			
	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>25 00</u>			
				
				
	<u>Sales Tax</u>	<u>240</u>			
To Funeral Complete		<u>162 40</u>			<u>162 40</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 _____

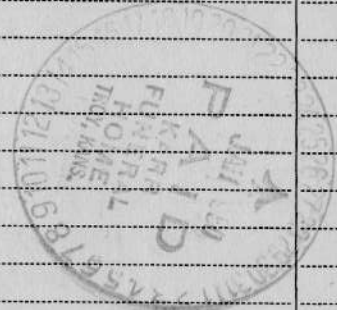
REMARKS:

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

Funeral of Hauber, Frank A Charge to _____ Account No. 170
 Ordered by _____ Guaranteed by _____ Serial No. 18
 Funeral at _____ Residence _____ Mortuary _____ Church Date 5/9/49 Hour 9:30 A.M. Annual No. _____
 Clergyman Robert 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.....	869 00	7/13/49		25 50
	Embalming.....		2/21/50		991 62
	Outer Case or Vault.....	110 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.....	25 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	13 12			
To Funeral Complete		1017 12			197 12



Funeral of Rubnke, Pearl Charge to..... Account No. 171
 Ordered by..... Guaranteed by..... Serial No. 19
 Funeral at..... Residence..... Mortuary..... Church Date 6/9/49 Hour 2:00 P.M. Annual No.....
 Clergyman Pracupar 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.....	800 00	3/6/58		976 22
	Embalming.....				
	Outer Case or Vault..... <u>Wilbert</u>	120 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	31 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	10 00			
	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.....				
				
				
 <u>Sales Tax</u>	15 22			
To Funeral Complete		986 22			976 22

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 Tracy

Date of Death 6/6/49

Cause of Death Cancer

Duration _____

Sex F

Color or Race W

Single _____

Married _____

Widowed

Divorced _____

Child _____

Date of Birth Oct 18, 1880 Age, Years 68 Months 5 Days 18

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 Pullman

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 Jacob Thor Thompson Charge to Jacob Account No. 172
 Ordered by _____ Guaranteed by _____ Serial No. 20
 Funeral at _____ Residence _____ Mortuary _____ Church Com Date 6/7/49 Hour 2:00 Annual No. _____
 Clergyman Thompson 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.....	25 00			
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
				
	<u>John Jones</u>	50			
	To Funeral Complete	25 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 Ingram Roy Charge to W⁷⁰ Account No. 173
 Ordered by..... Guaranteed by..... Serial No. 21
 Funeral at..... Residence..... Mortuary..... Church..... Date..... Hour..... Annual No.....
 Clergyman..... Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....		<u>7/29/49</u>		<u>127 20</u>
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	<u>15 00</u>			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				

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

To Funeral Complete

Funeral of Chase, Hugh F. Charge to Wm Chase Account No. 174
 Ordered by _____ Guaranteed by _____ Serial No. 22
 Funeral at _____ Residence _____ Mortuary Church _____ Date 7/13/49 Hour 2:00 Annual No. _____
 Clergyman McKaughan Lodge Affiliations _____ Body Shipped to or from Salem Mo.

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>7/30/49</u>		<u>20 00</u>
	Embalming.....		<u>7/24/50</u>		<u>10 00</u>
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	<u>50 00</u>			
				
				
				
				
	To Funeral Complete	<u>50 00</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 _____

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 _____

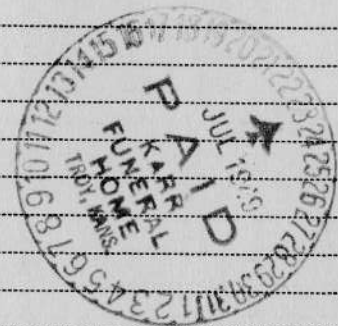
REMARKS:

