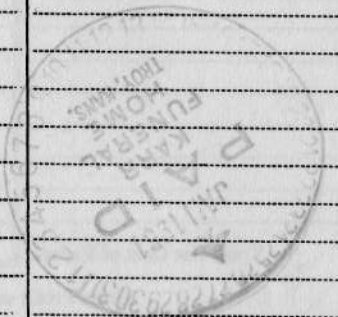


Funeral of Huss, Stephan LeRoy Charge to Adam Jr. Account No. 201
 Ordered by _____ Guaranteed by _____ Serial No. 4
 Funeral at _____ Residence _____ Mortuary _____ Church Date 2/21/50 Hour 10:30 A.M. Annual No. _____
 Clergyman Salmon Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	25 00	2/11/50		50 00
	Embalming.....		1/26/51		49 07
	Outer Case or Vault <u>Wilbert</u>	70 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.....	3 50			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	57			
To Funeral Complete		99 07			99 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

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 *Troy Kasps.*Date of Death *2/20/50*

Cause of Death Contributory

Duration Autopsy

Sex *M* Color or Race *W*Single Married Widowed Divorced Child Date of Birth Age, Years *4* Months *16* Days

Occupation

How Long at Place of Death

Birthplace—City or County State or Country

Name of Father *Adams Huss Jr.*Birthplace of Father *Troy*

Maiden Name of Mother

Birthplace of Mother

Signed *Bradford* M.D. Coroner

Address Date

Interment at *mt. Olive*

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

REMARKS:

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

Funeral of M^c Nemee, J. L. Charge to..... Account No. 202
 Ordered by..... Guaranteed by..... Serial No. 5
 Funeral at..... Residence..... Mortuary Church..... Date 2/24/50 Hour 3:00 P.M. Annual No.....
 Clergyman..... Lodge Affiliations..... Body Shipped to or from.....

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....		<u>3/1/50</u>		<u>65 58</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>10 00</u>			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	<u>50 00</u>			
	<u>Tel. to Cal</u>	<u>5 38</u>			
	<u>Sales Tax</u>	<u>20</u>			
	To Funeral Complete	<u>1558</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 Chicago Ill.Date of Death 2/21/50

Cause of Death _____

Contributory _____

Duration _____

Autopsy _____

Sex MColor or Race W

Single _____

Married _____

Widowed _____

Divorced

Child _____

Date of Birth Mar 11, 1893Age, Years 56Months 11Days 9

Occupation _____

How Long at Place of Death _____

Birthplace—City or County _____

State or Country _____

Name of Father J. L. McNamee

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed _____

M.D. _____

Coroner _____

Address _____

Date _____

Interment at Mt. Olive

Lot or Grave No. _____

Section No. _____

Shipped to _____

Arrived from _____

Via _____

R. R. Date _____

In Charge of _____

Source of Call _____

Insured in _____

Amount _____

Beneficiary _____

REMARKS:

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

Funeral of Mayer, Bertha Charge to Oscar Account No. 203
 Ordered by _____ Guaranteed by _____ Serial No. 6
 Funeral at _____ Residence _____ Mortuary _____ Church Date 3-8-50 Hour 2:00 Annual No. _____
 Clergyman Praeuner Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial
Mt. Olive
Cemetery

Grave No. _____

Lot No. _____

Block No. _____

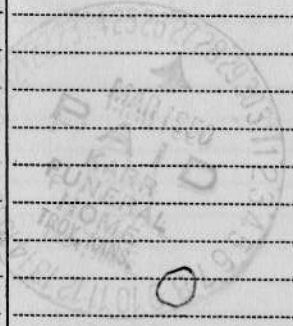
Section _____

Pall Bearers
Gus Ruhnke

Singers _____

Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	400 00	3/8/50		458 75
	Embalming				
	Outer Case or Vault <u>Box</u>	20 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	10 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sales Tax</u>	6 25			
To Funeral Complete		458 75			458 75



NAME OF DECEASED _____ RESIDENCE _____

FUNERAL AT RESIDENCE MORTUARY CHURCH DATE HOUR CLERGYMAN _____

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____

Casket No. 710 Style Standing Panel

Interior _____ Covering _____

Manufacturer Rx

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 Oswatimie Ks

Date of Death 3-5-50

Cause of Death Emphysema Contributory _____

Duration _____ Autopsy _____

Sex F Color or Race W

Single _____ Married Widowed _____ Divorced _____ Child _____

Date of Birth 1-14-1907 Age, Years 43 Months 1 Days 21

Occupation _____

How Long at Place of Death _____

Birthplace—City or County _____ State or Country _____

Name of Father Benjamin

Birthplace of Father Bertha Wallnick

Maiden Name of Mother _____

Birthplace of Mother _____

Signed _____ M.D. _____ Coroner _____

Address _____ Date _____

Interment at Mt. Olive

Lot or Grave No. _____ Section No. _____

Shipped to _____

Arrived from _____

Via _____ R. R. Date _____

In Charge of _____

Source of Call _____

Insured in _____ Amount _____

Beneficiary _____

* 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. 990 Style _____Interior _____ Covering 88 BroadclothManufacturer RK.

