

Funeral of Ben F. Choney Charge to Sons Account No. 312
Ordered by Sons Guaranteed by Methodist Serial No. 49
Funeral at Methodist Residence _____ Mortuary _____ Church _____ Date 11-10-52 Hour 2 Pm Annual No. 30
Clergyman Rev Russell Lawson Lodge Affiliations Woodmen of World Body Shipped to or from _____

	Date	Description of Service	Amount	Date	V	Credits
Place of Burial		Casket and Services.....	468 35			
Cemetery		Embalming.....				
Grave No.		Outer Case or Vault <u>None</u>	125 00		12-10-52	659 61
Lot No.		Washing and Dressing.....			9/10	
Block No.		Shaving.....				
Section		Slumber Robe <u>Suit</u>	30 00			
Pall Bearers		Suit or Dress.....				
		Other Articles of Clothing <u>S. & M. W.</u>	2 54			
		Transferring Body.....				
		Door Badge.....				
		Opening Grave.....	25 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 <u>Sale of</u>	8 72			
Insurance Policies		659 61			
					
					
					
		To Funeral Complete				

NAME OF DECEASED Ben F. Cheney RESIDENCE Jenston Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE 11-10-52 HOUR _____ CLERGYMAN _____
 SINGERS Unified Church LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Fairview Nursing Home Oklahoma</u>
Casket No. _____ Style <u>1/2 Couch</u>		Date of Death <u>11-7-52</u>
Interiors <u>P.T. Sater</u> Covering <u>Cedar Casey</u>		Cause of Death <u>Arteriosclerosis</u> Contributory <u>Sclerosis</u>
Manufacturer <u>Miller</u>		Duration <u>7 days</u> Autopsy <u>no</u>
Total Net Cost of Casket _____		Sex <u>Male</u> Color or Race <u>white</u>
Outer Case <u>None</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>Sept 13-1868</u> Age, Years <u>84</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Custodian of School</u>
Clothing _____		How Long at Place of Death <u>2 weeks</u>
Total Cash Advances _____		Birthplace—City or County _____ State or Country <u>Illinois</u>
		Name of Father <u>George Cheney</u>
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
		Signed <u>Dr. Robt. Freeman</u> M.D. <u>Oklahoma</u> Coroner
		Address _____ Date _____
		Interment at <u>Jenston Kansas</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in <u>Woodman Wood</u> Amount _____
		Beneficiary _____

REMARKS:

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

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



Funeral of Miriam Schulte Charge to Conrad Schulte Account No. 313
 Ordered by _____ Guaranteed by _____ Serial No. 50
 Funeral at _____ Residence Christ Lutheran Mortuary _____ Church _____ Date 12-8-52 Hour 2 Pm Annual No. 31
 Clergyman Rev. W.H. Proctor 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.....	698 00			
	Embalming.....	125 00			
	Outer Case or Vault <u>None</u>				
	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..... <u>Box Chairs</u>				
	Flowers..... <u>Salestaf</u>	10 87			
	Clergyman.....	863 87			
	Singers..... <u>See 5907</u>	698 00			
	Casket Coach.....	34 20			
	Use of..... Funeral Cars.....	828 97			
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
				
				
	To Funeral Complete				

CK-12-10-52

828 97

Old

Funeral of Nora Bembrich Charge to Warren Bembrich Account No. 314
 Ordered by _____ Guaranteed by _____ Serial No. 51
 Funeral at _____ Residence _____ Mortuary Church _____ Date Dec 19 Hour 2 Pm Annual No. 32
 Clergyman Rev. Campbell Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	500 65			
	Embalming				
	Outer Case or Vault <u>Concrete Box</u>	38 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe <u>Dress</u>	22 00			
	Suit or Dress				
	Other Articles of Clothing <input checked="" type="checkbox"/>	4 95			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>Sale + 4</u>	7 52			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	To Funeral Complete				

By ck 12-22-52 573 12

~~7 52~~
573 12

NAME OF DECEASED Nora Bernbrink RESIDENCE Lay Rural
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 12-19-52 HOUR _____ CLERGYMAN _____
 SINGERS Mrs. J. Beckett, Baptist Church 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>to Casket</u>			Date of Death	<u>12-19-52</u>
Interior <u>Rose Tan Satin</u> Covering			Cause of Death _____	Contributory _____
Manufacturer <u>Imperial</u>	DEBITS		Duration <u>10 Days</u>	Autopsy _____
Total Net Cost of Casket			Sex <u>Female</u>	Color or Race <u>White</u>
Outer Case _____			Single <input checked="" type="checkbox"/>	Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth _____	Age, Years <u>76</u> Months _____ Days _____
Embalming _____			Occupation <u>Housewife</u>	How Long at Place of Death <u>10 Days</u>
Clothing _____			Birthplace—City or County <u>Lay, Mo</u>	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>Courter Cemetery</u>	Lot or Grave No. _____
			Shipped to _____	Section No. _____
			Arrived from _____	Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____	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 Mrs. Grace Miller Charge to Mrs. Cumber Account No. 315
 Ordered by Parker Miller Guaranteed by Mrs. Cumber Serial No. 52
 Funeral at Residence Mortuary Church Date 12-20-52 Hour 2:30 Annual No. 33
 Clergyman Rev. Barthall Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	160 00			
	Embalming	25 00			
	Outer Case or Vault <u>wood</u>				
	Washing and Dressing				
	Shaving	10 00			
	Slumber Robe <u>Dress</u>				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <u>Salest 1/</u>	2 54			
	Door Badge	<u>197 54</u>			
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	To Funeral Complete				

Chk by Mrs Cumber
12-22-52
197 54

NAME OF DECEASED Mrs. Grace Miller RESIDENCE Marion Kansas

FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 12-20 HOUR 2:30 CLERGYMAN _____

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Mrs. Muth. Hoop.</u>
Casket No. <u>2407</u> Style _____			Date of Death	<u>12-18-52</u>
Interior _____ Covering <u>Red</u>			Cause of Death	<u>Accident</u> Contributory _____
Manufacturer _____	DEBITS		Duration	<u>3 1/2 hrs</u> Autopsy _____
Total Net Cost of Casket			Sex	<u>F</u> Color or Race <u>White</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child _____	
Vault _____			Date of Birth _____ Age, Years <u>49</u> Months _____ Days _____	
Embalming _____			Occupation	<u>Housewife</u> <u>1 day</u>
Clothing _____			How Long at Place of Death	<u>1 day</u>
			Birthplace—City or County	<u>Cloud</u> State or Country _____
			Name of Father _____	
			Birthplace of Father _____	
			Maiden Name of Mother _____	
Total Cash Advances _____		Birthplace of Mother _____		
		Signed _____ M.D. _____ Coroner _____		
		Address _____ Date _____		
		Interment at <u>Marion Cemetery</u>		
		Lot or Grave No. _____ Section No. _____		
		Shipped to _____		
		Arrived from _____		
		Via _____ R. R. Date _____		
		In Charge of _____		
Total Net Cost of Funeral				
Gross Profit on Funeral				
*Less Overhead Per Funeral				
Net Profit Apparent				
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 C. Jannetta Yumina Charge to Septia Yumina Account No. 316
 Ordered by _____ Guaranteed by _____ Serial No. 13
 Funeral at _____ Residence Mortuary _____ Church _____ Date Jan 1-53 Hour 2 Pm Annual No. 34
 Clergyman Rev. Wayne Barthel Lodge Affiliations Centennial Star 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.....	597 00			
	Embalming.....	125 00			
	Outer Case or Vault..... <u>None</u>				
	Washing and Dressing.....				
	Shaving.....	26 50			
	Slumber Robe..... <u>Dress</u>	1 70			
	Suit or Dress..... <u>Embroidering</u>				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	30 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>4 doz. flowers</u>	5 50			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... <u>Sales 64</u>	9 20			
 <u>Telegram</u>	1 61			
 <u>Telephone</u>	3 31			
 <u>Embroidering</u>	9 00			
	To Funeral Complete	808 82			

NAME OF DECEASED *E. Jeannette Zimmerman* RESIDENCE *Bendora Pa.*
 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>Mersey Hospital St. Joe</i>
Casket No. _____ Style _____		Date of Death <i>Dec 29 - 1952</i>
Interior <i>yellow velvet</i> Covering <i>Blue & Purple</i>		Cause of Death <i>Cancer of liver</i> Contributory _____
Manufacturer <i>Ref ant</i>	DEBITS	Duration <i>2 yrs</i> Autopsy _____
Total Net Cost of Casket <i>13.5</i>		Sex <i>Female</i> Color or Race <i>White</i>
Outer Case <i>None 65</i>		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault <i>Equip 10</i>		Date of Birth <i>Jan 5 - 1870</i> Age, Years <i>82</i> Months _____ Days _____
Embalming _____		Occupation <i>Pub. School teacher</i>
Clothing _____		How Long at Place of Death <i>7 days</i>
Total Cash Advances _____		Birthplace—City or County <i>Langhorne Pa.</i> State or Country _____
		Name of Father <i>John C. Zimmerman</i>
		Birthplace of Father _____
		Maiden Name of Mother <i>Kathleen Lee</i>
		Birthplace of Mother _____
		Signed <i>Ed Blann</i> M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <i>Int alms</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 _____