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

Funeral of M^cClelland Emily A. Charge to Emmett + Bert Account No. 175
 Ordered by _____ Guaranteed by _____ Serial No. 23
 Funeral at _____ Residence _____ Mortuary _____ Church Date 7/18/49 Hour 2:30 P.M. Annual No. _____
 Clergyman Zeidler 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.....	366 00	7/22/49	By ck	640 69
	Embalming.....				
	Outer Case or Vault <u>Maus</u>	250 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	15 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	9 69			
To Funeral Complete		640 69			640 69



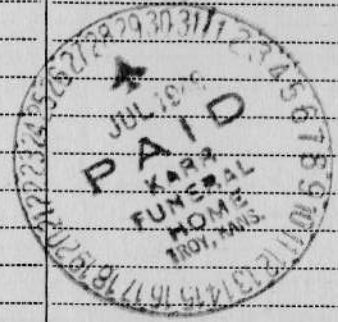
Funeral of Hall, Alton W. Charge to..... Account No. 176
 Ordered by..... Guaranteed by..... Serial No. 24
 Funeral at..... Residence..... Mortuary..... Church ✓ Date 7/21/49 Hour 2:30 PM Annual No.....
 Clergyman Robison - Feidler Lodge Affiliations..... Body Shipped to or from.....

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>7/28/49</u>		<u>50 00</u>
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	<u>50 00</u>			
				
				
				
				
	To Funeral Complete	<u>50 00</u>			<u>50 00</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 _____

DEBITS

Total Net Cost of Funeral _____

Gross Profit on Funeral _____

*Less Overhead Per Funeral _____

Net Profit Apparent _____

Place of Death *St. Joseph Ms.*

Date of Death *7/18/49*

Cause of Death *Cerebral Hemorrhage* Contributory

Duration _____ Autopsy _____

Sex _____ Color or Race _____

Single _____ Married Widowed _____ Divorced _____ Child _____

Date of Birth *June 30, 1881* Age, Years *78* Months _____ Days *18*

Occupation _____

How Long at Place of Death *6 yrs.*

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 Bentley James F. Charge to Don. Co. Account No. 177
 Ordered by _____ Guaranteed by _____ Serial No. 25
 Funeral at _____ Residence _____ Mortuary _____ Church Date 8/4/49 Hour 8:00 A.M. Annual No. _____
 Clergyman Roberts 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.....	100.00			
	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.....				
				
				
				
	To Funeral Complete	100.00			

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 St. Joseph Mo.

Date of Death 8/3/49

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex M Color or Race W

Single _____ Married _____ Widowed _____ Divorced Child _____

Date of Birth _____ Age, Years 68 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.

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 Wadsworth

Date of Death 8/23/49

Cause of Death Uremia

Duration _____

Sex _____

Single Married _____

Date of Birth April, 1919

Occupation _____

How Long at Place of Death 7 wks

Birthplace—City or County Long

Name of Father R. C. Jones

Birthplace of Father Bendonia

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 _____

Amount _____

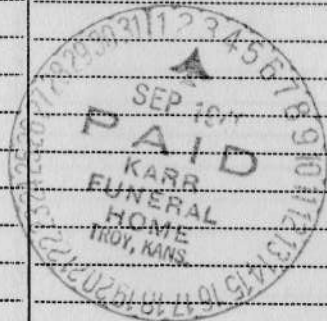
REMARKS:

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

Funeral of Moser, Goldie Charge to Fred Moser Account No. 179
 Ordered by _____ Guaranteed by _____ Serial No. 27
 Funeral at _____ Residence _____ Mortuary _____ Church Date 9/1/49 Hour 2:00 Annual No. _____
 Clergyman Johnson 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	366 00	9/3/49		528 04
	Embalming				
	Outer Case or Vault <u>Wilbert</u>	120 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	22 50			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	12 50			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sales Tax</u>	7 04			
	To Funeral Complete	528 04			528 04