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

FlowersTotal Cash Advances GraveTax

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

Place of Death IvyDate of Death 3/19/50

Cause of Death _____

Contributory _____

Duration _____

Autopsy _____

Sex MColor or Race W

Single _____

Married _____

Widowed ✓

Divorced _____

Child _____

Date of Birth Apr. 8, 1858 Age, Years 71 Months 11 Days 8

Occupation _____

How Long at Place of Death life

Birthplace—City or County _____

State or Country Mo.Name of Father James

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed Blein M.D.

Coroner _____

Address _____

Date _____

Interment at Mary

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 Hale, Martha E. Charge to..... Account No. 205
 Ordered by..... Guaranteed by..... Serial No. 8
 Funeral at..... Residence..... Mortuary..... Church Date 3/25/50 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.....	200 00	By <u>C. Hall</u> 3/30/50		217 50
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	10 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	5 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	2 50			
	To Funeral Complete	217 50			217 50

PH.

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

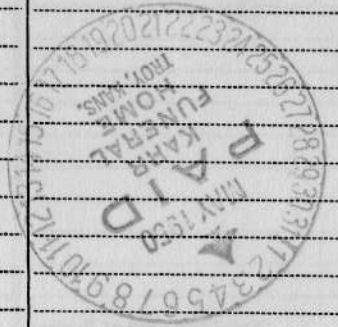
REMARKS:

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

Funeral of Matheney, Pearl Charge to Don Co. Account No. 206
 Ordered by _____ Guaranteed by _____ Serial No. 9
 Funeral at _____ Residence _____ Mortuary Church _____ Date 3/31/50 Hour 2:00 Annual No. _____
 Clergyman Kirchner 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	3-3-50		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 _____

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.

Filed

Funeral of Lancaster, Edward Charge to _____ Account No. 208
 Ordered by _____ Guaranteed by _____ Serial No. 11
 Funeral at _____ Residence _____ Mortuary _____ Church Date 4/13 Hour 2:00 Annual No. _____
 Clergyman Kirshner Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
Severance
 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.....	22 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
To Funeral Complete		122 00			

NAME OF DECEASED _____

RESIDENCE _____

FUNERAL AT _____

RESIDENCE _____

MORTUARY _____

CHURCH _____

Denton

DATE

4/13

HOURS

2:00

CLERGYMAN _____

SINGERS _____

LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____

Casket No. _____ Style _____

Interior _____ Covering _____

Manufacturer _____

Total Net Cost of Casket _____

Outer Case _____

Vault _____

Embalming _____

Clothing _____

Total Cash Advances _____

Total Net Cost of Funeral _____

Gross Profit on Funeral _____

*Less Overhead Per Funeral _____

Net Profit Apparent _____

Place of Death

Denton

Date of Death

4/12/50

Cause of Death

Cardiac Asthma

Contributory _____

Duration _____

Autopsy _____

Sex _____

Color or Race _____

Single _____

Married _____

Widowed

Divorced _____

Child _____

Date of Birth _____

Age, Years

80

Months

10

Days

11

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

E. L. Karr Coroner

Coroner

Address _____

Date _____

Interment at

Seagraves

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.

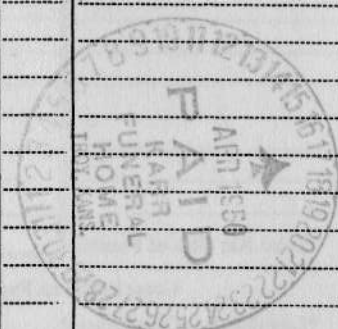
Funeral of Wagner, Emma Charge to Leo Wagner Account No. 209
 Ordered by _____ Guaranteed by _____ Serial No. 12
 Funeral at _____ Residence _____ Mortuary _____ Church Date 7/17 Hour 9:30 A.M. Annual No. _____
 Clergyman Salmon Lodge Affiliations _____ Body Shipped to or from _____

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	366 00	7/17/50		395 89
	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.....	5 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	4 89			
	To Funeral Complete	395 89			395 89



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.

