

HARMAN FUNERAL HOME  
1951 TO 1953

Surname	given name	record no.	Surname	given name	record no.
ANDRUS	HENRY N	350	HAMM	MINERVA MAUDE	345
AYERS	MARTHA E	284	HANCOCK	ANDRUS D	280
BABB	WILLIAM	327	HANLAN	CHARLES F	349
BANGERT	GEORGE W	304	HAZLETT	JESSIE M	335
BELL	JOHN R	309	HESS	MARY MARGARET	329
BEMBRICK	NORA	314	HOPKINS	GEORGE H	291
BLAKE	FRANK N SR	307	HUSS	JAMES ADAM	323
BROWN	PAUL H	342	JESCHKE	OTTO	300
BROWNING	LYMAN W	306	JOYCE	JOHN J	273
BROWNLEE	ORA	326	KECK	LOWELL H R	352
CANTER	ROBERT A	279	KING	MARY ETHEL	357
CATON	CHRIS B	288	KLEY	CHARLES	278
CHANEY	BEN F	312	LANDIS	DAVID W	353
CHAPPLE	AMERICA	295	LARZELERE	R G	297
CHAPPLE	SARAH BELLE	330	LIDDINGTON	CAY	355
CHITWOOD	THOMAS	338	LYNESS	CHARLES e	290
CHRISTENSON	NELS	271	MACKAY	CHARLES	339
CLARY	ISAAC S	336	MACKAY	RICHARD H	277
CLEMENTS	J F	265	MACOMBER	HARRY L	337
CORCORAN	CLARA A	283	MEEKS	FRANK	285
COUFAL	JOHN	298	MILLER	GRACE	315
CROSS	MARY	333	MILLER	WOODROW L	270
CULP	TILLMAN	301	MONROE	JOHANNA MAGGIE	348
CULP	WILLIAM F	292	MONROE	PHEBE EMILY	346
DANA	EDNA	347	NEAL	JAMES S	334
DAVIS	DONALD L	308	PICKERELL	CHARLES	281
DELANEY	ROSE M	274	REDMUND	PEARL	296
DEVEREUX	MARGARET	272	REEDER	ISABEL S	317
DISHON	GRANT N JR	294	RHUE	VERA	340
DUNCAN	ELIZABETH ANN	332	ROBB	PALMER S	282
ETHERTON	LOTTIE	354	ROBERTS	JOHN W	318
FOSTER	CPL ROBERT B	275	RUHNKE	AUGUST C	264
GODDIN	HARRY L	268	RUHNKE	MINNIE A	311
GOSS	JAMES M	344	RUHNKE	PAUL E	276
GUTHRIE	EMMA N	351			
GUY	EDWIN E	266			

## HARMAN FUNERAL HOME

1951 TO 1953

Surname	given name	record no.
SAMPSON	LUCY C	267
SCHULKE	MINNIE	313
SHUNK	MARY E	286
SHUPE	JAMES	356
SIMPSON	SARAH E	269
SPEAKS	JAMES	299
STEANSON	O L	319
STOERER	JACOB A	310
STRICKER	WARREN W	341
TAYLOR	CLIFF C	303
THOMAS	NANCY A	289
THOMPSON	BIDDIE	343
TIBBETTS	C B	324
TRANT	GERTIE	328
TRAT	ELLIS	302
TRIPLETT	ETTA M	331
WERNER	JENNETTE	287
WHETSTINE	BYRON K	322
WHITTAKER	CHARLES E	293
WINDER	GENEVEIVE	320
YEIGH	VICTOR E	305
YOUNGLOVE	FRANK L	325
ZIMMERMAN	E JANNETTA	316
ZIMMERMAN	LYDIA	321

Funeral of R. UHNKE AUG. C. Charge to ..... Account No. 2601  
 Ordered by ..... Guaranteed by ..... Serial No. 1  
 Funeral at ..... Residence ..... Mortuary ..... Church ✓ Date 6/19/51 Hour 2 Annual No. 1  
 Clergyman REV. PROENER 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.....	518 00			
	Embalming.....	34 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge..... <i>Sales Tax</i>	6 69			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of ..... doz. Chairs.....				
	Flowers.....	15 30			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of ..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	.....				
	To Funeral Complete	573 99			573 99

*Felap*

*P/c*

*11-21-51*

NAME OF DECEASED August C. Rubenke Jr RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH ✓ DATE 4/19/51 HOUR 2 CLERGYMAN Rev Proemer  
 SINGERS Church Choir LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Troy Kans. Rural</u>
Casket No. _____ Style <u>State of Canada</u>			Date of Death <u>6-16-51</u>
Interior <u>Preparation</u> Covering <u>Cedar</u> <u>Calaf</u>			Cause of Death <u>Coronary occlusion</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS		Duration _____ Autopsy <u>no</u>
Total Net Cost of Casket			Sex <u>Male</u> Color or Race <u>White</u>
Outer Case <u>Velvet</u> <u>Sectional Box</u>			Single _____ Married <u>✓</u> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>Feb 18-1895</u> Age, Years <u>56</u> Months _____ Days _____
Embalming _____			Occupation <u>Farmer - semi retired</u>
Clothing _____			How Long at Place of Death <u>Life time in Community</u>
			Birthplace—City or County <u>Doniphan</u> State or Country <u>Kans</u>
			Name of Father <u>August Rubenke</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother _____
			Birthplace of Mother _____
			Signed _____ M.D. <u>Fred Warner</u> Coroner
			Address _____ Date _____
			Interment at <u>Christ's Lutheran Cemetery</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.

Funeral of CLEMENTS Z F Charge to Doriphen Co Account No. 245  
Ordered by..... Guaranteed by..... Serial No. 2  
Funeral at..... Residence..... Mortuary  Church..... Date July 3 Hour 2 Pm Annual No. 2  
Clergyman Rev. Geidler Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....				
	Embalming.....				
	Outer Case or Vault <u>Concord Bldg</u>	<u>22</u>			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	<u>30</u>			
	Newspaper Notices.....				
	Telegram and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
Singers	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	<u>100</u>			<u>100</u>

NAME OF DECEASED *Clements - John F.*

RESIDENCE *414 2 Alchison*

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE HOUR CLERGYMAN

SINGERS *Mrs Dickerson*

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<i>St Joseph Mo. St. M. Hosp</i>
Casket No. <i>100</i> Style <i>Kingd Cap</i>			Date of Death	<i>July 1 1951</i>
Interior <i>art silk</i> Covering <i>soot</i>			Cause of Death	<i>Backgam</i> Contributory <i>covered toe</i>
Manufacturer <i>Miller</i>	DEBITS		Duration	Autopsy <i>no</i>
Total Net Cost of Casket			Sex	<i>male</i> Color or Race <i>white</i>
Outer Case			Single	Married Widowed <input checked="" type="checkbox"/> Divorced Child
Vault			Date of Birth	<i>Sept 24 - 1881</i> Age, Years <i>69</i> Months <i>9</i> Days <i>7</i>
Embalming			Occupation	<i>Retired mill worker</i>
Clothing			How Long at Place of Death	<i>3 days</i>
			Birthplace - City or County	<i>Independence</i> State or Country <i>Indiana</i>
			Name of Father	
			Birthplace of Father	
			Maiden Name of Mother	
			Birthplace of Mother	
Total Cash Advances			Signed	<i>Dr. John Ferguson</i> M.D. Coroner
			Address	<i>St Joseph</i> Date
			Interment at	<i>St. Herman Alchison</i>
			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	<i>Chas Clements 1706 N. 3rd, St Joe Son</i>
Net Profit Apparent			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 Edwin E. Guy RESIDENCE Tray Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Christian DATE July 20 HOUR 2:30 CLERGYMAN Twombly & Kusehn  
 SINGERS From Letter Heights Church LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Massachusetts Methodist Hospital</u>
Casket No. <u>3306</u> Style <u>King of Paul</u>		Date of Death <u>July 18 - 1951</u>
Interior <u>gray satin</u> Covering <u>100 cloth</u>		Cause of Death <u>Pneumonia</u> Contributory <u>Rept. appended</u>
Manufacturer <u>Miller</u>	DEBITS	Duration <u>2 days</u> Autopsy <u>no</u>
Total Net Cost of Casket _____		Sex <u>male</u> Color or Race <u>white</u>
Outer Case _____		Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault _____		Date of Birth <u>July 21 1829</u> Age, Years <u>22</u> Months _____ Days _____
Embalming _____		Occupation <u>Laborer</u>
Clothing _____		How Long at Place of Death <u>2 days</u>
_____		Birthplace—City or County <u>Warps</u> State or Country <u>Kansas</u>
_____		Name of Father <u>Safford Guy</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Ruby Gump</u>
_____		Birthplace of Mother _____
_____		Signed <u>Paul Forgrave</u> M.D. _____ Coroner _____
_____		Address <u>St. Joseph Mo</u> Date _____
_____		Interment at <u>Grave alive</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 Mrs Lucy C. Sampson Charge to Estate Account No. 267  
 Ordered by Mrs. Hapkeny + Mrs. Schubner Guaranteed by None Serial No. 4  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church K Date 8-5-51 Hour 2:30 Annual No. \_\_\_\_\_  
 Clergyman Rev. Kuschner Lodge Affiliations None Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	399 00			
	Embalming.....				
	Outer Case or Vault <u>Wilbert Vault</u>	140 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	22 00			
	Other Articles of Clothing <u>Press</u>	4 72			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	15 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....	5 00			
	Singers.....	5 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Salestay</u>	8 02			
	Insurance Policies.....				
To Funeral Complete		\$ 598 74			598 74