Sister Mrs. Maudie Hazelwood Residing Calif.
Alhambra, Cal. Zimmerman Oakland Calif

* 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 S. Reuder Charge to Paul Reuder Account No. 317
 Ordered by Paul Reuder Guaranteed by _____ Serial No. 54
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date Jan 2-23 Hour 2 pm Annual No. 35
 Clergyman Rev. Gidder Lodge Affiliations Certain Star Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	623 00			
	Embalming <u>N.C. gates FH</u>	50 00			
	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.....				
	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.....				
	<u>Sales Tax</u>	10 88			
To Funeral Complete		823 88			
		853 88			

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

NAME OF DECEASED Wahel S. Ruder RESIDENCE Irving Kansas
 FUNERAL AT RESIDENCE MORTUARY Miller CHURCH DATE 1-2-53 HOUR 2 CLERGYMAN
 SINGERS Mrs Miller LODGE AFFILIATIONS Eastern Star

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Bell Hosp. Kc Mo</u>
Casket No. <u>892</u> Style <u>act. stat</u>		Date of Death <u>12-31-52</u>
Interior <u>wool</u> <u>cupes</u> Covering <u>grey broad cloth</u>		Cause of Death <u>Central Vascular accident</u> Contributory
Manufacturer <u>Prof. act</u>	DEBITS	Duration _____ Autopsy <u>no</u>
Total Net Cost of Casket <u>142</u>		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case <u>75.00</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth _____ Age, Years <u>74</u> Months _____ Days _____
Embalming <u>Exempt 11</u>		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>2 weeks</u>
<u>Robert Ruder</u>		Birthplace—City or County <u>Beaufort Mo</u> State or Country _____
<u>Wagon Bureau Chicago</u>		Name of Father <u>Johnson</u>
<u>Bell-Portsmouth Texas</u>		Birthplace of Father _____
Total Cash Advances <u>6 grand check</u>		Maiden Name of Mother _____
		Birthplace of Mother _____
		Signed <u>Dr. Taylor</u> Kc. M.D. _____ Coroner
		Address _____ Date _____
		Interment at <u>East ailing</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 John W. Roberts Charge to Eslatz Account No. 318
 Ordered by _____ Guaranteed by _____ Serial No. 5-5
 Funeral at _____ Residence _____ Mortuary Church _____ Date Jan 6 - 53 Hour 2:30 pm Annual No. 1
 Clergyman Rev. Miller 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				
	Outer Case or Vault <u>Walbert</u>	<u>150 00</u>			<u>237 00</u>
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach <u>2 trips</u>				
	Use of _____ Funeral Cars	<u>30 00</u>			
	Use of Flower Cars	<u>75 00</u>			
	Professional Supervision				
	<u>Sales Tax</u>	<u>2 80</u>			
		<u>\$247 80</u>			
	<u>Less 10 00 for Bx</u>	<u>15 00</u>			
		<u>\$237 00</u>			
	To Funeral Complete				

NAME OF DECEASED John W. Roberts RESIDENCE Tampa Florida

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>Tampa Florida</u>
Casket No. _____ Style _____		Date of Death <u>1-3-53</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case <u>W</u> _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____ <u>67.50</u>		Date of Birth _____ Age, Years <u>80</u> Months _____ Days _____
Embalming _____ <u>11.00</u>		Occupation <u>Ret Farmer</u>
Clothing _____		How Long at Place of Death <u>2 yrs</u>
		Birthplace—City or County <u>Ind</u> State or Country _____
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
<u>Lou Mrs Edith Price Tampa</u>		Address _____ Date _____
<u>Wm Schnally, Jr</u>		Interment at <u>Tray, Int 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 _____		Source of Call _____
REMARKS: <u>Body embalmed by B. Marion Reed Co. Tampa</u>		Insured in _____ Amount _____
		Beneficiary _____

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



Funeral of O. J. Stenson Charge to Family Account No. 318
 Ordered by _____ Guaranteed by _____ Serial No. 56
 Funeral at _____ Residence _____ Mortuary Church _____ Date Jan 8 Hour 1953-2pm Annual No. 2
 Clergyman Rev. Bartlett Lodge Affiliations Unknown 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.....	425 00			
	Embalming.....				
	Outer Case or Vault.....	140 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 <u>Sally Taylor</u>	7 90			
	Casket Coach.....	\$ 572 90			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
				
	To Funeral Complete				

pd 1-23-53 E 572-90

NAME OF DECEASED *O. L. Stevenson*

RESIDENCE *Tray Co. Rural*

FUNERAL AT _____ RESIDENCE _____ MORTUARY *✓* CHURCH _____

DATE *1-8-53*

HOUR *2 P.M.* CLERGYMAN _____

SINGERS *Ronald Pope*

LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____

Casket No. _____ Style *State N. O.*

Interior *Very Large* Covering *Plain Blue Cloth*

Manufacturer *Miller & S*

Total Net Cost of Casket _____

Outer Case _____

Vault *H. 70*

Embalming *810*

Clothing _____

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.

Place of Death *Home, near Marry*

Date of Death *1-5-53*

Cause of Death *Canes of Colon* Contributory _____

Duration *2 yrs* Autopsy _____

Sex *male* Color or Race *white*

Single _____ Married Widowed _____ Divorced _____ Child _____

Date of Birth *July 4 1872* Age, Years *80* Months _____ Days _____

Occupation *Ret. Farmer*

How Long at Place of Death *most of life*

Birthplace—City or County *Don. Co.* State or Country _____

Name of Father *Thomas Stevenson*

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed *Dr. Lardner* M.D. _____ Coroner _____

Address _____ Date _____

Interment at *Marry*

Lot or Grave No. _____ Section No. _____

Shipped to _____

Arrived from _____

Via _____ R. R. _____ Date _____

In Charge of _____

Source of Call *Thomas Stevenson*

Insured in _____ Amount _____

Beneficiary _____

Funeral of Genevieve Wender Charge to John Wender - Clay Thomas Account No. 520
 Ordered by _____ Guaranteed by _____ Serial No. 57
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date Jan 23-53 Hour 2 Pm. Annual No. 3
 Clergyman Rev. Campbell Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	350 00			
	Embalming.....		1-22-53		50 00
	Outer Case or Vault <u>Wood</u>	25 00	Clay Thomas		?
	Washing and Dressing.....		2-17-53		200 00
	Shaving.....				
	Slumber Robe.....		4-25-53		50 00
	Suit or Dress.....		J. Wender		
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman <u>Salvestay</u>	4 70			
	Singers.....	379 70			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				

To Funeral Complete

NAME OF DECEASED Herman W. Weidner 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>Tray Kansas</u>
Casket No. <u>4124</u> Style <u>1/2 Couch</u>			Date of Death	<u>1-20-53</u>
Interior <u>Black Satin</u> Covering <u>Black</u>			Cause of Death	Contributory
Manufacturer <u>Cremation Process</u>			Duration	Autopsy <u>No</u>
Total Net Cost of Casket	DEBITS		Sex	<u>Female</u> Color or Race <u>White</u>
Outer Case <u>Box 15</u>			Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>	
			Date of Birth	<u>July 4-1880</u> Age, Years <u>72</u> Months <u>7</u> Days <u>0</u>
			Occupation	<u>Hannover</u>
Vault			How Long at Place of Death	<u>3 yrs</u>
Embalming			Birthplace—City or County	<u>Osborne</u> State or Country <u>Kansas</u>
Clothing			Name of Father	<u>Henry Weidner</u>
			Birthplace of Father	
			Maiden Name of Mother	
			Birthplace of Mother	
			Signed	<u>Dr. Gordon</u> M.D. Coroner
Total Cash Advances			Address	Date
			Interment at	<u>Int. Alia</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 Lydia Zimmerman Charge to Willard Brunton Account No. 326
 Ordered by _____ Guaranteed by _____ Serial No. 58
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1-30 Hour 2 Pm Annual No. 4
 Clergyman Rev. J. P. McCullah Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	250 00	236 50		
	Embalming				
	Outer Case or Vault <u>wood</u>	25 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 <u>Sales Ty</u>	3 50			
	Casket Coach				
	Use of _____ Funeral Cars	278 50			
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	To Funeral Complete				

Handwritten note: Paid in full by Brunton

Handwritten note: 245

NAME OF DECEASED Lylia Mummer RESIDENCE Gray Kansas
FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
SINGERS Mrs Mitchell, Mrs Hughes LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Wm Brunston Home</u>
Casket No. _____ Style <u>1/2 coach</u>		Date of Death <u>1-28-53</u>
Interior _____ Covering <u>lin</u>		Cause of Death <u>Cerebral arterio- sclerosis</u> <small>Contributory</small>
Manufacturer <u>miller-67</u>		Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case <u>wood 15</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth _____ Age, Years <u>82</u> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>Doniphan</u> State or Country _____
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Dr Cordover</u> M.D. _____ Coroner _____
		Address <u>Gray Kan</u> Date _____
		Interment at <u>Wt alius</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.