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

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

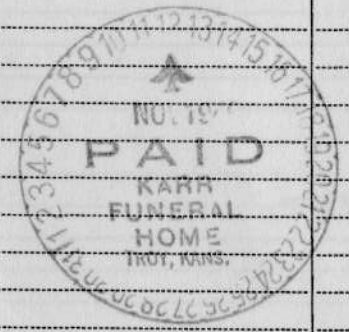
Beneficiary

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 Middleton Lewis Charge to _____ Account No. 180
 Ordered by _____ Guaranteed by _____ Serial No. 28
 Funeral at _____ Residence _____ Mortuary _____ Church Date 9/20/49 Hour 2:00 P.M. Annual No. _____
 Clergyman Twambly Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	265.00	11-12-49		300 -
	Embalming				2.86
	Outer Case or Vault	20.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>shirt tie</u>	4.00			
	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>Sales Tax</u>	3.86			
	To Funeral Complete	302.86			302.86



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

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

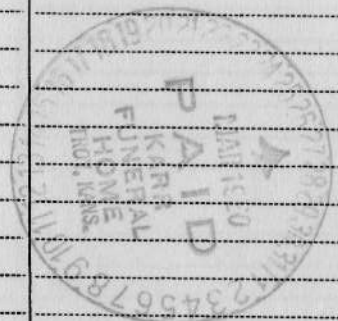
Beneficiary

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

Funeral of Privett, Lora Charge to Est. Account No. 180
 Ordered by _____ Guaranteed by _____ Serial No. 29
 Funeral at _____ Residence _____ Mortuary _____ Church Date 9/25/49 Hour 2:00 PM Annual No. _____
 Clergyman Zedler 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	401 00	3/27/52		810 10
	Embalming				
	Outer Case or Vault <u>W. Ibert (2)</u>	255 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				
	Cash adv. to ministers ✓	15 00			
	Grave for <u>W. Privett</u>	50 00			
	Marker (Lora)	65 00			
	Opening grave ✓	15 00			
	Sales Tax	9 10			
	To Funeral Complete <u>Est. 10/19/49</u>	810 10			810 10



NAME OF DECEASED _____ RESIDENCE _____
 FUNERAL AT RESIDENCE MORTUARY CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

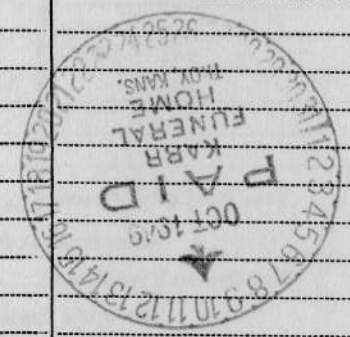
REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death _____
Casket No. _____ Style _____			Date of Death _____
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net 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 _____
_____			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 Hutchinson Wilson J. Charge to Hazel Account No. 182
 Ordered by _____ Guaranteed by _____ Serial No. 32
 Funeral at _____ Residence _____ Mortuary _____ Church Date 9/29/49 Hour 2:00 P.M. Annual No. _____
 Clergyman Zeidler Lodge Affiliations Burial Altan, I.L. 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.....	456 00	10/10/49		689 07
	Embalming.....				
	Outer Case or Vault.....	120 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>Trip to Altan</u>	75 00			
	<u>Opening Grave</u>	20 00			
	<u>Sales Tax</u>	8 07			
	To Funeral Complete	689 07			689 07



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 _____	
			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 _____				
*Less Overhead Per Funeral _____			Insured in _____ Amount _____	
Net Profit Apparent _____			Beneficiary _____	
REMARKS:				

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

Funeral of Collins, Dan Charge to Myrtle Norton ^{Box 75 Gary Calif} Account No. 188
 Ordered by _____ Guaranteed by _____ Serial No. 37
 Funeral at _____ Residence _____ Mortuary Church _____ Date 10/1/49 Hour 2:00 P.M. Annual No. _____
 Clergyman Kirschaer Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	195.00	11/16/49	<input checked="" type="checkbox"/>	250.00
	Embalming.....				
	Outer Case or Vault.....	20.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	15.00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	10.00			
	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>Sales Tax</u>	2.14			
	To Funeral Complete	253.14			