*mailed  
8-27-51*

NAME OF DECEASED Lucy C. Simpson RESIDENCE Tracy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH  DATE 8-5-51 HOUR 2:30 CLERGYMAN Kirschner  
 SINGERS Church Choir LODGE AFFILIATIONS none

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>8-3-51</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration <u>4 days</u> Autopsy <u>no</u>
Total Net Cost of Casket _____			Sex <u>female</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>Sept 16-1868</u> Age, Years <u>82</u> Months _____ Days _____
Embalming _____			Occupation <u>housewife</u>
Clothing _____			How Long at Place of Death <u>13 mo</u>
_____			Birthplace—City or County <u>Josephine</u> State or Country <u>Kansas</u>
_____			Name of Father <u>A. D. Weaver</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Mary E Taylor</u>
_____			Birthplace of Mother _____
_____			Signed <u>C. Rezendy</u> M.D. _____ Coroner _____
_____			Address <u>St Joseph</u> Date _____
_____			Interment at <u>St. Alvin</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of <u>Sister Mrs Hamilton 402 so. 12 St Joe</u>
Gross Profit on Funeral _____			<u>Mrs Mrs Etha Hackney, St. Francis (city)</u>
*Less Overhead Per Funeral _____			Source of <u>Care Virginia Gardner</u>
Net Profit Apparent _____			<u>Spauld Road, Crest Center, Mo.</u>
REMARKS:			Insured in <u>Crest Center</u> 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 Harry L. Laddie RESIDENCE Tray Kansas  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 8-16-51 HOUR 12:30 CLERGYMAN Rev. Resler  
 SINGERS None LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Missouri Methodist Hospital</u>
Casket No. _____ Style _____			Date of Death <u>Aug 14 - 1951</u>
Interior _____ Covering _____			Cause of Death <u>Cerebral Hemorrhage</u>
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>no</u>
Total Net Cost of Casket _____			Sex <u>male</u> Color or Race <u>white</u>
Outer Case _____			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>June 2 - 1870</u> Age, Years <u>82</u> Months _____ Days _____
Embalming _____			Occupation <u>Retired Carpenter</u>
Clothing _____			How Long at Place of Death <u>2 weeks in m.m.</u>
_____			Birthplace—City or County <u>Tray</u> State or Country <u>Kansas</u>
_____			Name of Father _____
_____			Birthplace of Father _____
_____			Maiden Name of Mother _____
Total Cash Advances _____		Birthplace of Mother _____	
_____		Signed <u>A. J. Forgan</u> M.D. _____ Coroner	
_____		Address <u>St. Joseph</u> Date _____	
_____		Interment at <u>St. Joseph</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 Harold C. Simpson Charge to..... Account No. 261  
 Ordered by Children Guaranteed by..... Serial No. 6  
 Funeral at..... Residence..... Mortuary  Church..... Date 9-5-51 Hour 2:30 P.M. Annual No.....  
 Clergyman Rev. Campbell Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	258 00			
Place of Burial					
Cemetery	Embalming.....		9-5-51		182 48
Grave No.	Outer Case or Vault. <u>Concrete Box</u>	38 00	9-29-51		39 16
Lot No.	Washing and Dressing.....				
Block No.	Shaving.....		1-7-52		5 00
Section	Slumber Robe.....		1-25-52		13 06
Pall Bearers	Suit or Dress <u>Sale tax</u>	4 00			
	Other Articles of Clothing.....		2-1-52 Ches. Supper		13 00
	Transferring Body.....		2-6-52 Chet. "		20 00
	Door Badge.....				
	Opening Grave.....		2-7-52 Maria		8 13
	Newspaper Notices.....		8-6-52 (1/2 Chesterport) 24 Maria		19 12
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
Singers	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
Insurance Policies					
To Funeral Complete		300 00			300 00

*Paid in full*

NAME OF DECEASED Sarah E. Simpson RESIDENCE Tray Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE 9-5-51 HOUR 2:30 CLERGYMAN Rev. Campbell  
 SINGERS Mrs Dellenbach, Mrs Norman Davis 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>9-2-51</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS	Duration _____ Autopsy <u>no</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race _____
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Aug 14-1867</u> Age, Years <u>84</u> Months <u>0</u> Days <u>19</u>
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>4 Months</u>
		Birthplace—City or County <u>Lewiston Mo.</u> State or Country <u>Indiana</u>
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>R. M. Kirker</u> M.D. _____ Coroner
		Address <u>St Joseph</u> Date _____
		Interment at <u>Berthing 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 _____		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 Woodward L. Miller Charge to Children Account No. 270  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 7  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary Christian Church ✓ Date 10-17-51 Hour 2 P.m. Annual No. \_\_\_\_\_  
 Clergyman Krischner Lodge Affiliations None 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.....	325 00			
	Embalming.....		10-19-51		80 00
	Outer Case or Vault..... <u>Sectional</u>	35 00			
	Washing and Dressing.....		10-22-51		
	Shaving.....				142 44
	Slumber Robe.....				
	Suit or Dress.....	22 50	10-14-51		88 00
	Other Articles of Clothing <u>Ties &amp; Underwear</u>	2 02			
	Transferring Body.....		1-25-52		79 13
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach..... <u>Salem Twp</u>	5 00			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	To Funeral Complete	389 57			389 57

NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT RESIDENCE MORTUARY CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

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

	DEBITS
Charge for Complete Funeral	
Casket No. _____ Style _____	
Interior _____ Covering _____	
Manufacturer _____	
Total Net Cost of Casket	
Outer Case _____	
Vault _____	
Embalming _____	
Clothing	
<i>Octagon 2 caskets</i>	
<i>Substituted</i>	
<i># 450 Silver Lining Cover</i>	
<i>301 Ivory mahogany</i>	
Total Cash Advances <i>Spears and Band</i>	
<i>342.15</i>	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death *1 mile south of Bendena*

Date of Death *10-14-51*

Cause of Death *Heart Disease* Contributory

Duration \_\_\_\_\_ Autopsy \_\_\_\_\_

Sex *M* Color or Race *W*

Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_

Date of Birth *4-26-1879* Age, Years *72* Months *5* Days *18*

Occupation *Farmer*

How Long at Place of Death *3 wks*

Birthplace—City or County \_\_\_\_\_ State or Country *West Virginia*

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

Signed *Clutz* M.D. \_\_\_\_\_ Coroner \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Interment at *Moray Cemetery*

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_ R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

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 Neils C. Christensen Charge to Andy Christensen Account No. 278  
 Ordered by Same Guaranteed by \_\_\_\_\_ Serial No. 8  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 11-2-51 Hour 2:00pm Annual No. \_\_\_\_\_  
 Clergyman Rev. Kuschner Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	270 00			
	Embalming - <u>Reising-KCKs</u>	45 00			
	Outer Case or Vault <u>wood box</u>	19 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>suit</u>	30 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	10 00			
	Clergyman.....				
	Singers.....				
	Casket Coach <u>Sales Tax</u>	4 42			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	378 42			378 42

*paid in cash  
11-1-51*

NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral _____	
Casket No. 250 P Style Oak H.P. Perfectum _____	
Interior <i>cray satin</i> Covering <i>Red</i> _____	
Manufacturer <i>Miller</i> _____	
Total Net Cost of Casket _____	
Outer Case _____	
Vault _____	
Embalming _____	
Clothing _____	
_____ _____ _____ _____ _____ _____	
Total Cash Advances _____	
_____ _____ _____ _____ _____ _____	
Total Net Cost of Funeral _____	
Gross Profit on Funeral _____	
*Less Overhead Per Funeral _____	
Net Profit Apparent _____	