NAME OF DECEASED Byron H. Whitstein RESIDENCE Tray Co RR 2
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE 2-22-52 HOUR _____ CLERGYMAN _____
 SINGERS Womens choir LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Main Street 9 Sparks, Mo</u>
Casket No. <u>Miller</u> Style <u>King panel</u>		Date of Death <u>2-19-53</u>
Interior <u>Joan Satin</u> Covering <u>dark plush</u>		Cause of Death <u>Fell under bulldozer</u> Contributory _____
Manufacturer <u>Miller 47</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case <u>wood 15</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault <u>Grave 15</u>		Date of Birth <u>Jan 14-1885</u> Age, Years <u>48</u> Months _____ Days _____
Embalming _____		Occupation <u>Farmer + Bulldozer operator</u>
Clothing _____		How Long at Place of Death <u>2 hrs</u>
_____		Birthplace—City or County <u>Lanshan Co</u> State or Country <u>Kansas</u>
_____		Name of Father <u>Bert Whitstein</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>Margaret Long</u>
_____		Birthplace of Mother _____
_____		Signed <u>By Blair</u> M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at <u>St. Alins</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 *James Adam Corso* Charge to *Estate* Account No. *323*
 Ordered by *Corso* Guaranteed by _____ Serial No. *60*
 Funeral at _____ Residence _____ Mortuary Church _____ Date *2-22-53* Hour *1:30* Annual No. *6*
 Clergyman *Rev. W.E. Ingus* Lodge Affiliations _____ Body Shipped to or from _____

	Date	Description of Service	Amount		Date	V	Credits	
Place of Burial		Casket and Services	398	00			697	44
Cemetery		Embalming						
Grave No.		Outer Case or Vault <i>Mausoleum</i>	285	00				
Lot No.		Washing and Dressing						
Block No.		Shaving						
Section		Slumber Robe						
Pall Bearers		Suit or Dress						
		Other Articles of Clothing		4 00				
		Transferring Body						
		Door Badge						
		Opening Grave						
		Newspaper Notices						
		Telegrams and Telephone Calls						
		Use of _____ doz. Chairs						
		Flowers						
		Clergyman						
Singers		Singers <i>Sales Ty</i>		10 47				
		Casket Coach						
		Use of _____ Funeral Cars						
		Use of Flower Cars						
		Professional Supervision						
Insurance Policies								
		To Funeral Complete		697 44				

NAME OF DECEASED James A. Kuss RESIDENCE Near Moray
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS Bill Umble LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL		
Charge for Complete Funeral Casket No. _____ Style <u>1/2 Queen</u> Interior <u>Gray Sateen</u> Covering <u>Plush</u> Manufacturer <u>Muller</u> 67 Total Net Cost of Casket _____ Outer Case <u>Walrus</u> 170 Vault <u>Egypt</u> 10 Embalming _____ Clothing _____ Total Cash Advances _____ Total Net Cost of Funeral _____ Gross Profit on Funeral _____ *Less Overhead Per Funeral _____ Net Profit Apparent _____			DEBITS	Place of Death <u>Missouri Methodist Hospital</u> Date of Death <u>2-27-53</u> Cause of Death <u>Coronary Occlusion</u> Contributory <u>Diabetes</u> Duration _____ Autopsy _____ Sex <u>Male</u> Color or Race <u>White</u> Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____ Date of Birth <u>May 1 1881</u> Age, Years <u>71</u> Months _____ Days _____ Occupation <u>Retired Farmer</u> How Long at Place of Death <u>2 Days</u> Birthplace—City or County <u>Wasson</u> State or Country _____ Name of Father <u>J. H. Kuss</u> Birthplace of Father _____ Maiden Name of Mother _____ Birthplace of Mother _____ Signed <u>Dr. Carder</u> M.D. _____ Coroner _____ Address <u>Highland</u> Date _____ Interment at <u>Cahill Seaman</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.

NAME OF DECEASED P. B. Lebbetts RESIDENCE Pawnee City Neb
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS mixed quartet LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Tray Kenos</u>
Casket No. <u>302</u> Style <u>1/2 Couch</u>			Date of Death	<u>2-26-53</u> <u>2-26-53</u>
Interior <u>Satan</u> Covering <u>velvet</u>			Cause of Death	<u>Central Nervous System</u>
Manufacturer <u>Superior Moulding</u>			Duration	<u>7 mo</u> Autopsy _____
Total Net Cost of Casket	<u>143</u>		Sex	<u>mal</u> Color or Race <u>white</u>
Outer Case	<u>160</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____	
Vault _____			Date of Birth	<u>Apr 4-83</u> Age, Years <u>70</u> Months <u>1</u> Days <u>22</u>
Embalming _____			Occupation	<u>Retired Farmer</u>
Clothing _____			How Long at Place of Death	<u>3 1/2 mos</u>
			Birthplace—City or County	<u>Pawnee Co</u> State or Country <u>Neb</u>
			Name of Father	<u>C. H. Lebbetts</u>
			Birthplace of Father	<u>Canada</u>
			Maiden Name of Mother	<u>Elyzabeth J. Bess</u>
			Birthplace of Mother	<u>Ohio</u>
Total Cash Advances _____			Signed	<u>Emerson Spiller</u> M.D. _____ Coroner
			Address	<u>Denton Kans</u> Date _____
			Interment at	<u>Pawnee City Neb</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 Frank J. Yungler Charge to Estate Account No. 3-24
 Ordered by Daughters Guaranteed by _____ Serial No. 42
 Funeral at _____ Residence _____ Mortuary Church _____ Date 2-28-33 Hour 2 P Annual No. 8
 Clergyman Wm Swombly Lodge Affiliations _____ Body Shipped to or from _____

	Date	Description of Service	Amount	Date	✓	Credits
Place of Burial		Casket and Services	255 00			
Cemetery		Embalming				
Grave No.		Outer Case or Vault <u>Wood</u>	25 00			311 32
Lot No.		Washing and Dressing				
Block No.		Shaving				
Section		Slumber Robe				
Pall Bearers		Suit or Dress	25 00			
		Other Articles of Clothing	15 3			
		Transferring Body				
		Door Badge				
		Opening Grave	30 00			
		Newspaper Notices				
		Telegrams and Telephone Calls	1 09			
		Use of _____ doz. Chairs				
		Flowers				
		Clergyman				
		Singers				
Singers		Casket Coach				
		Use of _____ Funeral Cars				
		Use of Flower Cars				
		Professional Supervision				
		<u>Sales Tax</u>	3 70			
Insurance Policies			<u>311 32</u>			
		To Funeral Complete				

NAME OF DECEASED Frank L. Younglove RESIDENCE Fray Reno - Rural
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 2-28-53 HOUR _____ CLERGYMAN _____
 SINGERS Warren LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Home North East of Fray</u>
Casket No. <u>150</u> Style <u>See # 80</u>			Date of Death	<u>2-26-53</u>
Interior			Cause of Death	<u>shot gun wound</u> Contributory
Manufacturer <u>Muller</u> Covering <u>See</u>			Duration	Autopsy
Total Net Cost of Casket <u>48</u>			Sex	<u>male</u> Color or Race <u>white</u>
Outer Case <u>wood 15</u>			Single	Married <input checked="" type="checkbox"/> Widowed Divorced Child
Vault			Date of Birth	Age, Years Months Days
Embalmg.			Occupation	<u>Ret. Farmer</u>
Clothing			How Long at Place of Death	<u>15 yrs</u>
			Birthplace—City or County	<u>mo.</u> State or Country
			Name of Father	
			Birthplace of Father	
			Maiden Name of Mother	
			Birthplace of Mother	
Total Cash Advances			Signed	<u>Fred Warman</u> ^{Coroner} M.D. Coroner
			Address	Date
			Interment at	<u>mt alms.</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 Ors Brunler Charge to Linda Brunler Account No. 326
 Ordered by..... Guaranteed by..... Serial No. 48
 Funeral at..... Residence..... Mortuary Christians Church..... Date 3-8-53 Hour 2 Pm Annual No. 9
 Clergyman Dr. M. Cullah Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	395 00			
Place of Burial	Embalming.....		Cerch 3-10-53		50 00
Cemetery	Outer Case or Vault... <u>Concord Bury</u>	38 00			50 00
Grave No.	Washing and Dressing.....		M.O. 5-13-54		35 00
Lot No.	Shaving.....				
Block No.	Slumber Robe.....		M.O. 6-3-54		25 00
Section	Suit or Dress.....		M.O. 7-16-54		25 00
Pall Bearers	Other Articles of Clothing.....		" " 8-8-54		25 00
	Transferring Body.....		" " 9-18-54		25 00
	Door Badge.....		" " 10-28-54		50 00
	Opening Grave.....	30 00	" " 11-19-54		35 00
	Newspaper Notices.....				270 00
	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>Sales Tax</u>	5 50			
		468 50			
	To Funeral Complete				