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

 Singers _____

 Insurance Policies _____

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 _____

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 _____

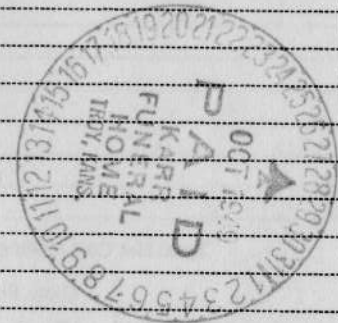
REMARKS:

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

Funeral of Foley, Harry J Charge to Myrtle Conway Account No. 184
 Ordered by..... Guaranteed by..... Serial No. 32
 Funeral at..... Residence..... Mortuary..... Church Date 10/1/49 Hour 10:00 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.....		10/28/49		50 00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	50 00			
				
				
				
	To Funeral Complete	50 00			50 00



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 Tyler, Eva E Charge to Don. Co Account No. 185
 Ordered by _____ Guaranteed by _____ Serial No. 33
 Funeral at _____ Residence _____ Mortuary _____ Church Date 10/1/49 Hour 2:00 P.M. 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	✓	Credits
	Casket and Services.....	100 00	11/2/49		100 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.....				
				
				
				
				
	To Funeral Complete	100 00			100 00



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 Mitchell Dellmar Charge to Pearl Account No. 186
 Ordered by _____ Guaranteed by _____ Serial No. 34
 Funeral at _____ Residence _____ Mortuary _____ Church Date 10/4/49 Hour 2:00 Annual No. _____
 Clergyman Zeidler 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	400.00	10/4/49		15.00
	Embalming		"		130.00
	Outer Case or Vault		"		200.00
	Washing and Dressing		11/30/49		10.00
	Shaving		2/2/50		15.00
	Slumber Robe		3/20/50		15.00
	Suit or Dress <u>SUIT</u>	30.00	5/15/50		10.00
	Other Articles of Clothing		6/2/50		10.00
	Transferring Body		8/29/50		30.00
	Door Badge		9/30/50		25.70
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	15.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sales Tax</u>	5.70			
	To Funeral Complete	450.70			450.70



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 _____

DEBITS	

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 _____ 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 _____

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

Funeral of Brazelton Meek Charge to Est. Account No. 187
 Ordered by _____ Guaranteed by _____ Serial No. 35
 Funeral at _____ Residence _____ Mortuary _____ Church Date 10/19/49 Hour 2:30 P.M. Annual No. _____
 Clergyman Zaidler 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	690 00	10/20/49		20 40
	Embalming		1/6/50		8 10 48
	Outer Case or Vault	110 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				
	<i>Applied 11/14/49</i>				
	Sales Tax	10 88			
	To Funeral Complete	830 88			830 48

NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE 10/19/49 HOUR 2:30 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 St. Joe Mo.

Date of Death 10/15/49

Cause of Death Heart Contributory

Duration Autopsy

Sex M Color or Race W

Single Married Widowed Divorced Child

Date of Birth 1/8/1875 Age, Years 75 Months Days

Occupation

How Long at Place of Death 41 yrs.

Birthplace—City or County Wathens State or Country

Name of Father John

Birthplace of Father

Maiden Name of Mother Columbia Center

Birthplace of Mother

Signed J. J. Idle M.D. Coroner

Address St. Joe Date 10/15/49

Interment at Mt. Olive

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

REMARKS:

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

Funeral of Blanton Lida Lou Charge to Edgar Blanton Account No. 188
 Ordered by _____ Guaranteed by _____ Serial No. 36
 Funeral at _____ Residence _____ Mortuary EM Church _____ Date 11/4/49 Hour 4:00 P.M. Annual No. _____
 Clergyman Kirschner 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.....	25 00	11/5/49		10 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.....				
				