PERSONAL AND STATISTICAL
Place of Death <i>1045 Cornwell, H.C. Kan</i>
Date of Death <i>10-31-51</i>
Cause of Death <i>Central Venous thrombosis</i> contributory
Duration _____ Autopsy _____
Sex <i>male</i> Color or Race <i>W</i>
Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Date of Birth <i>Jan 27-1865</i> Age, Years <i>86</i> Months _____ Days _____
Occupation <i>Retired farmer</i>
How Long at Place of Death <i>2 1/2 yrs</i>
Birthplace—City or County _____ State or Country <i>Kansas</i>
Name of Father _____
Birthplace of Father _____
Maiden Name of Mother _____
Birthplace of Mother _____
Signed _____ M.D. _____ Coroner _____
Address _____ Date _____
Interment at <i>St. Oliver</i>
Lot or Grave No. _____ Section No. _____
Shipped to _____
Arrived from <i>Kansas City, Kan., Riding military</i>
Via <i>plane</i> 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 Margaret Henry Charge to A. G. Hayes Account No. 272  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 9  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary H. Bendert Church \_\_\_\_\_ Date 11-5-51 Hour 10 A.M. Annual No. \_\_\_\_\_  
 Clergyman Fr. Robert Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	997 00			
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault <u>Walbert</u>	140 00			
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress <u>Dress</u>	22 00			
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	15 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of ..... doz. Chairs.....				
	Flowers <u>4 30 + 10 + 40</u>	40 80			
	Clergyman.....				
Singers	Singers <u>Chair + Bent</u>	15 00			
	Casket Coach.....				
	Use of ..... Funeral Cars.....				
	Use of Flower Cars <u>Satisfactory</u>	15 20			
	Professional Supervision.....				
Insurance Policies	.....				
	.....				
	.....				
	To Funeral Complete	1245 00			1245 00

*del by ck.  
12-14-51*

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 <i>A. F. Rogers Residence</i>
Casket No. _____ Style <i>1/2 casket</i>			Date of Death <i>11-2-34</i>
Interior <i>Flake Super</i> Covering <i>Cherry red</i>			Cause of Death <i>Arteriosclerosis</i> Contributory _____
Manufacturer <i>Walsby</i>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <i>Male</i> Color or Race <i>W</i>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <i>Jan 30 1866</i> Age, Years <i>87</i> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <i>77 years</i> County <i>Lawrence</i>
			Birthplace—City or County <i>Douglas</i> State or Country <i>Kansas</i>
			Name of Father <i>Roger Walsby</i>
			Birthplace of Father _____
			Maiden Name of Mother <i>Margaret Pelkin</i>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <i>L. J. Jader</i> M.D. _____ Coroner _____
			Address <i>Leighton</i> Date _____
			Interment at <i>St. Bernadette</i>
			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 John J. Joyce Charge to \_\_\_\_\_ Account No. 273  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 10  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church ✓ Date 11-19-51 Hour 10 AM Annual No. \_\_\_\_\_  
 Clergyman Fr. Raphael O'Malley Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	822 00			
	Embalming.....				
	Outer Case or Vault..... <u>Wilbert</u>	140 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>Suit + Bdk</u>	3 29			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	15 00			
	Clergyman.....				
	<del>Singers</del> <u>Soloist</u>	12 96			
	Casket Coach.....	899 25			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars..... <u>Leas</u>	25 00			
	Professional Supervision.....	968 25			
	Insurance Policies.....				
To Funeral Complete		968 25			968 25

*By check*

NAME OF DECEASED

RESIDENCE Bendena Kans. Rural

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH ←

DATE

11-19-51 HOUR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Home, 2 miles N.W. Bendena</u>
Casket No.		Date of Death <u>11-16-51</u>
Interior <u>Selmit</u> Style <u>+ couch</u>		Cause of Death <u>Heart disease</u> Contributory
Covering <u>Walnut</u>		Duration
Manufacturer <u>Repart</u>		Autopsy
Total Net Cost of Casket		Sex <u>M</u> Color or Race <u>W</u>
Outer Case <u>Walnut Vault</u>		Single <input checked="" type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault		Date of Birth <u>Jul 25-1881</u> Age, Years <u>70</u> Months <u>0</u> Days <u>0</u>
Embalming		Occupation <u>Retired Farmer</u>
Clothing		How Long at Place of Death <u>1 1/2 years</u>
		Birthplace—City or County <u>Douglas</u> State or Country <u>Kans</u>
		Name of Father <u>Martin Gager</u>
		Birthplace of Father
		Maiden Name of Mother
		Birthplace of Mother
		Signed <u>A. E. Cordons</u> M.D. <span style="float: right;">Coroner</span>
		Address
		Date
		Interment at <u>St. Benedict's Cemetery</u>
		Lot or Grave No.
		Section No.
		Shipped to
		Arrived from
		Via
		R. R. Date
		In Charge of
		Source of Call
		Insured in
		Amount
		Beneficiary

REMARKS:

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

Funeral of Miss Rose M. Helms Charge to \_\_\_\_\_ Account No. 274  
 Ordered by Mr. John Helms Guaranteed by \_\_\_\_\_ Serial No. 11  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 11-21-51 Hour 9 AM Annual No. \_\_\_\_\_  
 Clergyman As. Priest Lodge Affiliations \_\_\_\_\_ Body Shipped  or from Hydrex Helms

		Date	Description of Service	Amount	Date		✓	Credits
Place of Burial			Casket and Services.....					
Cemetery			Embalming.....					
Grave No.			Outer Case or Vault.....					
Lot No.			Washing and Dressing.....					
Block No.			Shaving.....					
Section			Slumber Robe.....					
Full Bearers			Suit or Dress.....					
			Other Articles of Clothing.....					
			Transferring Body.....					
			Door Badge.....					
			Opening Grave.....					
			Newspaper Notices.....					
			Telegrams and Telephone Calls.....					
			Use of..... doz. Chairs.....					
			Flowers.....					
			Clergyman.....					
			Singers.....					
Singers			Casket Coach.....					
			Use of..... Funeral Cars.....					
			Use of Flower Cars.....					
			Professional Supervision.....					
Insurance Policies			.....					
			.....					
			.....					
			.....					
			To Funeral Complete	60	00			60 00

*Paid in Cash 11-21-51  
by John Helms*

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>Naperville, Ill.</u>
Casket No. _____ Style _____			Date of Death <u>11-28-51</u>
Interior _____ Covering _____			Cause of Death <u>Heart Disease</u> Contributory
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>22</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>1880</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____			Occupation <u>Warehouse</u>
Clothing _____			How Long at Place of Death <u>14 yrs</u>
			Birthplace—City or County <u>Deseroot, Ill.</u> State or Country _____
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>W. A. Slorung</u> M.D. _____ Coroner
			Address <u>Naperville, Ill.</u> Date <u>11-21-51</u>
			Interment at <u>St. Benedict's</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from <u>Naperville</u>
			Via <u>Q.B. &amp; O.</u> R.R. Date <u>11-22-51</u>
Total Net Cost of Funeral _____			In Charge of <u>R. W. Gypson</u>
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 Cpl. Robert W. Foster Charge to U. T. Foster Account No. 275  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 12  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary Christian Church Date 12-2-51 Hour 2 Pm Annual No. \_\_\_\_\_  
 Clergyman Kuchner Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
Place of Burial	Casket and Services.....				
Cemetery	Embalming.....				
Grave No.	Outer Case or Vault..... <u>Wickert</u>	<u>140 00</u>			<u>192 80</u>
Lot No.	Washing and Dressing.....				
Block No.	Shaving.....				
Section	Slumber Robe.....				
Fall Bearers	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
Singers	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	<u>50 00</u>			
Insurance Policies	..... <u>Latso Fay</u> .....	<u>2 80</u>			
	.....				
	.....				
	.....				
	To Funeral Complete	<u>192 80</u>			<u>192 80</u>

NAME OF DECEASED Cpl Robt. B. Foster RESIDENCE Killed in Korea  
 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>Korea</u>
Casket No. Style			Date of Death <u>Aug 3 - 1951</u>
Interior Covering			Cause of Death <u>Killed in Action</u> Contributory
Manufacturer			Duration Autopsy
Total Net Cost of Casket			Sex <u>male</u> Color or Race <u>white</u>
Outer Case			Single <input checked="" type="checkbox"/> Married Widowed Divorced Child
Vault			Date of Birth <u>Mar 21 - 1927</u> Age, Years <u>24</u> Months Days
Embalming			Occupation
Clothing			How Long at Place of Death
			Birthplace—City or County <u>Reserve</u> State or Country <u>Kansas</u>
			Name of Father <u>A. F. Foster</u>
			Birthplace of Father
			Maiden Name of Mother
			Birthplace of Mother
			Signed _____ M.D. _____ Coroner
			Address _____ Date _____
			Interment at <u>Cent Hope</u> <u>Hiawatha</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from <u>Oakland California</u>
			Via <u>RA</u> R. R. Date <u>11-30-51</u>
			In Charge of <u>Sgt. Mamon Moore</u>
Total Net Cost of Funeral			Source of Call
Gross Profit on Funeral			Insured in _____ Amount _____
*Less Overhead Per Funeral			Beneficiary
Net Profit Apparent			

REMARKS:

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



Funeral of Paul E. Rubnik Charge to \_\_\_\_\_ Account No. 74  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 13  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 2-7-51 Hour 2 Pm. Annual No. \_\_\_\_\_  
 Clergyman Rev. Praemer Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