E. L. Karp 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.

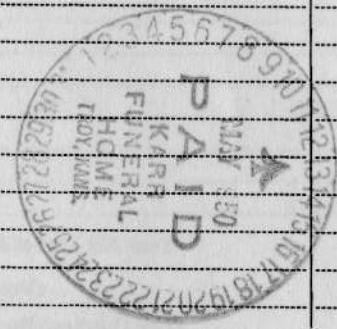
Funeral of Samuel L. Kuebler Charge to Est Account No. 210
 Ordered by _____ Guaranteed by _____ Serial No. 13
 Funeral at _____ Residence _____ Mortuary Church _____ Date 4/22/50 Hour 2:00 Annual No. _____
 Clergyman Campbell Lodge Affiliations _____ Body Shipped to or from _____

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.....	225 00	5/10/50		253 20
	Embalming.....				
	Outer Case or Vault..... <u>Box</u>	15 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	10 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	3 20			
	To Funeral Complete	253 20			253 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

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death

Date of Death

Cause of Death

Contributory

Duration

Autopsy

Sex

Color or Race

Single

Married

Widowed

Divorced

Child

Date of Birth

Age, Years

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

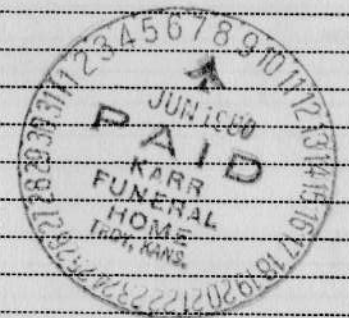
Amount

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 Kinhead, Geo. W. Charge to Est. Account No. 211
 Ordered by _____ Guaranteed by _____ Serial No. 14
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 4/24/50 Hour 2:00 Annual No. _____
 Clergyman Zeidler Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	710 00	5-3-50		15 30
	Embalming.....		6/18/50		846 02
	Outer Case or Vault <u>Wilbert</u>	125 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.....				
	Insurance Policies.....				
	<u>Sales Tax</u>	11 32			
	To Funeral Complete	861 32			861 32



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. _____ Style _____			Date of Death <u>4/22/50</u>
Interior _____ Covering _____			Cause of Death <u>Coronary</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>July 13, 1867</u> Age, Years <u>82</u> Months <u>9</u> Days <u>9</u>
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>Life</u>
			Birthplace—City or County _____ State or Country _____
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>W. J. Olin</u> M.D. _____ Coroner
			Address _____ Date _____
			Interment at <u>W. J. Olin</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral			
*Less Overhead Per Funeral			Source of Call _____
Net Profit Apparent			

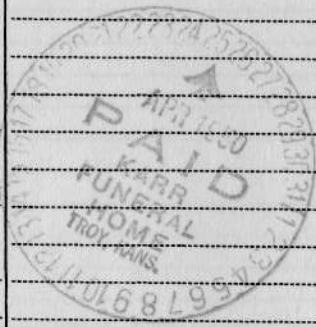
REMARKS:

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

Funeral of Sandlin, John Charge to _____ Account No. 212
 Ordered by _____ Guaranteed by _____ Serial No. 15
 Funeral at _____ Residence _____ Mortuary _____ Church Date 4/26/50 Hour 2:00 Annual No. _____
 Clergyman Carter Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	225 00	4/25/50		283 70
	Embalming				
	Outer Case or Vault <u>Sectional</u>	25 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	30 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sales Tax</u>	3 70			
To Funeral Complete		283 70			283 70



NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOOR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

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

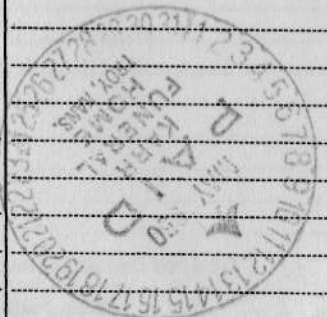
REMARKS:

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

Funeral of Armstrong, Roger Dean Charge to _____ Account No. 213
 Ordered by _____ Guaranteed by _____ Serial No. 16
 Funeral at _____ Residence _____ Mortuary Cemetery Church _____ Date 4/25/50 Hour 3:30 Annual No. _____
 Clergyman _____ Lodge Affiliations Chetopa Cr. 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.....	30 00	5/12/50		30 36
	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>	<u>36</u>			
To Funeral Complete		30 36			30 36



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 St. Joe Mo.Date of Death 4/23/50Cause of Death Stillbirth Contributory _____

Duration _____ Autopsy _____

Sex M Color or Race WSingle Married _____ Widowed _____ Divorced _____ Child _____Date of Birth 4/23/50 Age, Years 0 Months 0 Days 0

Occupation _____

How Long at Place of Death _____

Birthplace—City or County _____ State or Country _____

Name of Father Charles Armstrong

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed Redman M.D. _____ Coroner _____

Address _____ Date _____

Interment at Chetopa Ks.