				
				
				
	To Funeral Complete				

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 <u>F</u> Color or Race <u>W</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____		Date of Birth <u>11/4/49</u> Age, Years <u>0</u> Months <u>0</u> Days <u>0</u>
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County _____ State or Country _____
_____		Name of Father <u>Edgar</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>Frances</u>
_____		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 _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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

Funeral of Kimmi, Barbara Sue Charge to Anthony Kimmi Account No. 189
 Ordered by _____ Guaranteed by _____ Serial No. 37
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 11/10/49 Hour 10:30 A.M. Annual No. _____
 Clergyman Zeidler 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	30 00	11/10/49		6 86
	Embalming		11/29/49		15 00
	Outer Case or Vault <u>Wilbert 3'6"</u>	70 00			13 00
	Washing and Dressing		1/6/50		15 00
	Shaving		5/1 50		10 00
	Slumber Robe		9/9/50		15 00
	Suit or Dress		1/8 51		2 00
	Other Articles of Clothing		7-6 51		25 00
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	5 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sales Tax</u>	<u>1 86</u>			
	<u>To Funeral Complete</u>	<u>106 86</u>			

Paul
 \$ 106.86

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 _____

Place of Death SistersDate of Death 11/9/49Cause of Death Premature Contributory _____

Duration _____ Autopsy _____

Sex F. Color or Race WSingle _____ Married _____ Widowed _____ Divorced _____ Child Date of Birth 11/9/49 Age, Years 0 Months 0 Days 0

Occupation _____

How Long at Place of Death _____

Birthplace—City or County St. Joe State or Country _____Name of Father Anthony KimmiBirthplace of Father EversMaiden Name of Mother Marie E. OlsonBirthplace of Mother Dwight Co.Signed Motherhead 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.

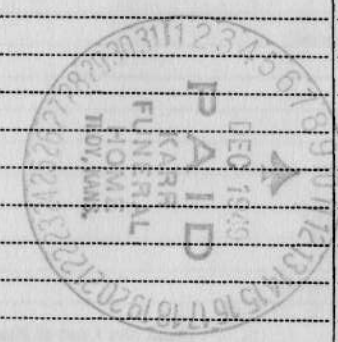
Funeral of Johnson, Louis H. Charge to Geo. Johnson Account No. 190
 Ordered by _____ Guaranteed by _____ Serial No. 38
 Funeral at _____ Residence _____ Mortuary _____ Church Date 11/11/49 Hour 2:00 P.M. Annual No. _____
 Clergyman Twombly Lodge Affiliations _____ Body Shipped to or from _____

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	<u>265 00</u>	<u>12/9/49</u>		<u>308 98</u>
	Embalming.....				
	Outer Case or Vault..... <u>Box</u>	<u>20 00</u>			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	<u>20 00</u>			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
	<u>Sales Tax</u>	<u>3 98</u>			
	To Funeral Complete	<u>308 98</u>			<u>308 98</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 _____

Place of Death 2434 56th St. JoeDate of Death 11/9/49

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex M Color or Race WSingle _____ Married _____ Widowed Divorced _____ Child _____Date of Birth Dec 11, 1885 Age, Years 64 Months 10 Days 28Occupation SALESMANHow Long at Place of Death 20 yrsBirthplace—City or County Linn State or Country IA

Name of Father _____

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed _____ M.D. _____ Coroner _____

Address _____ Date _____

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 _____

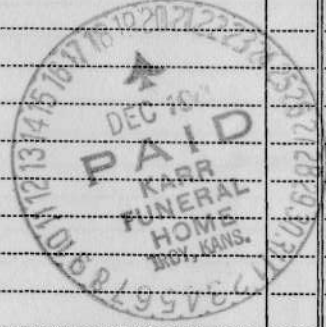
REMARKS:

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

Funeral of Fred H. Emory Charge to W^m Emory Account No. 191
 Ordered by _____ Guaranteed by _____ Serial No. 39
 Funeral at _____ Residence _____ Mortuary _____ Church Date 11/16/49 Hour 2:00 P.M. Annual No. _____
 Clergyman W^m Taramby 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	546 00	11/16/49		300 00
	Embalming		11/26/49		150 00
	Outer Case or Vault	20 00	12/19/49		165 79
	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	18 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Sales Tax	7 79			
	To Funeral Complete	615 79			615 79