NAME OF DECEASED Ora Browner RESIDENCE Tray, Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE HOUR CLERGYMAN
 SINGERS Mrs. Lay, Mrs. Mitchell LODGE AFFILIATIONS

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

Charge for Complete Funeral
 Casket No. 350 Style 1/2 case
 Interior Satin Covering black
 Manufacturer Wiley
 Total Net Cost of Casket 48.00
 Outer Case Concut 18.00
 Vault Sw 11.00
 Embalming
 Clothing

DEBITS

Total Cash Advances

Lavera Brownee
44 South Rogers St.
Glenn 9, Colo. 817.41

2/11/54
452.63

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

REMARKS:

6) 1 net for 5-7-54

Place of Death Home in Tray
 Date of Death 3-5-53
 Cause of Death apoplexy Contributory
 Duration Autopsy
 Sex Female Color or Race white
 Single Married Widowed Divorced Child
 Date of Birth Dec 2 1869 Age, Years 83 Months Days
 Occupation Housewife
 How Long at Place of Death
 Birthplace—City or County Oregon State or Country
 Name of Father
 Birthplace of Father
 Maiden Name of Mother
 Birthplace of Mother
 Signed A. E. Corbin M.D. Coroner
 Address Date
 Interment at mt Olive Trg on Lane lot
 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 Wm Babb Charge to County Account No. 357
 Ordered by _____ Guaranteed by _____ Serial No. 64
 Funeral at _____ Residence _____ Mortuary Church _____ Date 3-2-53 Hour 2 Pm. Annual No. 10
 Clergyman Rev. Mr. Cullah 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.....	150 00	50 00		150 00
	Embalming.....		25 00		
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	25 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....	25 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....	25 00			
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	150 00			150 00

NAME OF DECEASED Wm Babb RESIDENCE Denton 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>Pool hall Denton Kans</u>
Casket No. _____ Style <u>flat top</u>		Date of Death <u>3-10-53</u>
Interior <u>white</u> Covering <u>black</u>		Cause of Death <u>Heart attack</u> Contributory _____
Manufacturer <u>Miller</u>		Duration _____ Autopsy _____
Total Net Cost of Casket <u>26</u>		Sex <u>male</u> Color or Race <u>white</u>
Outer Case <u>wood</u>		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Nov 14-1876</u> Age, Years <u>81</u> Months _____ Days _____
Embalming _____		Occupation <u>farm laborer</u>
Clothing _____		How Long at Place of Death <u>40 yrs in community</u>
		Birthplace—City or County <u>Forest City</u> State or Country <u>Mo</u>
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
		Signed <u>[Signature]</u> M.D. _____ Coroner _____
		Address <u>Denton Mo</u> Date _____
		Interment at <u>Forest</u> Tray <u>Parade Section</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:
 Total Net Cost of Funeral _____
 Gross Profit on Funeral _____
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

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



Funeral of Verte Grant Charge to _____ Account No. 328
 Ordered by Low Guaranteed by _____ Serial No. 66
 Funeral at _____ Residence _____ Mortuary Baptist Church _____ Date 3-22-53 Hour 2:30 Annual No. 11
 Clergyman Rev. Campbell Lodge Affiliations _____ Body Shipped to or from _____

	Date	Description of Service	Amount	Date	V	Credits
Place of Burial		Casket and Services	275 00			
Cemetery		Embalming				
Grave No.		Outer Case or Vault <u>Cornets</u>	36 00		OK 10-19-53	95 01
Lot No.		Washing and Dressing				
Block No.		Shaving				
Section		Slumber Robe				
Pall Bearers		Suit or Dress				
		Other Articles of Clothing				
		Transferring Body				
		Door Badge				
		Opening Grave				
		Newspaper Notices				
		Telegrams and Telephone Calls				
		Use of _____ doz. Chairs				
		Flowers				
		Clergyman				
		Singers				
Singers		Casket Coach <u>Sch. T. 9</u>	402		<u>Chas. Grant plus extra</u>	
		Use of _____ Funeral Cars	315 02		To 9-1-53	418 00
		Use of Flower Cars			Verte " " "	
		Professional Supervision			9-1-53	323 42
		Insurance Policies				741 51
		To Funeral Complete	315 02			

NAME OF DECEASED Mertis Grant RESIDENCE 834 So 9th. St Joe

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>834 So. 9th. St. Joseph</u>
Casket No. <u>200</u> Style <u>H. P. Repeating</u>			Date of Death <u>3-19-53</u>
Interior <u>Heavy Satin</u> Covering <u>Satin</u>			Cause of Death <u>Carcinoma Rt. Lung</u> Contributory
Manufacturer _____			Duration <u>3 months</u> Autopsy <u>no</u>
Total Net Cost of Casket <u>58</u>	DEBITS		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>Soldered 1850</u>			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault <u>Co</u> <u>11.00</u>			Date of Birth <u>Jan 25-1891</u> Age, Years <u>62</u> Months _____ Days _____
Embalming _____			Occupation <u>Homemaker</u>
Clothing _____			How Long at Place of Death <u>6 weeks</u>
			Birthplace—City or County <u>Bealton Va</u> State or Country _____
			Name of Father <u>Richard E. Grant</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Mary Edwards</u>
			Birthplace of Mother _____
			Signed <u>Dr. Cardonier</u> M.D. _____ Coroner _____
			Address _____ Date <u>3-22-53</u>
			Interment at <u>Inf. Aline</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 Mary Margaret Hess Charge to son Account No. 329
 Ordered by John Leo Hess Guaranteed by _____ Serial No. 66
 Funeral at Residence _____ Mortuary St Charles Church _____ Date 3-23 Hour 9 AM Annual No. 12
 Clergyman Fr Robert Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	557 00			
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault..... <u>wood</u>	25 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.....	30 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	35 00			
	Clergyman.....				
Singers	Singers.....				
	Casket Coach..... <u>Safety</u>	7 88			
	Use of..... Funeral Cars.....	654 88			
	Use of Flower Cars.....				
	Professional Supervision.....				
Insurance Policies				
				
				
				
	To Funeral Complete				

NAME OF DECEASED Mary Margaret Hess RESIDENCE 1230 Corby St. St Joseph Mo
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>St Joseph Mo</u>
Casket No. _____ Style <u>to casket</u>		Date of Death <u>3-19-53</u>
Interior <u>Reaction Satin</u> Covering <u>Reds Xi Silk</u>		Cause of Death <u>Central Nervous System</u> Contributory _____
Manufacturer <u>Milly 125</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>Sectional 19.50</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault <u>Eg 111.00</u>		Date of Birth <u>3-27-1865</u> Age, Years <u>87</u> Months _____ Days _____
Embalming		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>1 yr</u>
		Birthplace—City or County _____ State or Country _____
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
Total Cash Advances		Signed <u>W J Desmond</u> M.D. _____ Coroner _____
		Address <u>St Joseph</u> Date _____
		Interment at <u>St John</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 Sarah Belle Chapple Charge to Children Account No. 320
 Ordered by _____ Guaranteed by _____ Serial No. 67
 Funeral at _____ Residence _____ Mortuary Christine Church _____ Date 3-23-53 Hour 2 Pm Annual No. 12
 Clergyman Rev. J. S. McCullagh Lodge Affiliations Eastern Star Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	463 00			
	Embalming.....				
	Outer Case or Vault <u>Sectional</u>	36 00			
	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.....	20 00			
	Clergyman.....				
	Singers.....				
	Casket Coach <u>Sales Tax</u>	6 67			
	Use of _____ Funeral Cars.....	555 67			
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	555 67			

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

Singers

Insurance Policies

NAME OF DECEASED Sarah Bell Chepple 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 # <u>292</u>		Place of Death <u>Tray Kansas</u>
Casket No. <u>292</u> Style <u>to comb RC.</u>		Date of Death <u>3-20-53</u>
Manufacturer <u>Wagon 3010 Sat</u> Covering <u>Red cloth #13 Brn</u>		Cause of Death _____ Contributory _____
Total Net Cost of Casket <u>69.50</u>	DEBITS	Duration _____ Autopsy _____
Outer Case <u>19.50</u>		Sex <u>Female</u> Color or Race <u>White</u>
Vault <u>11.</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Embalming _____		Date of Birth <u>Nov 9-1877</u> Age, Years <u>75</u> Months _____ Days _____
Clothing _____		Occupation <u>Housewife</u>
		How Long at Place of Death <u>Lifelong</u>
		Birthplace—City or County <u>Kansas</u> State or Country _____
		Name of Father <u>Adam Taylor</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Adeline Groves</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>W. J. [unclear]</u> M.D. _____ Coroner _____
		Address <u>Wentworth</u> Date _____
		Interment at <u>Wentworth</u> - <u>3-23-53</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 Otto M. Inplest Charge to County Account No. 331
 Ordered by County Guaranteed by _____ Serial No. 28
 Funeral at _____ Residence _____ Mortuary Methodist Church _____ Date _____ Hour _____ Annual No. 14
 Clergyman Rev. Zander 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.....	55 00			150 00
	Embalming.....	25 00			
	Outer Case or Vault <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....	20 00			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
				