Lot or Grave No. _____ Section No. _____

Shipped to _____

Arrived from _____

Via _____ R. R. Date _____

In Charge of _____

Source of Call _____

Insured in _____ Amount _____

Beneficiary _____

REMARKS:

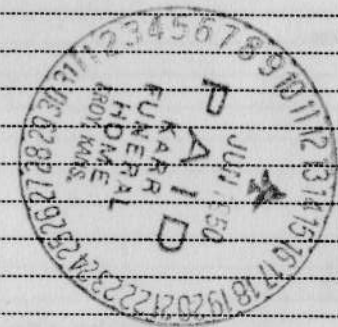
* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Filed

Funeral of Folsche, Lizzie Charge to Fred Account No. 214
 Ordered by _____ Guaranteed by _____ Serial No. 17
 Funeral at _____ Residence _____ Mortuary _____ Church Date 5-2-50 Hour 2:30 Annual No. _____
 Clergyman Barthel - Kirchner 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.....	456 00	6/14/50		588 97
	Embalming.....				
	Outer Case or Vault <u>Wilbert</u>	125 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>	7 97			
	To Funeral Complete	588 97			588 97



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 _____

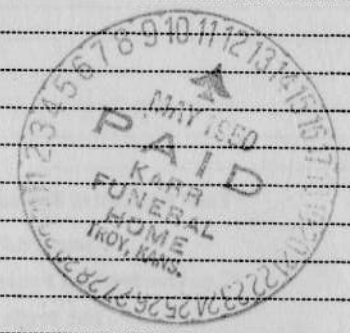
REMARKS:

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

Funeral of Morgan, Eva D. Charge to Wm Morgan Sr. Account No. 215
 Ordered by _____ Guaranteed by _____ Serial No. 18
 Funeral at _____ Residence _____ Mortuary _____ Church Date 5/3/50 Hour 2:00 P.M. Annual No. _____
 Clergyman Kirchner 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	456 00	5/5/50		113 56
	Embalming		5/6/50		22 50
	Outer Case or Vault <u>Waldert</u>	125 00	5/8/50		
	Washing and Dressing				351 04
	Shaving		5/10/50		149 71
	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>Sales Tax</u>	8 81			
To Funeral Complete		631 81			631 81



NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOOR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

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

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

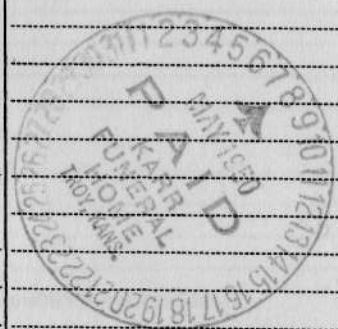
Funeral of Pollard, Martha C. Charge to..... Account No. 216
 Ordered by..... Guaranteed by..... Serial No. 19
 Funeral at..... Residence..... Mortuary..... Church..... Date 5/8/50 Hour 2:00 P.M. Annual No.....
 Clergyman Boyles Lodge Affiliations..... Body Shipped to or from.....

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.....	466 00	5/8/50		500 15
	Embalming.....				
	Outer Case or Vault <u>Sectional</u>	28 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>	6 15			
	To Funeral Complete	500 15			500 15



NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOOR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

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 Meers, Mary L. Charge to Geo. W. Meers Account No. 218
 Ordered by _____ Guaranteed by _____ Serial No. 21
 Funeral at _____ Residence _____ Mortuary _____ Church Date 5/29/50 Hour 2:30 Annual No. _____
 Clergyman Kirchner 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.....	456 00	6/10/50		526 75
	Embalming.....				
	Outer Case or Vault <u>Concrete Box</u>	28 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	24 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	12 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	6 75			
	To Funeral Complete	526 75			526 75



NAME OF DECEASED _____ RESIDENCE _____

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

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
Casket No. _____ 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 Troy

Date of Death 5/28/50

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex F. Color or Race W

Single _____ Married Widowed _____ Divorced _____ Child _____

Date of Birth Sept 23, 1878 Age, Years 71 Months 6 Days 5

Occupation _____

How Long at Place of Death Life

Birthplace—City or County Troy State or Country _____

Name of Father John Ethernan

Birthplace of Father _____

Maiden Name of Mother Ellen Edwards

Birthplace of Mother _____

Signed Sardonier M.D. _____ Coroner

Address _____ Date 5/28

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 _____

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

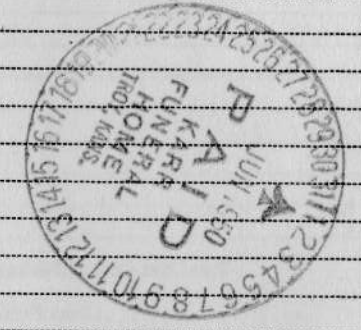
Funeral of McClelland Ches Charge to Marie Euler Account No. 219
 Ordered by _____ Guaranteed by _____ Serial No. 22
 Funeral at _____ Residence _____ Mortuary Church _____ Date 5/30/50 Hour 2:30 P.M. Annual No. _____
 Clergyman C. V. Hall Lodge Affiliations _____ Body Shipped to or from _____