	Date	Description of Service	Amount		Date	V	Credits	
Place of Burial		Casket and Services	518	00				
Cemetery		Embalming						250 00
Grave No.		Outer Case or Vault <u>Wichert</u>	140	00				250 00
Lot No.		Washing and Dressing						100 00
Block No.		Shaving						600 00
Section		Slumber Robe						
Pall Bearers		Suit or Dress						
		Other Articles of Clothing						
		Transferring Body						
		Door Badge						
		Opening Grave	20	00				
		Newspaper Notices						
		Telegrams and Telephone Calls						
		Use of _____ doz. Chairs						
		Flowers						
		Clergyman						
		Singers						
Singers		Casket Coach						
		Use of _____ Funeral Cars						
		Use of Flower Cars						
		Professional Supervision						
Insurance Policies		<u>Salisbury</u>		9	01			
To Funeral Complete			587	01				

NAME OF DECEASED Walter C. Rubenke RESIDENCE 1104 Jay Avenue  
 FUNERAL AT RESIDENCE MORTUARY CHURCH  DATE 12-7-57 HOUR 2 P. CLERGYMAN Rev. Brauner  
 SINGERS Choir 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 <u>1/2 Coach</u>			Date of Death <u>12-5-57</u>
Interior <u>Rose Hill Station</u> Covering <u>Cedar</u> Remains			Cause of Death <u>Cerebral Hemorrhage</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>male</u> Color or Race <u>white</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Dec 24-87</u> Age, Years <u>63</u> Months <u>11</u> Days <u>11</u>
Embalming			Occupation <u>Retired Farmer</u>
Clothing			How Long at Place of Death _____
			Birthplace—City or County <u>Douglas</u> State or Country <u>Kans</u>
			Name of Father <u>August Rubenke</u>
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Christ's Lutheran 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			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 Richard H. Mackay Charge to..... Account No. 277  
 Ordered by..... Guaranteed by..... Serial No. 14  
 Funeral at..... Residence..... Mortuary  Church  Date 12-10-51 Hour 10 AM Annual No.....  
 Clergyman..... Lodge Affiliations N.P.C. Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	399 00			
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault <u>w. vault</u>	140 00			
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.....	23 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	15 30			
	Clergyman.....				
Singers	Singers.....				
	Casket Coach..... <u>Mileage</u>	18 00			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
Insurance Policies	Professional Supervision..... <u>Sales Tax</u>	7 58			
To Funeral Complete		602 88		13	602 88

NAME OF DECEASED

Richard H. Mackay

RESIDENCE

Tray Kansas

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH

DATE

12-10-51

HOUR

10 AM

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

K. O. C.

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No.

350

Style

Oct. 1/2 Couch

Interior

wool sateen

Covering

grey plush

Manufacturer

Miller

DEBITS

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death

Tray Kansas

Date of Death

12-10-51

Cause of Death

Stroke

Contributory

Duration

Autopsy

Sex

M

Color or Race

W

Single

Married

Widowed

Divorced

Child

Date of Birth

Age, Years

Months

Days

Occupation

Ret. Farmer

How Long at Place of Death

1 year

Birthplace—City or County

Marshall Co

State or Country

Kansas

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

M.D.

Coroner

Address

Date

Interment at

Pro. Spout Pls.

Catholic Cemetery

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

In Charge of

Source of Call

Insured in

Amount

Beneficiary

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



Funeral of Chas Kley Charge to ..... Account No. 278  
 Ordered by ..... Guaranteed by ..... Serial No. 15  
 Funeral at ..... Residence ..... Mortuary ..... Church ..... Date ..... Hour ..... 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.....	35 <sup>-</sup> 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	35 <sup>-</sup> 00			

NAME OF DECEASED Chas Kley 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>Boston Nursing Home</u>
Casket No. _____ Style _____			Date of Death <u>12-12-51</u>
Interior _____ Covering _____			Cause of Death <u>Coronary Occlusion</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 _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years _____ Months _____ Days _____
Embalming _____			Occupation <u>Retired Bridge Builder</u>
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County _____ State or Country <u>Pussia</u>
_____			Name of Father _____
_____			Birthplace of Father _____
_____			Maiden Name of Mother _____
_____			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
_____			Address _____ Date _____
_____			Interment at <u>Mt Calvary Alchris</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of <u>Turned over to Harauff</u>
Gross Profit on Funeral			<u>Quis mortuary</u>
*Less Overhead Per Funeral			Source of Call _____
Net Profit Apparent			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 Robert A. Carter Charge to County Account No. 279  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 16  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church St. John's Lutheran Date 12-15-57 Hour 2 Pm Annual No. \_\_\_\_\_  
 Clergyman Rev. Beuthel 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.....	125 00			
	Embalming.....				
	Outer Case or Vault.....		1-4-52		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.....				
	.....				
	.....				
	.....				
	To Funeral Complete	125 00			

NAME OF DECEASED

*Robert A. Carter*

RESIDENCE

*South of Bendena*

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. *200* Style *H-P*

Interior *at Silk* Covering *Sac*

Manufacturer *Miller*

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

*Mo. South. Hosp*

Date of Death

*12-12-51*

Cause of Death

Contributory

Duration

Autopsy

Sex

Color or Race

Single

Married

Widowed

Divorced

Child

Date of Birth

*Oct 4 1874* Age Years *77* Months Days

Occupation

*Retired farmer*

How Long at Place of Death

*2 weeks*

Birthplace—City or County

*Douglas* State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

M.D.

Coroner

Address

Date

Interment at

*Cordonia cemetery*

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

In Charge of

*Daughter Mrs. Staudeman*

Source of Call

*Sister Mrs. Geo. Beckeloffs Bendena*

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 Andrew D. Hansen Charge to Lawrence Mortuary Account No. 280  
 Ordered by Lawrence Mortuary Guaranteed by \_\_\_\_\_ Serial No. 17  
 Funeral at \_\_\_\_\_ Residence Windsor Church \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_ Annual No. \_\_\_\_\_  
 Clergyman Rev. Campbell Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....				
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	20 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....	5 00			
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Professional services, grave equipment, etc.</u>	50 00			
To Funeral Complete		75 00			

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 \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <i>Wichita Kansas</i>
Casket No. _____ Style _____			Date of Death <i>12-14-51</i>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex _____ Color or Race _____
Outer Case _____			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Child _____
Vault _____			Date of Birth _____ Age, Years <i>82</i> Months _____ Days _____
Embalming _____			Occupation <i>Rep. Carpenter &amp; Farmer</i>
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County <i>Longham</i> 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 <i>Cato Hill, Severance</i>
			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			<i>Sister - Mrs. Fannie Hopkins, Severance</i>
*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 Charles Picknell Charge to Robt. Picknell Account No. 281  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 18  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 12-19-57 Hour 2 Pm Annual No. \_\_\_\_\_  
 Clergyman Rev. Swamby Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	<u>200 00</u>			<u>257 00</u>
	Embalming.....				
	Outer Case or Vault <u>wood</u> .....	<u>23 30</u>			<u>60 00</u>
	Washing and Dressing.....				
	Shaving.....				<u>20 00</u>
	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 <u>Salt. T. J.</u> .....	<u>1 70</u>			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	To Funeral Complete	<u>225 00</u>			

3-21-58 paid





Funeral of Palmer S. Robt Charge to County Account No. 282  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 19  
 Funeral at \_\_\_\_\_ Residence  Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 12-21-51 Hour 2 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.....	125 00			
	Embalming.....		1-4-52		125 00
	Outer Case or Vault..... <u>wood</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.....				
	.....				
	.....				
	.....				
	To Funeral Complete	125 00			







Funeral of Clara A. Carcoona Charge to John Carcoona Account No. 283  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 20  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church St. Charles Date 1-8-52 Hour 10 AM Annual No. 1  
 Clergyman F.R. Robert 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	V	Credits
	Casket and Services.....	518 00			
	Embalming.....		1-27-52		300 00
	Outer Case or Vault..... <u>Sectional Box</u>	35 00			
	Washing and Dressing.....		2-2-52		25 00
	Shaving.....				
	Slumber Robe.....		2-18-52		30 00
	Suit or Dress..... <u>Dress</u>	15 00			
	Other Articles of Clothing.....		5-3-52		30 00
	Transferring Body.....				
	Door Badge.....		5-17-52		30 00
	Opening Grave.....				
	Newspaper Notices.....		5-23-52		50 00
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....		5-28-52		50 00
	Flowers.....				
	Clergyman..... <u>Sales Tal</u>	7 21	5-4-52		30
	Singers.....				
	Casket Coach.....				<del>545</del> 00
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	.....				
	To Funeral Complete	715 21			

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 *1/2 casket*  
Interior *Benton* Covering *cedar veneer*  
Manufacturer *Miller*

DEBITS

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death *Sisters Hospital St Joe*