	To Funeral Complete	150 00			150 00

NAME OF DECEASED Otta M. Triplett RESIDENCE Tray Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Methodist DATE 3/26/53 HOUR 2 P.M. CLERGYMAN Rev. R. S. Ziedler
 SINGERS _____ 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. <u>100</u> <u>Flat</u> Style <u>top</u>		Date of Death <u>3-24-53</u>
Interior <u>Paper</u> Covering <u>Black Lin</u>		Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS	Duration <u>2 mo</u> Autopsy _____
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>wood</u> <u>15</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>April 4-1877</u> Age, Years <u>75</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>2 mo</u>
		Birthplace—City or County <u>Waco</u> State or Country <u>Texas</u>
		Name of Father <u>John Stevens</u>
		Birthplace of Father <u>Myria, Surfer</u>
Total Cash Advances _____		Maiden Name of Mother _____
		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Int Olin</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		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 Elizabeth Ann Duncan Charge to Causey Account No. 332
 Ordered by _____ Guaranteed by _____ Serial No. 69
 Funeral at _____ Residence _____ Mortuary Church _____ Date 3-29-53 Hour 2:30 Annual No. 15
 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.....	50 00			150 00
	Embalming.....	25 00			
	Outer Case or Vault..... <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....	25 00			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	150 00			150 00

NAME OF DECEASED Elizabeth A. Duncan RESIDENCE S.E. of Tray
 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>Home N.E. of Tray</u>
Casket No. _____ Style _____			Date of Death <u>3-27-53</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____			Duration _____ Autopsy _____
Total Net Cost of Casket <u>28</u>	DEBITS		Sex _____ Color or Race <u>white</u>
Outer Case <u>wood 15</u>			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>Aug 30-1864</u> Age, Years <u>88</u> Months _____ Days _____
Embalming _____			Occupation <u>Retirement</u>
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County <u>Douglas</u> State or Country _____
			Name of Father <u>John Kelly</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Elizabeth Whitzyer</u>
			Birthplace of Mother _____
			Signed <u>E. Corduner</u> M.D. _____ Coroner
			Address <u>Tray</u> Date _____
			Interment at <u>not alone</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 Mary Cross Charge to Jeffer Cross Account No. 333
 Ordered by _____ Guaranteed by _____ Serial No. 70
 Funeral at _____ Residence _____ Mortuary ✓ Church _____ Date 4-12-53 Hour 2-30 Annual No. 1516
 Clergyman Rev. Campbell Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	458 00			
	Embalming				
	Outer Case or Vault <u>Sectional</u>	38 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 <u>Sales Taylor</u>	6 25			
	Casket Coach	502 25			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	To Funeral Complete				

4-27-52

Pd by ck.

Credits

500 00

NAME OF DECEASED Mrs Mary Cross RESIDENCE Leona 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>Leona Kansas</u>
Casket No. _____ Style <u>1/2 Queen</u>		Date of Death <u>4-10-53</u>
Interior <u>Gray Satin</u> Covering <u>Flush</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Muller</u>		Duration _____ Autopsy _____
Total Net Cost of Casket <u>64.25</u>		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>Sgt</u> <u>19.50</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault <u>Corp</u> <u>11.00</u>		Date of Birth <u>Mar 16 1884</u> Age, Years <u>69</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>23 yrs</u>
		Birthplace—City or County <u>Jenetta</u> State or Country <u>Kansas</u>
		Name of Father <u>Hansel Kelt</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Kate Johnson</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Her Order</u> M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Mt. 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 _____		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 James S. Neal Charge to Wife Account No. 334
 Ordered by James S. Neal Guaranteed by James S. Neal Serial No. 77
 Funeral at Residence Mortuary Christians Church Date 4-18-53 Hour 2 Pm. Annual No. 17
 Clergyman Dr. Russell Lawson 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 <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe <u>Salute T</u>	2 00			
	Suit or Dress.....	152 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of.....doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of.....Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete				

Old by ch 4-16-53

NAME OF DECEASED James S. Neal RESIDENCE Severance 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>Severance Kansas</u>
Casket No. <u>200</u> Style <u>H.P.</u>		Date of Death <u>4-16-53</u>
Interior <u>W. Irving Sater</u> Covering <u>Light Green</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Smalley</u> # <u>48</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>male</u> Color or Race <u>white</u>
Outer Case <u>wood</u> <u>15.00</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>Feb 24-1881</u> Age, Years <u>72</u> Months _____ Days _____
Embalming		Occupation <u>Retired Farmer</u>
Clothing		How Long at Place of Death _____
		Birthplace—City or County <u>Douglas Co.</u> State or Country _____
		Name of Father <u>Wm Neal</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Lutisha Sharp</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>Ed Yoder</u> M.D. _____ Date <u>4-17-53</u> Coroner _____
		Address <u>Lynton</u> Interment at <u>Oak Hill - Severance</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 Jason M. Haylett Charge to Ralph James Hagan Account No. 335
 Ordered by Hugh Stoper Guaranteed by Hugh Stoper Serial No. 72
 Funeral at Residence Mortuary Church Date 4-22-53 Hour 3:30 Annual No. 18
 Clergyman J. E. Carter Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	365 00			
	Embalming				
	Outer Case or Vault <u>Sectional</u>	35 90			<u>pd 5-16</u> 388 00
	Washing and Dressing				
	Shaving				<u>Receipt</u> (187 27)
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge <u>Salute of</u>	5 08			<u>pd by funeral home</u>
	Opening Grave				<u>check in ane for fund.</u>
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>Lily pads</u>	1 25			
	Clergyman	406 33			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	To Funeral Complete	406 33			

NAME OF DECEASED Jesse M. Harlett RESIDENCE 3 mi N.W. of Troy
 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>Home</u>
Casket No. <u>450</u> Style <u>to couch</u>		Date of Death <u>4-20-19-53</u>
Interior <u>roy satin</u> Covering <u>glendora</u>		Cause of Death <u>Pulmonary Edema</u> contributory <u>Disinfect</u>
Manufacturer <u>Miller</u> <u>64.25</u>	DEBITS	Duration _____ Autopsy <u>no</u>
Total Net Cost of Casket		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case <u>Best 18.00</u>		Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Jan 24-1898</u> Age, Years <u>54</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>1 yr.</u>
		Birthplace—City or County _____ State or Country _____
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Fred Warman M.D.</u> <u>Corson</u> _____ Coroner
		Address _____ Date _____
		Interment at <u>Odd Fellows Public</u> <u>St Joe</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 Thomas C. Chittwood Charge to Estate Cavin Account No. 338
 Ordered by Administrators Guaranteed by _____ Serial No. 78
 Funeral at _____ Residence _____ Mortuary Church _____ Date May 22-53 Hour 2:00 PM Annual No. 21
 Clergyman Rev. Gidder Lodge Affiliations None Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	100 00			150 00
	Embalming.....	25 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices.....	150 00			
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete				

NAME OF DECEASED Charles Mack RESIDENCE Benton Nursing Home
 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>Mrs. Methodist Hosp.</u>
Casket No. _____ Style _____			Date of Death <u>6-3-53</u>
Interior _____ Covering _____			Cause of Death <u>Central sclerosis of brain</u> contributory
Manufacturer _____	DEBITS		Duration <u>2 hrs</u> 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>12-12-1882</u> Age, Years <u>70</u> Months _____ Days _____
Embalming _____			Occupation <u>Professor of Maths</u>
Clothing _____			How Long at Place of Death <u>3 days</u>
			Birthplace—City or County <u>Bay City</u> State or Country <u>Michigan</u>
			Name of Father _____
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>E</u>
			Birthplace of Mother _____
			Signed <u>Paul Forgan</u> M.D. _____ Coroner _____
			Address <u>H. 20th St</u> 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 <u>Body taken to K. M. Anatomy</u>
Gross Profit on Funeral			Source of Call <u>Capt. Lawrence K. Jones</u>
*Less Overhead Per Funeral			Insured in _____ Amount _____
Net Profit Apparent			Beneficiary <u>Dr. Paul G. Roop</u> <u>Chowan</u>

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 Vera Rhur Charge to Johnson & Sons Mortuary Account No. 340
 Ordered by Minnie Redleaf Guarant. [Redacted] Serial No. 79
 Funeral at..... Residence..... Mortuary..... Church..... Date..... Hour..... Annual No. 23
 Clergyman..... Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....				
	Embalming.....				
	Outer Case or Vault <u>Galion Steel</u>	<u>175 00</u>			<u>7-18-33</u>
	Washing and Dressing.....				<u>288 50</u>
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body <u>To Hatcher</u>	<u>68 50</u>			
	Door Badge <u>274 mile @ 25¢ 1 way</u>	<u>30 00</u>			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman <u>Grand Equipment</u>	<u>15 00</u>			
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	<u>288 50</u>			