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	6/1/50		400 99
	Embalming.....	15 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.....	15 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	4 99			
	To Funeral Complete	400 99			400 99



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</u>
Casket No. _____ Style _____			Date of Death <u>5/28/50</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>M</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>1-6-1858</u> Age, Years <u>92</u> Months <u>4</u> Days <u>22</u>
Embalming _____			Occupation <u>Ret. Farmer</u>
Clothing _____			How Long at Place of Death <u>life</u>
_____			Birthplace—City or County <u>Troy</u> State or Country _____
_____			Name of Father _____
_____			Birthplace of Father _____
_____			Maiden Name of Mother _____
Total Cash Advances _____		Birthplace of Mother _____	
_____		Signed <u>Cordenier</u> M.D. _____ Coroner _____	
_____		Address _____ Date <u>5/29/50</u>	
_____		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 Banks, Ida J. Charge to Est. Account No. 220
 Ordered by _____ Guaranteed by _____ Serial No. 23
 Funeral at _____ Residence _____ Mortuary _____ Church Date 6/3/50 Hour 2:00 Annual No. _____
 Clergyman Twombly Lodge Affiliations _____ Body Shipped to or from _____

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

Singers _____
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	366 00	By Ch 6/7/50		464 07
	Embalming.....				
	Outer Case or Vault <u>500. Box</u>	28 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	22 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	20 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....	12 68			
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....	10 00			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	5 39			
To Funeral Complete		464 07			464 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 <u>Highland Ks.</u>
Casket No. _____ Style _____			Date of Death <u>6/1/50</u>
Interior _____ Covering _____			Cause of Death <u>Coronary Occlusion</u> Contributory
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>Feb 9, 1879</u> Age, Years <u>79</u> Months <u>3</u> Days <u>22</u>
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>3 yrs</u>
			Birthplace—City or County <u>Atchison</u> State or Country _____
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>Bradford</u> M.D. _____ Coroner
			Address <u>Highland</u> Date _____
			Interment at <u>Metairie</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral			Source of Call _____
Gross Profit on Funeral			Insured in _____ Amount _____
*Less Overhead Per Funeral			Beneficiary _____
Net Profit Apparent			

REMARKS:

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

NAME OF DECEASED _____

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 St. JosephDate of Death 6/14/50Cause of Death Car wreck Contributory _____

Duration _____ Autopsy _____

Sex F Color or Race WSingle Married _____ Widowed _____ Divorced _____ Child _____Date of Birth Dec 15 Age, Years 20 Months _____ Days _____

Occupation _____

How Long at Place of Death _____

Birthplace—City or County Troy State or Country _____Name of Father Charles Koehler

Birthplace of Father _____

Maiden Name of Mother Carrie Cayton

Birthplace of Mother _____

Signed Munday 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 Fuller, Clifford O. Charge to..... Account No. 222
 Ordered by..... Guaranteed by..... Serial No. 25
 Funeral at..... Residence..... Mortuary..... Church Date 6/17/50 Hour 2:00 Annual No.....
 Clergyman Zeidler Lodge Affiliations..... Body Shipped to or from.....

Zeidler

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.....	536 00	6/17/50		595 23
	Embalming.....				
	Outer Case or Vault <u>Concrete Box</u>	28 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	12 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	12 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	7 23			
To Funeral Complete		595 23			595 23



Field

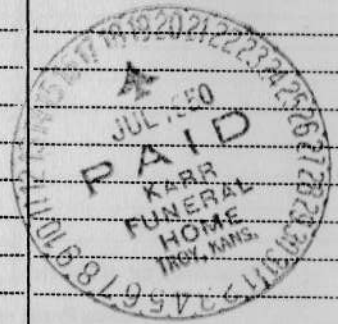
Funeral of Howland, Joseph Charge to Mary Account No. 223
 Ordered by _____ Guaranteed by _____ Serial No. 26
 Funeral at _____ Residence _____ Mortuary Church _____ Date 7/5/50 Hour 2:00 Annual No. _____
 Clergyman Twombly Lodge Affiliations _____ Body Shipped to or from _____

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	456 00	7/18/50		604 27
	Embalming				
	Outer Case or Vault <u>Wilbert</u>	125 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>State Tax</u>	8 27			
	To Funeral Complete	604 27			604 27



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:

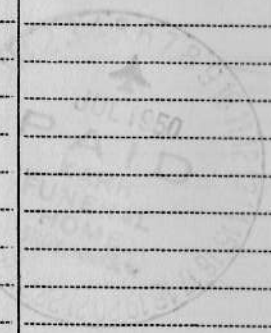
* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.

