

HARMAN FUNERAL HOME
1954 TO 1957

Surname	given name	record no.	Surname	given name	record no.
ABBETT	JOHN	478	FLORY	JEROME	397
ADAMS	MILLIE MAY	384	FOLEY	ELLA	449
ALLISON	JAMES	452	FOLEY	LAWRENCE GERARD	495
ANDRUS	FLOSSIE A	364	FOLSCHÉ	FRED A	388
APPLEBY	GEORGE	493	FREEL	JAMES SR	500
			FULLER	BESSIE	475
BACHNICK	ALEX O	491			
BAHR	CLARA J	476	GABBERT	HENRY URSUS	474
BAHR	LOUIS H	394	GARVIN	RALPH A	367
BELL	ARTHUR C	412	GILDERSLEEVE	HENRIETTA	471
BELL	GERTRUDE A	498	GOSS	THERESA	363
BLANTON	GRACE L	399	GRAVES	ARRIA E	457
BLANTON	ROBERT LINN	385	GRAY	INFANT	420
BLANTON	U GRANT	481	GUTZMAN	LENA	405
BLOSS	J DELBERT	430			
BRAUN	HUGH COWEN	496	HACKETT	JOHN A	494
BROWNLEE	NONA	483	HARDY	ALFRED CARSON	453
			HART	JOHN PATRICK	421
CALLAHAN	FANNIE IRENE	432	HATHAWAY	LESTER O	434
CALNAN	MARTHA ANN	374	HAUTZENRADER	EMMA	469
CAMPBELL	GRACE	486	HAYS	MARTHA EMMA	427
CAMPBELL	JOHN HUGH	378	HILES	WILLIAM HARRY	485
CAMPBELL	MABEL	484	HILLJE	EMIL	470
CAMPBELL	WILLIAM T	455			
CAUDLE	PERRY	445	KENNEDY	SAMMY GENE	413
CLARY	RAY EUGENE	466	KENT	HAMILTON D	473
CLARY	WILLIAM	454	KINSEY	HUGH DANIEL	375
CLUP	ANNIE	482	KOEHLER	MABEL LUCILLE	361
CULP	LORA M	402	KOSTMAN	MALVIN GEORGE	362
CUMMINGS	ROBERT C	409	KURTZ	SAMUEL C	370
DEAN	CORA L	398	LAME	CALEB ANDREW	438
DeHART	CLARENCE	443	LARSON	MILDRER LOUISE	437
DEMONEY	JOHN A	489	LARSON	RITA KAY	376
DENTON	FRANK J	377	LEHEW	JOSEPHINE	411
DENTON	NOAH C	366	LONG	ETHEL MAE	389
DILLENBACK	MARY E	440	LONG	JOHN WAYNE	390
DITTEMORE	CLYDE G	416	LOWE	CLARE E	400
DOUGHTY	EDWARD E	395	LYNESS	MAE V	504
DOWDEN	EVELYN G	371			
ELLIS	LAURA MABEL	480			
EMMERICH	JOSEPH B	502			
EMORY	JOHN NORMAN	436			
ETHERTON	JAMES F	492			