Date of Death *1-6-52*

Cause of Death *Central thrombosis* contributory

Duration Autopsy

Sex *Fe* Color or Race *W*

Single Married  Widowed Divorced Child

Date of Birth *Nov. 17-1894* Age, Years *59* Months *1* Days

Occupation *Housewife*

How Long at Place of Death *2 days*

Birthplace—City or County *Bendora* State or Country *Kans*

Name of Father *Res. Cronmeyer*

Birthplace of Father

Maiden Name of Mother *Anna Hess*

Birthplace of Mother

Signed *W. J. Joder* M.D. Coroner

Address *Benton* Date

Interment at *not listed*

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 Mrs Martha E. Ayers 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>Fray Reno</u>
Casket No. <u>200</u> Style <u>H. P.</u>		Date of Death <u>7-14-52</u>
Interior <u>Wingat Silk</u> Covering <u>Light Emb. Rose</u>		Cause of Death <u>Myocardial Heart Failure</u> Contributory <u>Sclerosis</u>
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>Fe</u> Color or Race <u>W</u>
Outer Case		Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>Feb 15 - 1859</u> Age, Years <u>92</u> Months _____ Days _____
Embalming		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>50 years</u>
		Birthplace—City or County <u>Albany</u> State or Country <u>Mo</u>
		Name of Father <u>Wm Childers</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Elizabeth Fitzgibbon</u>
Total Cash Advances		Birthplace of Mother _____
		Signed <u>Urbanis</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 _____
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 Grant McKee Charge to Grant McKee Fortwayne <sup>Colo</sup> Account No. 285  
 Ordered by ..... Guaranteed by ..... Serial No. 22  
 Funeral at ..... Residence ..... Mortuary ..... Church ..... Date 2-4-50 Hour 2 Pm Annual No. 3  
 Clergyman Rev. Campbell Lodge Affiliations ..... Body Shipped to or from Home

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.....				
	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.....	3 65			
	Use of ..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach <u>expensive</u> <u>cost for</u> .....	5 00			
	Use of ..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision <u>7-25-49</u> .....	50 00			
	.....				
	.....				
	.....				
	.....				
	To Funeral Complete	55 80			

**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 _____		Place of Death <u>Honolulu, Oahu</u>
Casket No. _____ Style _____		Date of Death <u>1-29-52</u>
Interior _____ Covering _____		Cause of Death <u>Intercerebral Hemorrhage</u> <span style="float:right">Contributory</span>
Manufacturer _____	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case _____		Single <input checked="" type="checkbox"/> 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 <u>Waialae</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 _____
<b>REMARKS:</b>		

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



Funeral of Mary E. Shank Charge to Pro. Affinity Account No. 286  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 23  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_ Annual No. 4  
 Clergyman \_\_\_\_\_ Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Place of Burial				
	Casket and Services	524 00			
	Cemetery				
	Grave No.				
	Lot No.				
	Block No.				
	Section				
	Pall Bearers				
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	20 00			
	Other Articles of Clothing	3 00			
	Transferring Body	75 00			
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	7 24			
	Clergyman				
	Singers				
	Casket Coach	11 60			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	To Funeral Complete	640 84			

Pack. 5-31-32 640 84  
 McFadyen Regis McFadyen  
 McFayden Regis  
 Anadarko Okla

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			Place of Death	<i>Scawtanic Kaso</i>
Casket No. <i>R.C. 1st</i> Style <i>1/2 casket</i>			Date of Death	<i>8-2-52</i>
Interior <i>any satin</i> Covering			Cause of Death	<i>Labor Pneumonia</i> Contributory
Manufacturer <i>Miller</i>			Duration _____	Autopsy _____
Total Net Cost of Casket			Sex <i>De</i> Color or Race <i>W</i>	
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child _____	
Vault _____			Date of Birth _____ Age, Years <i>82</i> Months _____ Days <i>2</i>	
Embalming <i>City Home of Home</i>	<i>50.60</i>		Occupation <i>Housewife</i>	
Clothing _____			How Long at Place of Death <i>4 yrs</i>	
			Birthplace—City or County <i>Illinois</i> 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 Mrs Jennett Werner Charge to John Werner Account No. 287  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 24  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church ✓ Date 2-5-52 Hour 2 Pm Annual No. 5  
 Clergyman Rev. 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	V	Credits
	Casket and Services.....	449 00			
	Embalming.....				150 00
	Outer Case or Vault <u>wood</u> .....	25 00			350 00
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	20 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers <u>Sales Taj</u> .....	6 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
To Funeral Complete		500 00			500 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			Place of Death <i>Mo with Hoop</i>
Casket No. Style <i>Eq Couch</i>			Date of Death <i>2-2-52</i>
Interior <i>Dark Green</i> Covering <i>Bronze Fringe</i>			Cause of Death <i>Coronary Arteriosclerosis</i> Contributory
Manufacturer <i>W. J. ...</i>	DEBITS		Duration <i>2 days</i> Autopsy
Total Net Cost of Casket			Sex <i>Female</i> Color or Race <i>White</i>
Outer Case			Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault			Date of Birth <i>Apr 8-1881</i> Age, Years <i>70</i> Months <i>4</i> Days
Embalming			Occupation <i>Housewife</i>
Clothing			How Long at Place of Death <i>2 days</i>
			Birthplace—City or County <i>Lansing MI</i> State or Country <i>MICH</i>
			Name of Father <i>John Whipple</i>
			Birthplace of Father
Total Cash Advances			Maiden Name of Mother <i>Armenia Gilbert</i>
			Birthplace of Mother
			Signed <i>W. J. ...</i> M.D. _____ Coroner
			Address <i>St Joe</i> Date _____
			Interment at <i>St Joe</i>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral			Source of Call _____
Gross Profit on Funeral			Insured in _____ Amount _____
*Less Overhead Per Funeral			Beneficiary _____
Net Profit Apparent			

REMARKS:

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

Funeral of Chris B. Cator Charge to Estate (Stella Judd) Account No. 289  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 28  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date \_\_\_\_\_ Hour \_\_\_\_\_ Annual No. 2  
 Clergyman Twombly Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	340 00			
	Embalming				
	Outer Case or Vault <u>wood</u>	25 00	6-26-52	ck.	428 28
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	35 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices <u>Salisbury</u>	5 28			
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers <u>Kings &amp; Warren</u>	8 00			
	Casket Coach <u>to mound city mo</u>	15 00			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed 3-31-52</u>				
	To Funeral Complete	428 28			

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. 350

Style H. P.

Interior Satin

Covering Dark Blue

Manufacturer Miller

DEBITS

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death Tray Kansas

Date of Death 2-17-52

Cause of Death

Contributory

Duration

Autopsy

Sex male

Color or Race W

Single

Married

Widowed

Divorced

Child

Date of Birth Aug 27-1863

Age Years 88

Months 5

Days 24

Occupation

Retired Farmer

How Long at Place of Death 14 yrs

Birthplace—City or County

Manhattan

State or Country

Mo.

Name of Father

Wm F. Cator

Birthplace of Father

Maiden Name of Mother

Sarah T. Clark

Birthplace of Mother

Signed

Cordonin

M.D.

Coroner

Address

Date

Interment at

New Liberty Cem. near Manhattan

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 Mrs Nancy A. Thomas Charge to John Thomas Account No. 289  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 2726  
 Funeral at Residence I.S. Farming Mortuary \_\_\_\_\_ Church  Date 2-21-52 Hour 2 P.M. Annual No. 7  
 Clergyman Rev. Twombly Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....				
	Embalming.....	\$137 40			
	Outer Case or Vault.....				
	Washing and Dressing.....	1 55			
	Shoes <u>Exp. on Casket</u> <u>META</u> .....	13 16			
	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.....	167 11			
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		167 11			
To Funeral Complete					

*Paid 3-11-52 by John Thomas*  
 167 11

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. 940 XX Style 1/2 Lamb

Interior Heavy Blue Satin Covering Blue Ki Oils

Manufacturer Dep art

Total Net Cost of Casket

Outer Case Wood

Vault

Embalming

Clothing

Total Cash Advances

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death Home East of Farming

Date of Death 2-19-52

Cause of Death Flu, myocardial infarction

Duration

Autopsy

Sex Female

Color or Race

white

Single

Married

Widowed

Divorced

Child

Date of Birth Dec-18-63

Age, Years

88

Months

Days

Occupation Farmer

How Long at Place of Death 75 years

County

Birthplace—City or County

Hickman

State or Country

Name of Father Wm Crow

Birthplace of Father

Maiden Name of Mother Elizabeth Frazer

Birthplace of Mother

Signed

Coroner

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.