Filed

Funeral of Bullock, Joseph Charge to _____ Account No. 224
 Ordered by _____ Guaranteed by _____ Serial No. 27
 Funeral at _____ Residence _____ Mortuary Church _____ Date 7/5/50 Hour 4:00 P.M. Annual No. _____
 Clergyman Bullock 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	7/6/50		544 54
	Embalming				
	Outer Case or Vault <u>Wilbert</u>	125 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	12 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sales Tax</u>	7 54			
To Funeral Complete		544 54			544 54



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 _____		_____
Net Profit Apparent _____		Source of Call _____

REMARKS:

Insured in _____ Amount _____
Beneficiary _____

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

Filed

Funeral of Stewart, Infant Charge to Harold Stewart Account No. 225
 Ordered by..... Guaranteed by..... Serial No. 28
 Funeral at..... Residence..... Mortuary..... Church..... Date 7/27/50 Hour 11:00 A.M. Annual No.....
 Clergyman..... Lodge Affiliations..... Body Shipped to or from.....

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

 Singers

 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	<u>30 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>Sales Tax</u>	<u>36</u>			
	To Funeral Complete	<u>30 36</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			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 _____			_____
Net Profit Apparent _____			Source of Call _____

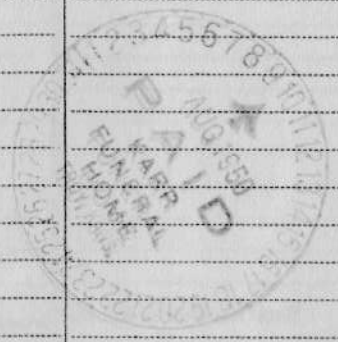
REMARKS:			Insured in _____ Amount _____
			Beneficiary _____

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

Funeral of O'Keefe, Wm S Charge to Edm Mothershead Account No. 226
 Ordered by..... Guaranteed by..... Serial No. 29
 Funeral at..... Residence..... Mortuary Church..... Date 8/3/50 Hour 2:00 P.M. Annual No.....
 Clergyman Kirchner Lodge Affiliations..... Body Shipped to or from.....

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	400 00	8/10/50	By Ch	542 50
	Embalming.....				
	Outer Case or Vault..... <u>Wilbert</u>	125 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>Sales Tax</u>	7 50			
To Funeral Complete		542 50			542 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 _____

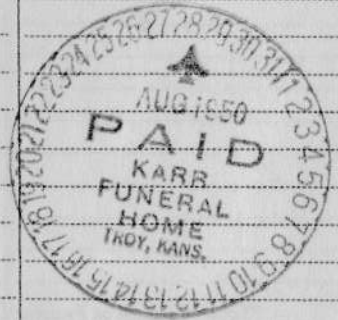
Insured in _____ Amount _____
Beneficiary _____

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 Gibson, Everett L. Charge to Eugene Gibson Account No. 227
 Ordered by _____ Guaranteed by _____ Serial No. 30
 Funeral at _____ Residence _____ Mortuary _____ Church Date 8-11-50 Hour 2:00 P.M. Annual No. _____
 Clergyman Goddard Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....		<u>8/28/50</u> <u>By ch</u>		<u>50 00</u>
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault.....				
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress.....				
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
Singers	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	<u>50 00</u>			
Insurance Policies				
				
				
	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 _____		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 _____
<i>Ship In from</i> <i>Lopez</i>		Birthplace—City or County _____ State or Country _____
Total Cash Advances _____		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 _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		_____
*Less Overhead Per Funeral _____		Source of Call _____
Net Profit Apparent _____		_____

REMARKS:

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

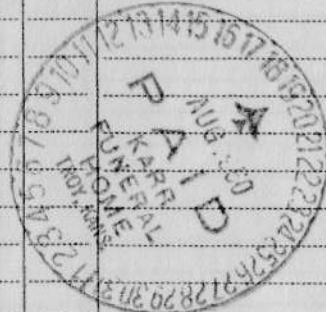
Funeral of Monroe, Lulu H. Charge to..... Account No. 228
 Ordered by..... Guaranteed by..... Serial No. 31
 Funeral at..... Residence..... Mortuary..... Church Date 8/17/50 Hour 2:00 Annual No.....
 Clergyman Barthell Lodge Affiliations..... Body Shipped to or from.....