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

NAME OF DECEASED Miss Vera Blake RESIDENCE _____

FUNERAL AT RESIDENCE MORTUARY CHURCH DATE _____ HOUR _____ CLERGYMAN _____

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
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Charge for Complete Funeral		
Casket No. _____ Style _____		
Interior _____ Covering _____		
Manufacturer _____	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 Grace Hospital, Hutchinson, Mo
 Date of Death 6-10-53
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex Female Color or Race White
 Single _____ Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Sept 29 - 1898 Age, Years 54 Months _____ Days _____
 Occupation School Teacher
 How Long at Place of Death 30 yrs in Hutchinson
 Birthplace—City or County Ind State or Country Ind
 Name of Father _____
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed _____ M.D. _____ Coroner _____
 Address _____ Date _____
 Interment at Int. Elias
 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 Warren W. Stricker RESIDENCE 2 mi West of Troy
 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>Home West of Troy</u>
Casket No. <u>302</u> Style <u>+ canopy</u>		Date of Death <u>7-14-53</u>
Roctoria <u>Halig</u> Covering <u>metal</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Superior Metallic</u>		Duration _____ Autopsy _____
Total Net Cost of Casket <u>193</u>		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault <u>Wicket 50</u>		Date of Birth _____ Age, Years <u>61</u> Months _____ Days _____
Embalming <u>Equip 11</u>		Occupation <u>Farmer</u>
Clothing _____		How Long at Place of Death <u>30 yrs</u>
		Birthplace—City or County <u>Waukegan, Ill</u> State or Country _____
		Name of Father <u>John Stricker</u>
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
		Signed <u>Dr. [Signature]</u> M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Waukegan</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 Paul H. Brown Charge to Wife Account No. 349
 Ordered by _____ Guaranteed by _____ Serial No. 8 AM
 Funeral at _____ Residence _____ Mortuary Methodist Church _____ Date 7-18-53 Hour 3:30 PM Annual No. 25
 Clergyman Rev. Miller Lodge Affiliations _____ Body Shipped to or from _____

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

Pall Bearers

Fred Kaalen
Ernst Hagenbuch
Carl Remarey
Bernard Bailey
A. G. Winger
Bob Howard

Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	585 00			7-20-53 766 82
	Embalming.....	140 00			
	Outer Case or Vault <u>wicket</u>				
	Washing and Dressing.....	725 00			
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge..... <input checked="" type="checkbox"/>	30 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergy <u>Organ & Bellows</u>	1 00			
	Singers.....				
	Casket Coach <u>Sales Tax</u>	9 82			
	Use of _____ Funeral Cars.....	735 82			
	Use of Flower Cars.....				
	Professional Supervision..... <u>Methodist Church</u>	1 50			
	_____	73 82			

	To Funeral Complete				

NAME OF DECEASED Paul F. Brown RESIDENCE Tray Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH 2 DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Manhattan 2 mi East of Tray</u>
Casket No. _____ Style <u>metal + coach</u>		Date of Death <u>7-15-53</u>
Interior <u>Satin</u> Covering <u>Dark Purple</u>		Cause of Death <u>Coronary Embolism</u> Contributory _____
Manufacturer <u>Miller</u> 81.00	DEBITS	Duration <u>3 1/2</u> Autopsy <u>No</u>
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 <u>Wilton 70</u>		Date of Birth <u>Jan 1889</u> Age, Years <u>44</u> Months _____ Days _____
Embalming <u>24</u>		Occupation <u>Retired fruit grower</u>
Clothing <u>8</u>		How Long at Place of Death <u>never</u>
		Birthplace—City or County <u>Tray Kan</u> State or Country _____
		Name of Father <u>Chas Brown</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Clara Byers</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>J. J. Cordover</u> M.D. _____ Coroner _____
		Address <u>Tray Kan</u> Date _____
		Interment at <u>Wilton</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 Buddie Thompson Charge to Sono Account No. 343
 Ordered by _____ Guaranteed by _____ Serial No. 80
 Funeral at _____ Residence _____ Mortuary Church _____ Date 7-18-53 Hour 1:30 Annual No. 25
 Clergyman Rev. Swandy Lodge Affiliations _____ Body Shipped to or from _____

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

Don Happings
Wayne Long
Francis Kent
Jim Swandy
Pat Frank
John Mc Connah
 Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	<u>685 00</u>			
	Embalming.....				
	Outer Case or Vault <u>Coccuty Bay</u>	<u>40 00</u>			
	Washing and Dressing.....				
	Shaving <u>Sales Tax</u>	<u>9 02</u>			
	Slumber Robe.....	<u>734 02</u>			
	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				

8-20-53
By ch
By Norman Thompson
Prill in full

734 02

NAME OF DECEASED Biddy Thompson RESIDENCE 2 mi N.W. of Lansing
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 7-18-53 HOUR 1:30 CLERGYMAN Rev. Wm. Swombly
 SINGERS J. L. S. Trio LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Home west of Lansing</u>
Casket No. <u>107</u> Style <u>State + Coach</u>			Date of Death <u>7-16-53</u>
Interior <u>crp</u> Covering <u>B.B. Prockcloth</u>			Cause of Death <u>Coronary Artery</u> <input type="checkbox"/> Contributory
Manufacturer <u>Refant 148</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>Seck 21</u>			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault <u>13</u>			Date of Birth _____ Age, Years <u>83</u> 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 <u>Dr. Cordner</u> M.D. _____ Coroner
			Address _____ Date _____
			Interment at <u>Dale Cemetery, near Spok</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 James M. Liso Charge to Children Account No. 348
 Ordered by _____ Guaranteed by _____ Serial No. 878
 Funeral at _____ Residence _____ Mortuary Christy Church _____ Date 7-22-53 Hour 2:30 Annual No. 27
 Clergyman Rev. Mc Callahan Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	620 00	5/11/26		680 00
	Embalming.....				
	Outer Case or Vault <u>Cosmott</u>	40 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	25 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge <u>Sales Tax</u>	8 74			
	Opening Grave.....				
	Newspaper Notices.....	693 74			
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers <u>upon grave</u>	30 00	OK		
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	50 00			

NAME OF DECEASED James M. Goss 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>Tray Kansas</u>
Casket No. _____ Style <u>1 Cr. R.E. Slats</u>			Date of Death <u>7-20-53</u>
Interior <u>Cypress</u> Covering <u>2 E.E. Brindcotte</u>			Cause of Death <u>Central embolism</u> Contributory <input type="checkbox"/>
Manufacturer <u>Ref cart 142</u>	DEBITS		Duration <u>5 days</u> Autopsy <input type="checkbox"/>
Total Net Cost of Casket			Sex <u>male</u> Color or Race <u>white</u>
Outer Case <u>Box 2B</u>			Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault <u>Box 13</u>			Date of Birth <u>Jan 4 1865</u> Age, Years <u>88</u> Months _____ Days _____
Embalming			Occupation <u>Retired Farmer</u>
Clothing			How Long at Place of Death <u>14 yrs</u>
			Birthplace—City of County <u>Longham</u> State or Country <u>Kans</u>
			Name of Father <u>Henry F. Goss</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Lena K. Stetson</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>J. G. Swank</u> M.D. _____ Coroner
			Address <u>Wagon</u> Date _____
			Interment at <u>Int. alone</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral			Source of Call _____
Gross Profit on Funeral			Insured in _____ Amount _____
*Less Overhead Per Funeral			Beneficiary _____
Net Profit Apparent			
REMARKS:			

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



NAME OF DECEASED Minerva M. Hansen RESIDENCE Formerly Denton Co
 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>Maple Hill Kansas</u>
Casket No. <u>275</u> Style <u>Diagonal cut 1 Co Oct.</u>		Date of Death <u>7-29-53</u>
Interior <u>Burg #3 Satin</u> Covering <u>Orchid</u>		Cause of Death <u>Hypostatic Pneumonia</u> Contributory
Manufacturer <u>Ref-art</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket <u>93</u>		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>Set 21</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault <u>13</u>		Date of Birth _____ Age, Years <u>84</u> Months _____ Days _____
Embalming <u>W</u>		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>6 months</u>
		Birthplace—City or County <u>Tower</u> State or Country _____
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
Total Cash Advances		Signed <u>M. Smith</u> M.D. <u>St. Mary's Co</u> Coroner
<u>704.32</u>		Address _____ Date _____
<u>518.38</u>		Interment at <u>Blakely Cemetery, San Antonio Tex</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 Phyllis Emily Mason Charge to Children Account No. 346
 Ordered by _____ Guaranteed by _____ Serial No. 88
 Funeral at _____ Residence _____ Mortuary St. Charles Church _____ Date 8-8-53 Hour 2 Pm. Annual No. 29
 Clergyman Rev. [unclear] Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	584 00			500 00
	Embalming				291 30
	Outer Case or Vault <u>Wilbert</u>	140 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <u>Dress</u>	27 50			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	30 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman <u>Salvo T. J.</u>	9 80			
	Singers				
	Casket Coach	791 30			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	To Funeral Complete				