Funeral of Chas. E. Lyness Charge to Mrs. M. U. Lyness Account No. 290  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 2221  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary Northside Church Date 2-6-52 Hour 2:30 P.M. Annual No. 1  
 Clergyman Rev. R. J. Zidler Lodge Affiliations Mason Body Shipped to or from \_\_\_\_\_

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	457 00			
	Embalming				
	Outer Case or Vault <u>Sectional, Conant</u>	35 00			586 28
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge <u>Sales Tax</u>	6 18			
	Opening Grave	20 00			
	Newspaper Notices <u>2 Graves</u>	37 50			
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>4 stg</u>	30 60			
	Clergyman				
	Singers <u>H</u>	586 28			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
To Funeral Complete					

*By ch  
3-24-52*

*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. *1204*

Style *H.P.*

Interior *W. Sartin*

Covering *Leunlar*

Manufacturer *Miller*

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

*may chas Lyness*

*648 C Eastbrook*

*W.P.A. F.B.*

Total Cash Advances

*Layton Ohio*

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

Place of Death *Cant Case Tray*

Date of Death *2-29-52*

Cause of Death *Coronary Thrombosis*

Contributory

Duration *12 hrs*

Autopsy

Sex *male*

Color or Race

*white*

Single

Married

Widowed

Divorced

Child

Date of Birth *Feb 11-95*

Age, Years *67*

Months

Days

Occupation

*Co. accountant agent*

How Long at Place of Death

*30 yrs*

Birthplace—City or County

*Warrick's*

State or Country

Name of Father

*John J. Lyness*

Birthplace of Father

Maiden Name of Mother

*Alma C. McDermond*

Birthplace of Mother

Signed

*Carolina*

M.D.

Coroner

Address

Date

Interment at

*mt alvir*

*2-6-52*

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 George H. Hopkins Charge to Mrs Hopkins Account No. 296  
 Ordered by Children Guaranteed by \_\_\_\_\_ Serial No. 289  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary LPS. Church ← Date \_\_\_\_\_ Hour \_\_\_\_\_ Annual No. 9  
 Clergyman \_\_\_\_\_ Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	494 07			
	Embalming..... <i>Ty in casket</i>	5 93			
	Outer Case or Vault..... <i>Sectional</i>	38 00			
	Washing and Dressing..... <i>Ty on waist</i>	76			
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing..... <i>Shirt + M.W.</i>	5 48			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	20 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	<del>Coffin</del> Coach..... <i>2 gran</i>	37 50			
	Use of..... Funeral Cars.....				
	Use of Flower Cars..... <i>Sale TA</i>	6 69			
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	601 74			

*By Charles W. Mill  
 G. J. Hopkins*

NAME OF DECEASED Geo H. Hopkins RESIDENCE Farming Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH I.R.S. DATE 3-9-52 HOUR 2:30 CLERGYMAN E.C. Jennings Sr  
 SINGERS Mrs Sam + Ray Tronally LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Farming Kansas</u>
Casket No. <u>444</u> Style <u>2 Couch</u>			Date of Death	<u>3-7-52</u>
Interior <u>Part. Satin</u> Covering <u>Box Top</u>			Cause of Death	Contributory _____
Manufacturer <u>Miller</u>			Duration	Autopsy _____
Total Net Cost of Casket			Sex <u>Male</u> Color or Race <u>W</u>	
Outer Case			Single _____ Married _____ Widowed _____ Divorced _____ Child _____	
Vault			Date of Birth <u>Aug 17 - 1885</u> Age, Years <u>66</u> Months <u>9</u> Days <u>20</u>	
Embalming			Occupation <u>Retired Farmer</u>	
Clothing			How Long at Place of Death <u>46 yrs</u>	
			Birthplace—City or County <u>Wichita</u> State or Country <u>Kans</u>	
			Name of Father <u>Daniel Hopkins</u>	
			Birthplace of Father _____	
			Maiden Name of Mother <u>Betty Willian</u>	
			Birthplace of Mother _____	
Total Cash Advances			Signed <u>J. Corder</u> M.D. <u>Highland</u> Coroner	
			Address _____ Date _____	
			Interment at <u>mt oliv</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.

Funeral of *Wm F. Culp* Charge to *Family* Account No *292*  
 Ordered by *Wife* Guaranteed by *Wm Culp* Serial No. *8429*  
 Funeral at *Mt. Hope* Residence *Mt. Hope* Mortuary *Mt. Hope* Date *3-30-52* Hour *2-30pm* Annual No. *10*  
 Clergyman *Rev. Ryder* Lodge Affiliations *none* 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.....	399 00			
	Embalming.....				
	Outer Case or Vault <i>Concrete Box</i>	35 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices <i>Salary</i>	4 76			
	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		438 76			

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NAME OF DECEASED

RESIDENCE

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH

DATE

3-30-52

HOUR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Tray Kans</u>
Casket No. <u>356</u> Style <u>to caulk</u>		Date of Death <u>3-27-52</u>
Interior <u>very soft</u> Covering <u>light plush</u>		Cause of Death <u>Coronary Artery</u> Contributory
Manufacturer <u>Miller</u>	DEBITS	Duration <u>First moment</u> Autopsy <u>no</u>
Total Net Cost of Casket		Sex <u>male</u> Color or Race <u>white</u>
Outer Case		Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault		Date of Birth <u>Aug 4-1867</u> Age, Years <u>84</u> Months <u></u> Days <u></u>
Embalming		Occupation <u>Carpenter</u>
Clothing		How Long at Place of Death <u>1 1/2 hrs in Dr. Co</u>
		Birthplace—City or County <u>2nd Co</u> State or Country <u></u>
		Name of Father <u>Caroline Culp</u>
		Birthplace of Father <u></u>
		Maiden Name of Mother <u>Elizabeth Grable</u>
Total Cash Advances		Birthplace of Mother <u></u>
		Signed <u>Dr. Yoder</u> M.D. <u></u> Coroner <u></u>
		Address <u>Int Alva</u> Date <u>3-30-52</u>
		Interment at <u>Int Alva</u> Section No. <u></u>
		Lot or Grave No. <u></u> Section No. <u></u>
		Shipped to <u></u>
		Arrived from <u></u>
		Via <u></u> R. R. Date <u></u>
Total Net Cost of Funeral		In Charge of <u></u>
Gross Profit on Funeral		
*Less Overhead Per Funeral		Source of Call <u></u>
Net Profit Apparent		
REMARKS:		Insured in <u></u> Amount <u></u>
		Beneficiary <u></u>

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

Funeral of Charles E. Whittaker Charge to Children Account No. 293  
 Ordered by Children Guaranteed by \_\_\_\_\_ Serial No. 30  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary Mother Church \_\_\_\_\_ Date 4-1-52 Hour 2 Pm Annual No. 11  
 Clergyman Rev. Meidler Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	498 00			
	Embalming.....				
	Outer Case or Vault..... <u>Sectional</u>	35 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit <del>and</del> <u>Suit</u>	25 00			
	Other Articles of Clothing <u>Sof. + umbrellas</u>	2 33			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	20 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers <u>Family pins</u>	30 00			
	Clergyman.....				
	Singers.....				
	Casket Coach <u>Julia T. H.</u>	10 47			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	820 80			

NAME OF DECEASED Chas. E. Whittaker RESIDENCE \_\_\_\_\_  
FUNERAL AT RESIDENCE MORTUARY  CHURCH  DATE 4-1-52 HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_  
SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Sisters Hospital St Joe</u>
Casket No. _____ Style <u>W. Canada</u>		Date of Death <u>3-30-52</u>
Interior <u>grey crepe</u> Covering <u>grey metal</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Heller J. Hubert</u>		Duration <u>4 days</u> Autopsy _____
Total Net Cost of Casket		Sex <u>M</u> Color or Race <u>White</u>
Outer Case <u>Canadian</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>Mar 9-1867</u> Age, Years <u>84</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>Wagon St Joe</u>
		Birthplace—City or County <u>Lanphanc</u> State or Country <u>Ka</u>
		Name of Father <u>John J. Whittaker</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>May McCreary</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Dr Jde</u> M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Wintalwa</u> Date <u>4-1-52</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

Funeral of Grant W. Dishon Jr. Charge to \_\_\_\_\_ Account No. 294  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 318  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary Methodist Church \_\_\_\_\_ Date 4-6-52 Hour 3:30 Annual No. 12  
 Clergyman Rev. Geidler Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	718 00			
	Embalming.....				
	Outer Case or Vault <u>W. White Vault</u>	140			
	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>Family Spray</u>	30 00			
	Clergyman.....				
	Singers <u>Soloist</u>	12 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	900 00			

Paid in full  
by check  
900 00  
4-16-52

NAME OF DECEASED Robert H. Leshon Jr. RESIDENCE Tracy Ranch  
 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>Shed on Farm</u>
Casket No. _____ Style <u>Esplanade metal</u>		Date of Death <u>4-3-52</u>
Interior <u>Budd's pattern</u> Covering		Cause of Death <u>strangulation</u> Contributory _____
Manufacturer <u>Superior Metal Co</u>	DEBITS	Duration _____ Autopsy <u>no</u>
Total Net Cost of Casket		Sex <u>male</u> Color or Race <u>white</u>
Outer Case		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>Nov 5-1896</u> Age, Years <u>56</u> Months _____ Days _____
Embalming		Occupation <u>Farmer</u>
Clothing		How Long at Place of Death _____
		Birthplace—City or County <u>Douglas Co</u> State or Country _____
		Name of Father <u>Robert Leshon Sr</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Jessie Harness</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>John Wernum</u> M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Int alive</u> <u>4-6-52</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____