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	By	V	Credits
<u>8/22/50</u>	Casket and Services.....	<u>896 00</u>	<u>8/19/50</u>	<u>By Ch. Angie Scholz</u>		<u>1000 10</u>
	Embalming.....					
	Outer Case or Vault <u>Wilbert</u>	<u>125 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.....					
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of..... Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
		<u>1285</u> <u>Sales Tax</u>				
		<u>13 25</u>				
To Funeral Complete		<u>1000 10</u>	<u>1034 25</u>			<u>1000 10</u>



NAME OF DECEASED _____ RESIDENCE _____

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

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
Casket No. 196-M Style Meany Wheat

Interior _____ Covering _____

Manufacturer _____

Total Net Cost of Casket _____

Outer Case _____

Vault _____

Embalming _____

Clothing _____

Total Cash Advances _____

DEBITS
0.92 55

Total Net Cost of Funeral _____

Gross Profit on Funeral _____

*Less Overhead Per Funeral _____

Net Profit Apparent _____

Place of Death Denton Ks.

Date of Death 8-14-50

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex F Color or Race W

Single _____ Married _____ Widowed Divorced _____ Child _____

Date of Birth Apr. 14, 1879 Age, Years 71 Months 3 Days 16

Occupation _____

How Long at Place of Death 11 yrs.

Birthplace—City or County Osburn Co. State or Country Ks.

Name of Father Peter Hunsaker

Birthplace of Father _____

Maiden Name of Mother Christine Bennett

Birthplace of Mother _____

Signed Musgrave M.D. _____ Coroner _____

Address Denton 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 Ruddy, James J. Charge to Nellie Ruddy Account No. 229
 Ordered by..... Guaranteed by..... Serial No. 32
 Funeral at..... Residence..... Mortuary..... Church Date 9/11/50 Hour 10:00 A.M. Annual No.....
 Clergyman Salmon Lodge Affiliations..... Body Shipped to or from.....

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	6 94 00	9/29/50		249 97
	Embalming.....				150 00
	Outer Case or Vault <u>Concrete Box</u>	25 00	3/19/51		120 07
	Washing and Dressing.....		4-19-51		100 00
	Shaving.....		6/28/52		129 07
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing <u>shirt</u>	2 95			
	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>	7 09			
To Funeral Complete		729 04			

729 04
 599 97

 129 07
paid in full

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. *Todd* Style *Metal 1/2 Couch*

Interior _____ Covering _____

Manufacturer *Rx* _____

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*

Date of Death *9/7/50*

Cause of Death _____ Contributory _____

Duration _____ Autopsy _____

Sex *M* Color or Race *W*

Single _____ Married Widowed _____ Divorced _____ Child _____

Date of Birth *May 12, 1888* Age, Years *62* Months *3* Days *25*

Occupation *Farmer*

How Long at Place of Death *1. F.*

Birthplace—City or County *Sparks* State or Country *Ks.*

Name of Father _____

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed *Bradford* 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.

Filed

Funeral of DeMoney, Myrtle B. Charge to..... Account No. 230
 Ordered by..... Guaranteed by..... Serial No. 33
 Funeral at..... Residence..... Mortuary..... Church Date 10-8-50 Hour 2:00 Annual No.....
 Clergyman Zaidler Lodge Affiliations..... Body Shipped to or from.....

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

609
 100
 449
 Singers

Insurance Policies

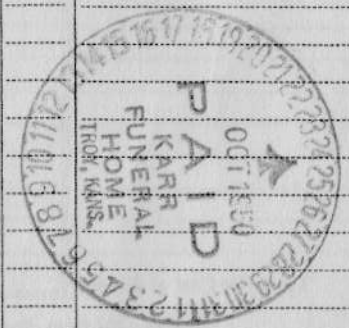
Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	456.00	10/9/50	Reg. Ch	15.00
	Embalming.....	1	11-5-50	Cash	20.00
	Outer Case or Vault <u>Wilbert</u>	130.00	1-27-50	" "	25.00
	Washing and Dressing.....		1-2-51	" "	10.00
	Shaving.....		1-10-51	" "	10.00
	Slumber Robe.....		1-30-51	" "	10.00
	Suit or Dress.....		2-10-51	" "	10.00
	Other Articles of Clothing.....		2-23-51	" "	10.00
	Transferring Body.....		3/21-51	" "	10.00
	Door Badge.....		4/12/51	" "	10.00
	Opening Grave.....		5/1-51	" "	10.00
	Newspaper Notices.....		5/7/51	" "	10.00
	Telegrams and Telephone Calls.....		6/21-51	" "	16.00
	Use of..... doz. Chairs.....		10/29/51	" "	10.00
	Flowers.....	15.00	2/12/52	" "	10.00
	Clergyman.....		2/21/52	" "	10.00
	Singers.....		2/1/52	" "	10.00
	Casket Coach.....				
	Use of..... Funeral Cars.....		2/31	" "	200.00
	Use of Flower Cars.....				
	Professional Supervision.....				
	Sales Tax.....	8.37			
To Funeral Complete		609.37			