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

Duration

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 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 *Briggs, Thomas* Charge to _____ Account No. *192*
 Ordered by _____ Guaranteed by _____ Serial No. *40*
 Funeral at _____ Residence _____ Mortuary _____ Church Date *11/18/49* Hour *2:30 P.M.* Annual No. _____
 Clergyman *Twamply* 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.....	<i>366 00</i>	<i>11/16/49</i>		<i>275 00</i>
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	<i>25 00</i>			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
	<i>State Tax</i>	<i>4 89</i>			
	To Funeral Complete	<i>395 89</i>			

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 _____

Coroner

\$ 124⁰⁰ Troy, Kansas, Nov. 16 1949

Four months after date we, or either of us, promise to pay to the order of
KARR FUNERAL HOME

THE FIRST NATIONAL BANK OF TROY, TROY, KANSAS

83-400

One Hundred Twenty-four and 00/100 DOLLARS

value received, payable at THE FIRST NATIONAL BANK OF TROY, at Troy, Kansas, and to bear interest after date at the rate of 8 per cent per annum. Karr Funeral Home

The makers, endorsers, sureties, guarantors and assignors of this note severally waive demand, presentment for payment, protest and notice of protest and of nonpayment, and agree and consent that, after maturity, the time for its payment may be extended from time to time by agreement between the holder and any of them, without notice, and that after such extension or extensions the liability of all parties shall remain as if no extension had been had.

Due Mar 6, 1950

No. _____

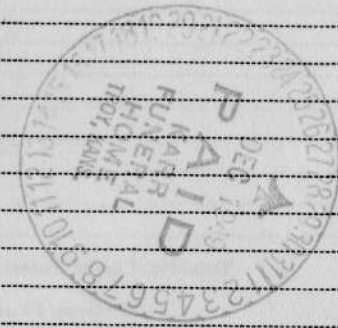
Loyle Briggs
Margaret Wlsley

P. O. Address

Funeral of Griffey, Kate Charge to Albert Griffey Account No. 193
 Ordered by _____ Guaranteed by _____ Serial No. 41
 Funeral at _____ Residence _____ Mortuary Church _____ Date 11/20/49 Hour 2:00 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
 Singers
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services		11/22		100 00
	Embalming		11/25/49		175 00
	Outer Case or Vault	120 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	15 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	25 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision	50 00			
	<u>Grave Lot</u>	62 50			
	<u>Sales Tax</u>	2 90			
	To Funeral Complete	275 40			275 40



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 _____		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 _____		
Net Profit Apparent _____		

REMARKS:

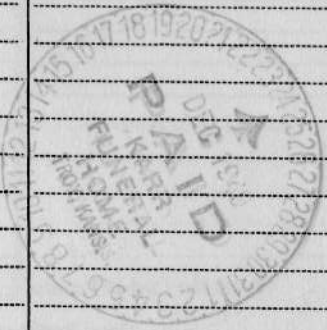
Source of Call _____
Insured in _____ Amount _____
Beneficiary _____

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

Funeral of Blawser, Sarah A. Charge to _____ Account No. 194
 Ordered by _____ Guaranteed by _____ Serial No. 42
 Funeral at Residence Mortuary _____ Church Date 12/8/49 Hour 2:00 P.M. 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	✓	Credits
	Casket and Services	366 00	12/24/49		524 31
	Embalming				
	Outer Case or Vault <u>Wilbert</u>	120 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body	31 52			
	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>Sales Tax</u>	6 79			
	To Funeral Complete	524 31			524 31



open case
 539 31

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 _____			Place of Death _____
Interior _____ Covering _____			Date of Death _____
Manufacturer _____	DEBITS		Cause of Death _____ Contributory _____
Total Net Cost of Casket _____			Duration _____ Autopsy _____
Outer Case _____			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 _____
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 _____			_____
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.