NAME OF DECEASED Rhoda Emily Mowbray RESIDENCE Tray Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS Male Quartet LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Tray Kansas</u>
Casket No. _____ Style <u>1 Couch</u>			Date of Death <u>8-6-53</u>
Interior <u>Park Cape</u> Covering <u>Park Hill</u>			Cause of Death <u>Coronary Thrombosis</u>
Manufacturer <u>Kneller</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket <u>105</u>			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>Waxed 70</u>			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>Oct 15-1877</u> Age, Years <u>25</u> Months _____ Days _____
Embalming <u>11</u>			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>3 yrs</u>
			Birthplace—City or County <u>Jackson Co</u> State or Country <u>Ohio</u>
			Name of Father <u>Samuel Theobaldson</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Rhoda Crabtree</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>Dr. Cordman</u> M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>W. Hill</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 Edna Penn Charge to Estate Account No. 348
 Ordered by _____ Guaranteed by _____ Serial No. 84
 Funeral at _____ Residence _____ Mortuary Church _____ Date 8-16-33 Hour 3:00 PM Annual No. 30
 Clergyman Rev. Frank Jennings Lodge Affiliations _____ Body Shipped to or from Hennes, Colo

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				
	Outer Case or Vault <u>Sectional</u>	40 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <u>2 Years Trip</u>	30 00			
	Door Badge	30 00	<u>pd</u>		
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>Grand Equipment</u>	13 00			
	Clergyman	50 00	<u>pd</u>		
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Funeral Book</u>	1 3			
	<u>Acc. Cards</u>	9 0			
	<u>Sales Tax</u>	8 0			
		115 83			
	<u>Credit on</u>	15 00			
	To Funeral Complete	\$100 83			

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>Golden Colo</i>
Casket No. _____ Style _____			Date of Death	<i>8-12-53</i>
Interior _____ Covering _____			Cause of Death	<i>Cancer</i> Contributory _____
Manufacturer _____			Duration _____	Autopsy _____
Total Net Cost of Casket _____			Sex	<i>Female</i> Color or Race <i>White</i>
Outer Case <i>Suit 21</i>			Single _____ Married _____	Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault <i>6 13</i>			Date of Birth _____	Age, Years _____ Months _____ Days _____
Embalmg <i>6</i>			Occupation	<i>Housewife</i>
Clothing			How Long at Place of Death _____	
<i>Two Yessu Cash, Kerner</i>			Birthplace—City or County _____	State or Country _____
<i>Marshall Lang, Milwaukee Wis</i>			Name of Father _____	
<i>Mr Helen Gail Booth, Mission Ohio</i>			Birthplace of Father _____	
Total Cash Advances _____			Maiden Name of Mother _____	
_____			Birthplace of Mother _____	
_____			Signed _____	M.D. _____ Coroner _____
_____			Address _____	Date _____
_____			Interment at	<i>Int. Alby Cemetery</i>
_____			Lot or Grave No.	<i>Block 2nd</i> 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	<i>Shipped from Woods Mortuary Golden Colo,</i>			

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

Funeral of Johanna Maggie Monroe Charge to Ed. Monroe Account No. 348
 Ordered by _____ Guaranteed by _____ Serial No. 86
 Funeral at _____ Residence _____ Mortuary Church _____ Date 8-29-53 Hour 2 P.m. Annual No. 31
 Clergyman Rev. J. A. McCullah Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	685 00			
	Embalming.....				
	Outer Case or Vault <u>Sectional</u>	40 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>dress</u>	30 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	30 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers <u>Salest 4</u>	9 62			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				

	To Funeral Complete	794 62			

8-31-53
 Paid in full
 cash

794 62

NAME OF DECEASED Phanua Maggie Monroe 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>Tray Kansas</u>
Casket No. _____ Style <u>Oct. 8th Couch</u>		Date of Death <u>8-26-53</u>
Interior <u>Very large</u> Covering <u>Embenton Broadcloth</u>		Cause of Death <u>Apoplexy</u> Contributory _____
Manufacturer <u>Ref art</u>	DEBITS	Duration <u>16 yrs</u> Autopsy _____
Total Net Cost of Casket <u>417.28</u>		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>7-2-1866</u> Age, Years <u>87</u> Months _____ Days _____
Embalming <u>Sept 20</u>		Occupation <u>Housewife</u> 59 yrs
Clothing <u>13</u>		How Long at Place of Death _____
		Birthplace—City or County <u>Tray</u> State or Country <u>Kansas</u>
		Name of Father <u>Old Clementson</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Katherine Larson</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Dr. Gordon</u> M.D. _____ Coroner _____
		Address <u>Tray Kansas</u> 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 Charles F. Henlon Charge to Children Account No. 349
 Ordered by _____ Guaranteed by _____ Serial No. 86
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 9-7-53 Hour 10 AM Annual No. 32
 Clergyman Fr. Eghert Hall Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services <u>Sumpter, Franments</u>				<u>227 03</u>
	Embalming				
	Outer Case or Vault <u>Concerts</u>	<u>40 00</u>		✓	
	Washing and Dressing				
	Shaving <u>Sale 79</u>	<u>80</u>			
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <u>49 miles</u>	<u>22 10</u>		✓	
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls <u>Jan. & St Joe</u>	<u>1 00</u>			
	Use of _____ doz. Chairs				
	Flowers <u>Regatta Book</u>	<u>1 13</u>		✓	
	Clergyman <u>Adm. & Service Cards</u>	<u>2 00</u>		✓	
	Singers				
	Casket Coach	<u>20 00</u>			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision	<u>25 00</u>		✓	
	<u>new mortuary, Catholi Equip</u>	<u>100 00</u>		✓	
	<u>new grave Equipment</u>	<u>15 00</u>			
		<u>\$ 227 03</u>			
To Funeral Complete					

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

Singers _____

Insurance Policies _____

NAME OF DECEASED Charles F. Hansen **RESIDENCE** Tracy 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>Veto. Hosp. Wadsworth Kans</u>	
Casket No. _____ Style _____				Date of Death	<u>9-2-53</u>	
Interior _____ Covering _____				Cause of Death	<u>Cancer of Colon</u> Contributory _____	
Manufacturer _____				Duration	<u>4 months</u> 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 31</u> Age, Years <u>66</u> Months _____ Days _____	
Embalming _____				Occupation	<u>Retired Farmer</u>	
Clothing _____				How Long at Place of Death	<u>Sept 21 - 9. 1 wk. at Wadsworth</u>	
				Birthplace—City or County	<u>Fleming, Mo</u> 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>Int. Oliv</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 Henry N. Andrews Charge to Wife Account No. 377A
 Ordered by _____ Guaranteed by _____ Serial No. 8887
 Funeral at _____ Residence _____ Mortuary Christian Church _____ Date 9-20-53 Hour 2:30 Annual No. 33
 Clergyman Rev. McCullish + 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	428 00			
	Embalming				
	Outer Case or Vault <u>Concrete Section</u>	40 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe <u>Suit</u>	30 00			
	Suit or Dress				
	Other Articles of Clothing <u>Underclothing</u>	224			
	Transferring Body <u>Sox + Underwear</u>				
	Door Badge <u>75</u>				
	Opening Grave				
	Newspaper Notices <u>Sales Tax</u>	619			
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach <u>To Wadsworth</u>	22 10			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
To Funeral Complete		528 53			

9-22-53 Bych.
 Paid in full
 10-15-53
 436 43
 172 10
 608 53
 172 10
 43
 436 43

Credit

80 00

NAME OF DECEASED Henry N. Andrews RESIDENCE Tray Kansas Rural
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>Vets Hosp. Wadsworth</u>
Casket No. <u>350</u> Style <u>1/2 Coach Oak</u>		Date of Death <u>9-17-53</u>
Interior <u>Satin</u> Covering <u>Plush</u>		Cause of Death <u>Cerebral Hemorrhage</u> Contributory
Manufacturer <u>Muller</u>	DEBITS	Duration <u>3 months</u> Autopsy
Total Net Cost of Casket <u>75 64.25</u>		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 <u>Sect 21</u>		Date of Birth <u>3-6-1887</u> Age, Years <u>66</u> Months <u>6</u> Days <u>13</u>
Embalming <u>4</u>		Occupation <u>Farmer</u>
Clothing <u>4</u>		How Long at Place of Death <u>2 days</u>
		Birthplace—City or County <u>Leeward Pa</u> State or Country
		Name of Father <u>Wm Andrews</u>
		Birthplace of Father
		Maiden Name of Mother <u>Constance Burrell</u>
		Birthplace of Mother
Total Cash Advances		Signed _____ M.D. _____ Coroner
		Address _____ Date _____
		Interment at <u>Int. alius, Tray Pa</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 Emma N. Guthrie Charge to Children Account No. XXX 351
 Ordered by _____ Guaranteed by _____ Serial No. 88
 Funeral at _____ Residence _____ Mortuary Methodist Church _____ Date 10-12-53 Hour 2 Pm Annual No. 34
 Clergyman R. J. Bendley 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	582 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				
	Opening Grave	20 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman <u>Sales of</u>	9 76			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		751 76			
		# 751 76			
	To Funeral Complete				