609.37
 170.00
 439.37

Funeral of Collins, Richard Charge to..... Account No. 231
 Ordered by..... Guaranteed by..... Serial No. 34
 Funeral at..... Residence..... Mortuary Church..... Date 10-12-50 Hour 2:30 Annual No.....
 Clergyman Mrs. Ruth 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	10/12/50		130 00
	Embalming.....		10/24/50		417 60
	Outer Case or Vault <u>Wilbert</u>	130 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>Sales Tax</u>	7 60			
To Funeral Complete		547 60			547 60



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 Troy Kanr.

Date of Death 10-10-50

Cause of Death Coronary Contributory _____

Duration _____ Autopsy _____

Sex M. Color or Race W

Single _____ Married Widowed _____ Divorced _____ Child _____

Date of Birth Jan 20, Age, Years 66 Months _____ Days _____

Occupation Laborer.

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 Blair 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 Thomas, Joseph W. Charge to John Account No. 232
 Ordered by _____ Guaranteed by _____ Serial No. 35
 Funeral at _____ Residence _____ Mortuary Church _____ Date 10/29/50 Hour 2:00 Annual No. _____
 Clergyman Twombly Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	95 75	11-14-50	By ck	122 30
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	15 40			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	10 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Sales Tax	1 15			
	To Funeral Complete	122 30			122 30



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 FanningDate of Death 10/27/50Cause of Death Coronary

Contributory _____

Duration _____

Autopsy _____

Sex MColor or Race WSingle

Married _____

Widowed _____

Divorced _____

Child _____

Date of Birth 4/28Age, Years 65

Months _____

Days _____

Occupation FarmerHow Long at Place of Death Life

Birthplace—City or County _____

State or Country _____

Name of Father Ben F.Birthplace of Father IllMaiden Name of Mother Nancy

Birthplace of Mother _____

Signed Corder

M.D. _____

Coroner _____

Address Highland

Date _____

Interment at Mt. Olive

Lot or Grave No. _____

Section No. _____

Shipped to _____

Arrived from _____

Via _____

R. R. _____

Date _____

In Charge of _____

Source of Call _____

Insured in _____

Amount _____

Beneficiary _____

REMARKS:

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

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 Troy Kans.

Date of Death 11/10/50

Cause of Death Coronary

Contributory _____

Duration _____

Autopsy _____

Sex m

Color or Race w

Single _____

Married _____

Widowed ✓

Divorced _____

Child _____

Date of Birth 12/20/1865

Age, Years 84

Months 10

Days 20

Occupation _____

How Long at Place of Death _____

Birthplace—City or County Oregon

State or Country Mo

Name of Father _____

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed E. L. Kan

M.D. _____

Coroner _____

Address _____

Date _____

Interment at Severance

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 Dhone, F. Le Roy Charge to..... Account No. 234
 Ordered by..... Guaranteed by..... Serial No. 37
 Funeral at..... Residence..... Mortuary Church..... Date 11/14/50 Hour 2:00 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.....	265 00	11/14/50		58 00
	Embalming.....		11/14/50		38 00
	Outer Case or Vault..... <u>Berg</u>	125 00	11/14/50		150 00
	Washing and Dressing.....		3/21/56		55 99
	Shaving.....		12/1 50		55 99
	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>	<u>5 98</u>			
	To Funeral Complete	<u>410 98</u>			

6 mts

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 _____

DEBITS

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

Place of Death 7 mi NE Troy
Date of Death 11/11/50
Cause of Death Cerebral Contributory _____
Duration _____ Autopsy _____
Sex m Color or Race W
Single _____ Married Widowed _____ Divorced _____ Child _____
Date of Birth 12/21/1889 Age, Years 61 Months 10 Days 10
Occupation Farmer
How Long at Place of Death 18 yrs.
Birthplace—City or County _____ State or Country Iowa
Name of Father Ozro Phone
Birthplace of Father _____
Maiden Name of Mother Rosie Thomas
Birthplace of Mother _____
Signed _____ M.D. E.L. Karr Coroner
Address _____ Date _____
Interment at Mt. Olive
Lot or Grave No. _____ Section No. _____
Shipped to _____
Arrived from _____
Via _____ R. R. Date _____
In Charge of _____

Source of Call _____
Insured in _____ Amount _____
Beneficiary _____

REMARKS:

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