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 P. H. Langeler Charge to \_\_\_\_\_ Account No. 227  
 Ordered by Sons Guaranteed by \_\_\_\_\_ Serial No. 34  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary meth Church \_\_\_\_\_ Date 4-20-52 Hour 2:30 Annual No. 15  
 Clergyman Rev. Zidler Lodge Affiliations Imperial at Waltham 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	457 00			
	Embalming				
	Outer Case or Vault <u>Walbert</u>	140 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge	25 00			
	Opening Grave	25 00			
	Newspaper Notices	4 80			
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	25 00			
	Clergyman				
	Singers <u>SALES TAX</u>	8 78			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
To Funeral Complete		663 08			

Pd by Ck.  
6-3-52  
JM Full









Funeral of James Terrance Speaks Charge to Eugene Speaks Account No. 298  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 30  
 Funeral at \_\_\_\_\_ Residence Marion Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 5/27/52 Hour 11 AM Annual No. 17  
 Clergyman Rev. 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	V	Credits
	Casket and Services	25 00			
	Embalming		6-24/52	cash	20 00
	Outer Case or Vault <u>Keen</u>	65 00			16 50 00
	Washing and Dressing				
	Shaving		5-8-53	cb	21 55
	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 <u>Subst</u>	1 55			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		91 55			
	To Funeral Complete				91 55

NAME OF DECEASED Jesse Terrence Sparks

RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_

DATE 5/27/52 HOUR 11 AM CLERGYMAN \_\_\_\_\_

SINGERS \_\_\_\_\_

LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Albion Hospital</u>
Casket No. <u>257</u> Style <u>Fall Creek</u>		Date of Death <u>5/24/52</u>
Interior <u>satua</u> Covering <u>white plush</u>		Cause of Death <u>Strabulitis Card</u> Contributory _____
Manufacturer <u>Smiley</u>		Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>male</u> Color or Race <u>white</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>5/24/52</u> Age, Years <u>0</u> Months <u>0</u> Days <u>0</u>
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death <u>still Born</u>
_____		Birthplace—City or County _____ State or Country _____
_____		Name of Father <u>Eugene Sparks</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>Barbara J. Thomas</u>
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>E. Sparks</u> M.D. _____ Coroner _____
_____		Address <u>Welburn</u> Date _____
_____		Interment at <u>St. Aline Tray</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 _____		_____
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 Otto Goschke Charge to Children Account No. 288 300  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 37  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary Christ Lutheran Church \_\_\_\_\_ Date 4/7/52 Hour 2 Annual No. 18  
 Clergyman Rev. Praenner 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.....	399 00			
	Embalming.....		6/13/52 Am. Lutheran		20 00
	Outer Case or Vault <u>Concrete Sert</u>	35 00			
	Washing and Dressing.....		7-18-52 Am		161 74
	Shaving.....		90 by U.S. Treasury		
	Slumber Robe <u>Sales tax</u>	5 29	Am. & Mrs. Mary Phillip		
	Suit or Dress.....				
	Other Articles of Clothing.....		7-21-52 Art gas		45 87
	Transferring Body.....		By check		
	Door Badge.....				
	Opening Grave <u>Lewis Reichel</u>	20 00	7-25-52 Ed Goff		45 87
	Newspaper Notices.....		By check		
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....		8-20-52 Mrs. Keckler		45 87
	Flowers.....		8-26-52 Mrs. Schwenke		45 87
	Clergyman.....		940 Total		365 22
	Singers.....				
	Casket Coach.....		12-8-52 Mrs. Phillip		20 17
	Use of _____ Funeral Cars.....		12-8-52 Mrs. Callahan		20 17
	Use of Flower Cars.....		12-8-52 Art gas		20 17
	Professional Supervision.....				425 75
			12-10-52 Ed Goff		20 17
			33.00		
			2-25-52 G.F. Keckler		20 17
			6.74		
			Ambulance 3.50		
			5.28 call		
	To Funeral Complete	459 29			459 29

NAME OF DECEASED

*Otto Yoschke*

RESIDENCE

*Tray Kansas*

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 *1 co.*

Interior *dark* Covering *plush*

Manufacturer *Miller*

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 *Tray Kansas*

Date of Death *6/4/52*

Cause of Death *apoplexy* Contributory

Duration \_\_\_\_\_ Autopsy

Sex *male* Color or Race *white*

Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_

Date of Birth *Mar 29/1871* Age, Years *81* Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation *Retired farmer*

How Long at Place of Death *7 yrs*

Birthplace—City or County *Stashung* State or Country *Germany*

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother *✓*

Birthplace of Mother \_\_\_\_\_

Signed *D. Cardon* M.D. \_\_\_\_\_ Coroner

Address \_\_\_\_\_ Date \_\_\_\_\_

Interment at *Cardon*

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

Tullman Culp

RESIDENCE

Tracy Kansas

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. *N.P.*

Style *H.P.*

Interior *Swiss*

Covering *XXX*

Manufacturer *Alternathy*

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

REMARKS:

Place of Death *State Hospital, Topeka*

Date of Death *6/19/52*

Cause of Death

Contributory

Duration *5 yrs*

Autopsy

Sex *male*

Color or Race *white*

Single

Married

Widowed

Divorced

Child

Date of Birth *Sept 29/1877*

Age, Years *75*

Months

Days

Occupation *Method Farmer*

How Long at Place of Death *5 yrs*

Birthplace—City or County *Platte Co*

State or Country *mo*

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed *State Hosp.*

M.D.

Coroner

Address

Date

Interment at *Belmont, Wathena*

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 Ellis Trout RESIDENCE Tracy, Kans  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Bell Memorial Hosp. K.C.</u>
Casket No. <u>200</u> Style <u>H Paul</u>			Date of Death <u>6/24-52</u>
Interior <u>linen</u> Covering <u>light blue</u>			Cause of Death <u>Concussion of brain</u> Contributory _____
Manufacturer <u>Muller</u>			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>male</u> Color or Race <u>white</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Apr 20 1884</u> Age, Years <u>68</u> Months <u>2</u> Days <u>4</u>
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death <u>3 mos</u>
			Birthplace—City or County <u>Langham</u> State or Country <u>Co</u>
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances			Signed <u>K.C. Dr.</u> M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>int alms - 6/27/52</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.



Funeral of Cliff G. Taylor Charge to Mrs Violet Taylor Account No. 303  
 Ordered by Wife Guaranteed by \_\_\_\_\_ Serial No. 40  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary Baptist Church  Date 7-11-52 Hour 3:30 Annual No. 21  
 Clergyman Rev. M. W. Campbell Lodge Affiliations None 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 <del>427.00</del>				
	Embalming →	518.00			
	Outer Case or Vault <u>Concrete Sectional</u>	35.00			
	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>S. H. Taylor</u>	6.21			
		<del>6.21</del>			
To Funeral Complete		559.21			

7-6-52  
1952 Jesuit  
Pardon Full

NAME OF DECEASED Cliff C. Taylor RESIDENCE \_\_\_\_\_  
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. _____ Style <u>to casket</u>		
Interior <u>wool satin</u> Covering <u>Cedar</u> Fringe <u>red</u>		
Manufacture <u>Miller</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL	
Place of Death <u>Joe Lasson Farm</u>	
Date of Death <u>7-8-52</u>	
Cause of Death <u>Coronary insufficiency</u>	Contributory <u>Cardio-vascular</u>
Duration _____	Autopsy _____
Sex <u>male</u>	Color or Race <u>white</u>
Single _____	Married <input checked="" type="checkbox"/> Widowed _____
	Divorced _____ Child _____
Date of Birth <u>Feb 26-1895</u>	Age, Years <u>57</u> Months _____ Days _____
Occupation <u>Farmer</u>	
How Long at Place of Death <u>30 months</u>	
Birthplace—City or County <u>Lanphier Co.</u>	State or Country <u>Kans</u>
Name of Father <u>Chas. Taylor</u>	
Birthplace of Father _____	
Maiden Name of Mother <u>Ida Gross</u>	
Birthplace of Mother _____	
Signed <u>Dr. Blair</u>	M.D. _____ Coroner _____
Address <u>Troy</u>	Date _____
Interment at <u>mt. Olivet</u>	<u>7-11-52</u>
Lot or Grave No. _____	Section No. _____
Shipped to _____	
Arrived from _____	
Via _____	R. R. Date _____
In Charge of _____	
Source of Call _____	
Insured in _____	Amount _____
Beneficiary _____	