Source of Call _____

Insured in _____ Amount _____

Beneficiary _____

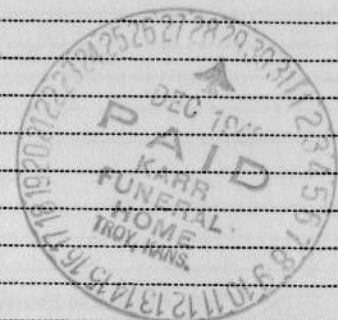
Funeral of Pollard Martha E. Charge to Jess Pollard Account No. 195
 Ordered by _____ Guaranteed by _____ Serial No. 43
 Funeral at _____ Residence _____ Mortuary _____ Church Date 12/17/49 Hour 2:00 PM Annual No. _____
 Clergyman Zeidler Lodge Affiliations _____ Body Shipped to or from _____

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.....	710 00	12/29/49	<i>By Ch</i>	753 20
	Embalming.....				
	Outer Case or Vault <i>Concrete Box</i>	24 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.....				
	<i>Sales Tax</i>	9 20			
	To Funeral Complete	753 20			753 20



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 <u>St. Joseph Mo.</u>
Casket No. _____ Style _____			Date of Death <u>12/10/49</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>7</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>Mar 20, 1883</u> Age, Years <u>66</u> Months <u>8</u> Days <u>20</u>
Embalming _____			Occupation <u>Housew. R.</u>
Clothing _____			How Long at Place of Death <u>7 days</u>
			Birthplace—City or County <u>Allen Co.</u> State or Country <u>Ks.</u>
			Name of Father <u>Cyrus Ratcliff</u>
			Birthplace of Father <u>Ind.</u>
			Maiden Name of Mother <u>Louisa Byers</u>
Total Cash Advances _____		Birthplace of Mother <u>Ind.</u>	
		Signed <u>Fusap</u> M.D. _____ Coroner _____	
		Address <u>St. Joe Mo</u> Date _____	
		Interment at <u>Mt. Olive</u>	
		Lot or Grave No. _____ Section No. _____	
		Shipped to _____	
		Arrived from _____	
		Via _____ R. R. Date _____	
Total Net Cost of Funeral _____		In Charge of _____	
Gross Profit on Funeral _____		Source of Call _____	
*Less Overhead Per Funeral _____		Insured in _____ Amount _____	
Net Profit Apparent _____		Beneficiary _____	

REMARKS:

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

Funeral of Reeder, Chas W. Charge to Est. Account No. 196
 Ordered by..... Guaranteed by..... Serial No. 44
 Funeral at..... Residence..... Mortuary..... Church Date 12/16/49 Hour 2:00 P.M. Annual No.....
 Clergyman Zeidler Lodge Affiliations..... 85 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.....	576 00			705 31
	Embalming.....				
	Outer Case or Vault <u>Wilbert</u>	120 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>Sales Tax</u>	9 31			
	To Funeral Complete	705 31			705 31

Paid

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

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.

Filed

Funeral of Clark W^m R. Charge to Don Co. Account No. 197
 Ordered by _____ Guaranteed by _____ Serial No. 45
 Funeral at _____ Residence _____ Mortuary _____ Church Date 1/1/50 Hour 11:00 A.M. Annual No. _____
 Clergyman Campbell Lodge Affiliations _____ Body Shipped to or from _____

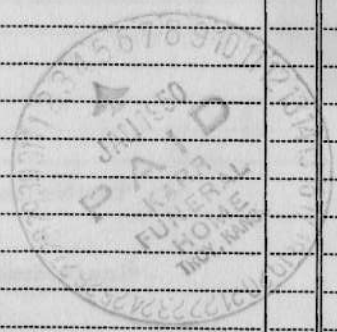
Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers

 Singers

 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	100.00	2/4/50		110.00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body <i>To be paid by Mrs. Clark</i>	10.00			
	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.....				
				