cks 10-14-53

751 00

NAME OF DECEASED Emmie N. Gultus RESIDENCE Loy Ho.
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE HOUR CLERGYMAN Gubler
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Mo. Meth Hospital</u>
Casket No. Style <u>Metal & Pauch</u>		Date of Death <u>10-10-53</u>
Interior <u>Leather</u> Covering		Cause of Death
Manufacturer <u>Bought from</u>		Contributory
Total Net Cost of Casket <u>Wagon mortician</u>	DEBITS	Duration <u>10 days</u> Autopsy <u>no</u>
Outer Case		Sex <u>Female</u> Color or Race <u>White</u>
Vault <u>4902</u>		Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Embalming <u>without</u> <u>70</u>		Date of Birth <u>2/17/1867</u> Age, Years <u>86</u> Months <u></u> Days <u></u>
Clothing <u>Ep 10</u>		Occupation <u>Wagonwork</u>
		How Long at Place of Death <u>10 days</u>
		Birthplace—City or County <u>Columbus</u> State or Country <u>Ohio</u>
		Name of Father <u>Geo. Gubler</u>
		Birthplace of Father
		Maiden Name of Mother <u>May Sherritt</u>
		Birthplace of Mother
Total Cash Advances		Signed <u>Ed Gubler</u> M.D. <u></u> Coroner <u></u>
		Address <u></u> Date <u>10-12-53</u>
		Interment at <u>Oregon mo, City Cemetery</u>
		Lot or Grave No. <u></u> Section No. <u></u>
		Shipped to
		Arrived from
		Via <u></u> R. R. Date <u></u>
		In Charge of <u></u>
Total Net Cost of Funeral		Source of Call <u></u>
Gross Profit on Funeral		Insured in <u></u> Amount <u></u>
*Less Overhead Per Funeral		Beneficiary <u></u>
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 David W. Jandis Charge to..... Account No. 353
 Ordered by..... Guaranteed by..... Serial No. 90
 Funeral at..... Residence..... Mortuary..... Church..... Date..... Hour..... Annual No. 36
 Clergyman..... Lodge Affiliations..... Body Shipped to or from.....

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services..... <u>Cremated: ashes shipped from</u>				
	Embalming.....				
	Outer Case or Vault..... <u>Borham Brea Mortuary</u>				
	Washing and Dressing..... <u>4th & Elm St. Longridge Calif</u>				
	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>David Jandis</u>				
	<u>564 meta</u>				
	<u>Ventura Calif</u>				
	To Funeral Complete				

Prof. Lewis 10 00
opening grave 5 00
15 00
Ph. 12-2-53. clergy
for 90.00 to transfer
Double marker

NAME OF DECEASED David W. Jandis RESIDENCE _____
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 11-19-53 HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Santa Calif</u>
Casket No. _____ Style _____			Date of Death <u>11-13-53</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>male</u> Color or Race _____
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years <u>86</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
<u>mon u Jandis ded 12-18-54</u>			Birthplace—City or County _____ State or Country _____
<u>shot Brand 2-21-1955 mt alim</u>			Name of Father _____
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother _____
<u>ms Rose V. Hale</u>			Birthplace of Mother _____
<u>401 No. Woods st</u>			Signed _____ M.D. _____ Coroner _____
<u>Fullerton Calif</u>			Address _____ Date _____
<u>Chgs \$ 25.00</u>			Interment at <u>mt alim</u>
			Lot or Grave No. _____ Section No. _____
Total Net Cost of Funeral			Shipped to _____
			Arrived from _____
Gross Profit on Funeral			Via _____ R. R. Date _____
*Less Overhead Per Funeral			In Charge of _____
Net Profit Apparent			Source of Call _____
REMARKS:			Insured in _____ Amount _____
			Beneficiary _____

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

NAME OF DECEASED Lettie M. Elhuston 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>Home, Gray Kerosa</u>
Casket No. <u>Wood State 1/2 Couch</u>			Date of Death <u>12-3-53</u>
Interior <u>Road Satin</u> Covering <u>Brown Brocade</u>			Cause of Death <u>Carcinoma of Stomach</u> <input type="checkbox"/> Contributory
Manufacturer <u>Mc Innis Cincinnati</u>	DEBITS		Duration <u>2 yrs</u> Autopsy <input type="checkbox"/>
Total Net Cost of Casket <u>49.98</u>			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>10.00</u>			Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault <u>93.10</u>			Date of Birth <u>3/3/1878</u> Age, Years <u>75</u> Months _____ Days _____
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County <u>Loughan</u> State or Country _____
			Name of Father <u>Fred Shlosch</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Margaret Hantgenesser</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>Dr. Snyder</u> M.D. _____ Coroner _____
			Address <u>Winton Ks</u> Date _____
			Interment at <u>Wm. Olive</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 Car Liddington Charge to Walker F.H. Hyde Account No. 355
 Ordered by Walker Guaranteed by _____ Serial No. 92
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date _____ Hour _____ Annual No. 38
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services <i>460</i>	100 00			
	Embalming				
	Outer Case or Vault <i>Shipping Box</i>	20 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe <i>Suit</i>	12 00			
	Suit or Dress				
	Other Articles of Clothing <i>doz + U.W.</i>	1 50			
	Transferring Body <i>Wagon</i>	12 50			
	Door Badge				
	Opening Grave				
	Newspaper Notices <i>244</i>				
	Telegrams and Telephone Calls <i>155</i>	3 99			
	Use of _____ doz. Chairs				
	Flowers <i>Effuse charges</i>	64 50			
	Clergyman	214 49			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	To Funeral Complete				

ad by check 214 49

no sales tax

Funeral of James D. Shupe Charge to _____ Account No. 3510 356
 Ordered by J. W. P. Guaranteed by _____ Serial No. 93
 Funeral at _____ Residence _____ Mortuary Central Methodist Church _____ Date 12-28-53 Hour 10: AM Annual No. 39
 Clergyman Rev. Russell Lawson Lodge Affiliations Mason Body Shipped to or from Harrison

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....				12-31-53 136 00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body..... <u>22.10 + 25.00</u>	<u>47 10</u>			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....	<u>50</u>			
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....	<u>10 00</u>			
	Use of Flower Cars.....	<u>75 00</u>			
	Professional Supervision <u>+ 1 hr 2 mortuary etc</u>	<u>1 13</u>			
	<u>Registrar Book</u>	<u>2 30</u>			
	<u>Acknowledgment Card</u>				
		<u>136 03</u>			
	To Funeral Complete	<u>136 03</u>			

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

Singers

Insurance Policies

12/16

NAME OF DECEASED James D. Shupe RESIDENCE Denton 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>Woodsouth Veterans Hospital</u>
Casket No. _____ Style _____			Date of Death <u>12-28-53</u>
Interior _____ Covering _____			Cause of Death <u>Central Nervous System</u>
Manufacturer _____	DEBITS		Duration <u>8 days</u> 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 _____ Age, Years <u>59</u> Months _____ Days _____
Embalming _____			Occupation <u>mail carrier</u>
Clothing _____			How Long at Place of Death <u>8 days</u>
			Birthplace—City or County <u>Douglas</u> State or Country <u>Kansas</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>Woodsouth</u> <u>Kansas</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 Mary Ethel King Charge to W. a. King Account No. 357
 Ordered by W. a. King Guaranteed by _____ Serial No. 94
 Funeral at _____ Residence _____ Mortuary Baptist Church _____ Date 12-31-53 Hour 2 Pm Annual No. 40
 Clergyman Rev. M. W. Campbell Lodge Affiliations _____ Body Shipped to or from _____

	Date	Description of Service	Amount	Date	V	Credits
Place of Burial		Casket and Services				12/31/53 11736 00
Cemetery		Embalming				
Grave No.		Outer Case or Vault <u>Walshert</u>	<u>140 00</u>			
Lot No.		Washing and Dressing				<u>Paid on Full 1-4-54</u> <u>280 43</u>
Block No.		Shaving				
Section		Slumber Robe				
Pall Bearers		Suit or Dress <u>Salt & T 4</u>	<u>2 80</u>			
		Other Articles of Clothing				
		Transferring Body				
		Door Badge				
		Opening Grave	<u>30 00</u>			
		Newspaper Notices				
		Telegrams and Telephone Calls				
		Use of _____ doz. Chairs				
		Flowers				
		Clergyman				
Singers		Singers				
		Casket Coach <u>2 trips</u>	<u>30 00</u>			
		Use of _____ Funeral Cars				
		Use of Flower Cars				
		Professional Supervision <u>4 hrs of facilities</u>	<u>75 00</u>			
Insurance Policies		<u>Register Book</u>	<u>1 13</u>			
		<u>Acknowledgment Cards</u>	<u>1 50</u>			
			<u>280 43</u>			
		To Funeral Complete				