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 *Rev. W. Bangert Sr* Charge to *Children* Account No. *304*  
 Ordered by *Children* Guaranteed by \_\_\_\_\_ Serial No. *46*  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date *7-11-52* Hour *2 P* Annual No. *22*  
 Clergyman *J. P. Kirchner* Lodge Affiliations *none* 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.....	457 00			
	Embalming.....				
	Outer Case or <del>Wood</del> <i>Sectional</i> .....	38 00			<i>Ord 8-5</i>
	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.....				
	Clergyman <i>Salvatore</i> .....	6 24			
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<i>Certified Copy of Death Certificate</i> .....	1 00			
					<i>Discount 22.85</i>
	To Funeral Complete	567 24			

NAME OF DECEASED Henry W. Bengert Sr. RESIDENCE South of Bendona  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY ✓ CHURCH \_\_\_\_\_ DATE 7-11-52 HOUR 2P CLERGYMAN \_\_\_\_\_  
 SINGERS Donald Pope LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Phosphorated Farm South of Bendona</u>
Casket No. _____ Style <u>Ho Paul Slats</u>		Date of Death <u>7-8-52</u>
Interior <u>Very Tapered</u> Covering <u>Salt &amp; Pepper</u>		Cause of Death <u>Central Nervous System</u> Contributory
Manufacturer <u>Ref Art</u>	DEBITS	Duration <u>4 days</u> Autopsy <u>no</u>
Total Net Cost of Casket		Sex <u>male</u> Color or Race <u>white</u>
Outer Case		Single _____ Married _____ Widowed <u>✓</u> Divorced _____ Child _____
Vault		Date of Birth <u>Jan 2 1883</u> Age, Years <u>69</u> Months _____ Days _____
Embalming		Occupation <u>farmer</u>
Clothing		How Long at Place of Death <u>1 week</u>
		Birthplace—City or County <u>Bendona Mo</u> State or Country _____
		Name of Father <u>Geo. W. Bengert</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>Lorene Kurt</u>
		Birthplace of Mother _____
		Signed <u>D. Clutey B. B. D.</u> Coroner
		Address <u>Bendona Mo</u> Date _____
		Interment at <u>Denton Kans 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		
Net Profit Apparent		Source of Call _____

REMARKS:

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



Funeral of Victor E. Yeigh Charge to wife Account No. 303  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 42  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 7-19-52 Hour 2 Pm Annual No. 23  
 Clergyman L. B. Kerchman 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	202.10			250.00
	Embalming				
	Outer Case or Vault <u>wood</u>	25.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <u>Salestad</u>	2.90			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	20.00			
	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		250.00			

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

*H Paul*

Interior

Covering

*Brocade*

Manufacturer

*Abernathy*

DEBITS

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death

*Loughran (Tenn)*

Date of Death

*7-18-52* *7-17-52*

Cause of Death

Contributory

Duration

Autopsy

Sex

*male*

Color or Race

*white*

Single

Married

Widowed

Divorced

Child

Date of Birth

*May 10-1879* Age, Years *73* Months Days

Occupation

*Farmer retired*

How Long at Place of Death

*6 mos*

Birthplace—City or County

*Web. City Tenn* State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

*R. Clutz*

M.D.

Coroner

Address

Date

Interment at

*Loughran cemetery*

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

In Charge of

Source of Call

Insured in

Amount

Beneficiary

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

Funeral of Lyman W. Browning Charge to \_\_\_\_\_ Account No. 306  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 43  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 7-28-52 Hour 2 Pm Annual No. 24  
 Clergyman Rev. Ehrhardt 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.....	285 88			
	Embalming.....				
	Outer Case or Vault..... <u>Sectional</u>	35 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 <u>Sale 74</u> .....	4 12			
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	To Funeral Complete	325 00			

*PD by CK. 9-28-52  
By Roy Kibler*

325.00

NAME OF DECEASED Jayman W. Brauning RESIDENCE Tray Kansas  
 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>Sisters Hosp. St Joe</u>
Casket No. <u>200</u> Style <u>perfection</u>			Date of Death	<u>7-25-50</u>
Interior <u>twill</u> Covering <u>blue</u>			Cause of Death	<u>Pneumonia</u> Contributory <u>Malaria</u>
Manufacturer <u>miller</u>	DEBITS		Duration	<u>10 days</u> Autopsy <u>yes</u>
Total Net Cost of Casket			Sex	<u>male</u> Color or Race <u>white</u>
Outer Case			Single	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault			Date of Birth	<u>Oct 11 1887</u> Age, Years <u>64</u> Months _____ Days _____
Embalming			Occupation	<u>laborer</u>
Clothing			How Long at Place of Death	<u>2 1/2 hours day CO</u>
			Birthplace—City or County	<u>Forest Hill</u> State or Country <u>mo</u>
			Name of Father	<u>J. T. Brauning</u>
			Birthplace of Father	
Total Cash Advances			Maiden Name of Mother	<u>Nancy Cannon</u>
			Birthplace of Mother	
			Signed	<u>Dr. Grant</u> M.D. _____ Coroner
			Address	<u>St Joe</u> Date _____
			Interment at	<u>St Alvin</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 Frank M. Blake Charge to \_\_\_\_\_ Account No. 3-2  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 44  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 7-30-52 Hour 2 pm Annual No. 25  
 Clergyman Rev. 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.....	450 00			594 90
	Embalming.....				
	Outer Case or Vault..... <u>walnut</u>	75 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave..... <u>Sales Tax</u>	6 90			
	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>3 Certified Copies</u>	3 00			
To Funeral Complete		534 90			534 90





NAME OF DECEASED

*Ronald J. Davis*

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

Duration

Sex

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 John R. Bell Charge to Mrs Bell Account No. 308  
 Ordered by Daughter Guaranteed by \_\_\_\_\_ Serial No. 46  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Method Date 9-16-52 Hour 2 P.M. Annual No. 27  
 Clergyman Rev. Muller Lodge Affiliations Masons, Odd Fellows Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	733-40 772 00			
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault <u>Walbert</u>	140 00			
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress.....				
Pall Bearers	Other Articles of Clothing <u>Tux + Suit</u>	149			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers <u>Salest 4</u>	12 09			
	Clergyman.....				
Singers	Singers <u>Certified Copy of</u>				
	Casket Coach <u>Death Certificate</u>	1 00			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....	6 92 6 58			
	Professional Supervision.....	38 60			
Insurance Policies	<u>Less 5 90 9 772 for cash</u>	88 7 98			
	<u>2 ambulance trips</u>	15 00			
		<u>\$ 902 98</u>			
	To Funeral Complete				

NAME OF DECEASED Jessie R. Bell 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>Dr Tatten Office on Wathena</u>
Casket No. <u>302</u> Style <u>1/2 Couch</u>			Date of Death <u>9-13-52</u>
Interior <u>Budab Sati</u> Covering <u>velvet</u>			Cause of Death <u>Heart attack</u> Contributory
Manufacturer <u>Superior Metallic</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>Male</u> Color or Race <u>White</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>May 19 - 1885</u> Age, Years <u>67</u> Months _____ Days _____
Embalming			Occupation <u>Probate Judge</u>
Clothing			How Long at Place of Death <u>2 hrs</u>
			Birthplace—City or County <u>St Joseph Mo</u> State or Country _____
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances			Signed <u>Dr Tatten</u> M.D. _____ Coroner
			Address _____ Date _____
			Interment at <u>Int alius</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 Jacob A. Steerer Charge to County Account No. 340  
 Ordered by County Guaranteed by \_\_\_\_\_ Serial No. 47  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 9-21-52 Hour 2:30pm Annual No. 28  
 Clergyman Rev. Hatfield 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	74.80			
	Embalming	650.00			
	Outer Case or Vault				
	Washing and Dressing	25.00			
	Shaving				
	Slumber Robe				
	Suit or Dress	25.00			
	Other Articles of Clothing	25.00			
	Transferring Body				
	Door Badge				
	Opening Grave	25.00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs	2.70			
	Flowers				
	Clergyman				
	Singers				
	Casket Coach	8.00			
	Use of _____ Funeral Cars	158.00			
	Use of Flower Cars				
	Professional Supervision				
To Funeral Complete					





Funeral of Mrs. Muriel A. Rubink Charge to Adolph Rubink Account No. 316  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 48  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 11-27-52 Hour 2 Pm. Annual No. 29  
 Clergyman Rev. Praemer Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services <i>Complete + shipped</i>				
	Embalming <i>from San Francisco</i>				
	Outer Case or Vault <i>Flower vault</i>	125 00			192 50
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	30 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars	50 00			
	Professional Supervision				
	<i>Sales tax</i>	2 50			
	<i>Sub</i>	207 50			
	<i>for shipping</i>	15			
		4192 50			
	To Funeral Complete				

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

Singers

Insurance Policies