				
				
	To Funeral Complete	100.00			110.00

*26 Adult
 10 Ship. In.
 5 County
 4 Baby*



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 _____

DEBITS

Total Cash Advances _____

Total Net Cost of Funeral _____

Gross Profit on Funeral _____

*Less Overhead Per Funeral _____

Net Profit Apparent _____

Place of Death TroyDate of Death 12/31/49

Cause of Death _____

Contributory _____

Duration _____

Autopsy _____

Sex MColor or Race W

Single _____

Married

Widowed _____

Divorced _____

Child _____

Date of Birth 9/16/1870 Age, Years 79 Months 3 Days 14Occupation LaborerHow Long at Place of Death 1 yr.Birthplace—City or County Ind.

State or Country _____

Name of Father Wm

Birthplace of Father _____

Maiden Name of Mother Jane Williams

Birthplace of Mother _____

Signed Cardonier 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 McCarty, Orlena E. Charge to Est Account No. 198
Ordered by _____ Guaranteed by _____ Serial No. 1
Funeral at _____ Residence _____ Mortuary _____ Church Date 1/11/50 Hour 2:00 Annual No. _____
Clergyman Blanchard Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	200.00			
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
				
	<u>Sales Tax</u>	2 40			
	To Funeral Complete	202 40			

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 SeleranceDate of Death 11/8/50Cause of Death Apoplexy Contributory _____

Duration _____ Autopsy _____

Sex _____ Color or Race _____

Single _____ Married _____ Widowed _____ Divorced _____ Child _____

Date of Birth Aug 4, 1882 Age, Years 67 Months 5 Days 5

Occupation _____

How Long at Place of Death 24 yrs.

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.

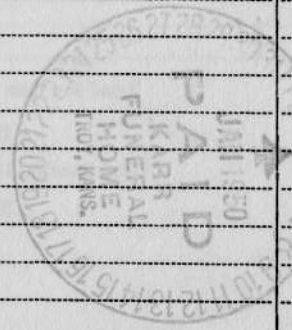
Funeral of Sutton, George Charge to County Account No. 199
 Ordered by _____ Guaranteed by _____ Serial No. 2
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1/18/50 Hour 2:00 Annual No. _____
 Clergyman Kirschner Lodge Affiliations _____ Body Shipped to or from _____

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.....	100 00	1/21/50		25 50
	Embalming.....		2/4/50		100 00
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	20 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.....				
	<u>Sales Tax</u>	50			
	To Funeral Complete	125 50			125 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 _____		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:

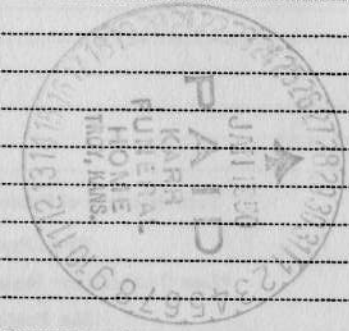
Insured in _____ Amount _____
 Beneficiary _____

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

Funeral of Scarborough, Isaac A. Charge to..... Account No. 200
 Ordered by..... Guaranteed by..... Serial No. 3
 Funeral at..... Residence..... Mortuary..... Church Date 1/25/50 Hour 2:00 P.M. Annual No.....
 Clergyman Kirschner 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.....	400 00	1/28/50		440 50
	Embalming.....				
	Outer Case or Vault.....	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.....	15 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Sales Tax	5 50			
	To Funeral Complete	440 50			440 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 _____		Place of Death <u>Troy Ks.</u>
Casket No. <u>710</u> Style <u>Hinge Cap</u>		Date of Death <u>1/23/50</u>
Interior _____ Covering _____		Cause of Death <u>Coronary</u> Contributory _____
Manufacturer <u>Rex</u>		Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>M</u> Color or Race <u>W</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		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 _____
		In Charge of _____
Total Net Cost of Funeral _____		
Gross Profit on Funeral _____		
*Less Overhead Per Funeral _____		
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.