HARMAN FUNERAL HOME
1954 TO 1957

Surname	given name	record no.	Surname	given name	record no.
MANYON	PETER J	414	SANDY	RENA E	450
MARTIN	THOMAS	404	SAWYER	DIANNA KAY	451
MASTERS	ASBERY ALLISON	488	SAXTON	BELLE	424
McGREGOR	MINNIE	369	SCHAUFLER	AMOS	429
McGREGOR	ROBERT A	462	SEVERTON	GUNDER	467
McINTYRE	ANNA	477	SIMPSON	VEDA	426
McINTYRE	CATHERINE	422	SMITH	ANNIE LOUISE	403
MEERS	GEORGE	487	SMITH	GEORGE ALBERT	448
MIDER	MARY E	505	SMITH	NILE R	442
MILLER	GEORGE PARKER	418	SMITH	SHERMAN LEE	407
MITCHELL	PEARL P	431	SNIVELY	EUNICE	392
MUDGE	LESLIE J	444	STEWART	JOHN	373
			STRONG	VEDA M	447
NELSON	ANNA C	499	SURLES	ESTA V	472
NESSER	JOHN ALBERT	460			
NIMZ	VERONICA	468	TAYLOR	IDA ELIZABETH	425
NOCKS	GRACE PAULINE	497	THARMAN	MINNIE A	379
NORMAN	CHARLES V	365	THEIS	KATHRYN	490
			THOMAS	FRED A	386
OSGOOD	BABY BOY	410	THOMAS	PETRA	501
OSGOOD	BABY BOY	503	THOMPSON	GROVER CLEVELAND	382
OSGOOD	INFANT BOY	463	THOMPSON	MYRTLE L	381
			THORNTON	ERMA L	464
PALMER	ROLLO L	461	THORNTON	PEARL	383
PARKER	IRVIN D	428	TRIPLETT	RUSSELL C	439
PENNELL	JOSEPH	393	TUEY	LARRY DEAN	396
PETERS	DEANNA LYNN	391	TURPIN	ADA D	387
PETERSON	ANNA K	380			
PINGER	RAYMOND W	465	URWELL	ANNA MAE	435
POLLARD	WILLIAM CALVIN	507			
PRY	WILLET NORMAN	417	WALKER	WILLIAM JOHN	359
			WALTER	FANNIE ISABELLA	433
RAMSEIER	REBECCA	456	WALTER	INFANT	368
RAWLES	WILLIAM F	479	WARNER	ELLEN	506
RICHARDSON	JOHN H	446	WEBBER	FRANK C	360
ROBERTON	FRED	406	WEBER	ALLEN G	459
RUHNKE	VERNON	441	WERNER	JOHN FRANCES	419
RUTHERFORD	SAM	423	WHETSTINE	OLLIE ANN	458
			WHITE	JULIA E	372
			WILLIAMSON	A E	401
			WISLER	DOSHIA F	358
			WYKERT	BABY GENE	414
			WYKERT	BOBBIE G 2ND LT	415
			ZIMMERMAN	AGNES R	408

NAME OF DECEASED Loshia F. Wisler RESIDENCE Gray Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 1-15-57 HOUR _____ CLERGYMAN _____
 SINGERS Imped Quartet LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	462 00	Place of Death <u>Home Gray Kansas</u>
Casket No. <u>350</u> Style <u>1/2 co. oak</u>		Date of Death <u>1-13-57</u>
Interior <u>Satin</u> Covering <u>Plush</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</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>Sectional 21</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>Dec 1-1859</u> Age, Years <u>94</u> Months <u>1</u> Days <u>12</u>
Embalming _____		Occupation <u>Housewife</u>
Clothing <u>Dress 11</u>		How Long at Place of Death <u>44 years</u>
<u>Equip 13</u>		Birthplace—City or County <u>Poland</u> State or Country <u>Kansas</u>
Total Cash Advances _____		Name of Father <u>Wm. Hubbert</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Lavinia Jones</u>
		Birthplace of Mother _____
		Signed <u>W. Blair</u> M.D. <u>L.A.</u> Coroner
		Address <u>Gray, Mo.</u> Date _____
		Interment at <u>Wm. Hubbert</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral <u>96 25</u>	<u>96 25</u>	In Charge of _____
Gross Profit on Funeral <u>365 75</u>		Source of Call _____
*Less Overhead Per Funeral <u>324 00</u>		Insured in _____ Amount _____
Net Profit Apparent <u>41 75</u>		Beneficiary _____

REMARKS:

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

Funeral of Mrs. Lucille Koehler Charge to Lelia Q. Koehler Account No. 360
 Ordered by _____ Guaranteed by _____ Serial No. 98
 Funeral at _____ Residence _____ Mortuary L Church _____ Date 2/13/54 Hour 2 Pm Annual No. 4
 Clergyman Wm. Swannell Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	<u>439 00</u>	<u>2-26-54</u>		
	Embalming				<u>100 00</u>
	Outer Case or Vault <u>Sectional</u>	<u>40 00</u>			<u>325 00</u>
	Washing and Dressing				<u>425 00</u>
	Shaving				
	Slumber Robe	<u>22 00</u>			<u>114 74</u>
	Suit or Dress	<u>2 23</u>			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge <u>Sales Tax</u>	<u>6 51</u>			
	Opening Grave	<u>509 74</u>			
	Newspaper Notices	<u>30 00</u>			
	Telegrams and Telephone Calls	<u>538 74</u>			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	To Funeral Complete				

NAME OF DECEASED Mabel Lucille Kachler RESIDENCE 5 mi South of Tracy

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>1/2 Couch</u>			Date of Death <u>2-11-54</u>
Interior <u>Satin</u> Covering <u>Plush</u>			Cause of Death <u>Alcohol Pleurisy due to Child Birth</u>
Manufacturer <u>Miller</u>			Duration <u>2 hrs</u> Autopsy _____
Total Net Cost of Casket	64 25		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>Sectional</u>	21 00		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Nov 23-1921</u> Age, Years <u>32</u> Months _____ Days _____
Embalming <u>Int + Service</u>	13 00		Occupation <u>Housewife 3 yrs.</u>
Clothing			How Long at Place of Death <u>3 yrs.</u>
			Birthplace—City or County <u>Womphrey Co</u> State or Country <u>Alabama</u>
			Name of Father <u>Earl Brunwell</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Mavis Robertson</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>Dr. Cordover</u> M.D. _____ Coroner _____
<u>Report Still Born</u>			Address _____ Date _____
<u>buried in same casket</u>			Interment at <u>Int. Alms</u>
<u>at no charge</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 Mr Alvin George Kostman Charge to wife Account No. 362
 Ordered by _____ Guaranteed by _____ Serial No. 70099
 Funeral at _____ Residence _____ Mortuary Baptist Church _____ Date 2-20-54 Hour 2 PM Annual No. 5-
 Clergyman M.W. Campbell Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	620 00	582 00		
Place of Burial	Embalming				
Cemetery	Outer Case or Vault <u>Walbert</u>	140 00			CR-3-5-54 827 54
Grave No.	Washing and Dressing				Account 590 38 00
Lot No.	Shaving				
Block No.	Slumber Robe <u>Salesta</u>	10 24			
Section	Suit or Dress				
Pall Bearers	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave <u>+ 2 graves</u>	80 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	15 30			
	Clergyman				
	Singers				
Singers	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
Insurance Policies	<u>\$38.00 Disc. of fund in 30 days</u>				
To Funeral Complete		869 54			

NAME OF DECEASED Malvin G. Kostman RESIDENCE 5 mi N.E. of Troy
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS Mixed Quartet from Baptist Church LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Malvin Kostman Home</u>
Casket No. _____ Style _____			Date of Death <u>2-17-54</u> <u>5:15 P.M.</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 _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>12-22-14</u> Age, Years <u>39</u> Months _____ Days _____
Embalming _____			Occupation <u>Farmer + Packing house worker</u>
Clothing _____			How Long at Place of Death <u>2 hrs. by auto</u>
			Birthplace—City or County <u>Chapman, Ind.</u> State or Country _____
			Name of Father <u>Alb. C. Kostman</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Mary Rieck Keiser</u>
			Birthplace of Mother _____
			Signed <u>Dr. Cordery</u> M.D. _____ Coroner _____
			Address <u>Highland, Mo.</u> Date <u>2-19-54</u>
			Interment at <u>Mt. Olive Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral			Source of Call _____
*Less Overhead Per Funeral			Insured in <u>Packing House Group</u> 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.

NAME OF DECEASED Theresa Moss 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>Still Birth at St. Joseph</u>	
Casket No. _____ Style _____			Date of Death	<u>Hospital 2-16-54</u>	
Interior _____ Covering _____			Cause of Death	<u>Contributory</u>	
Manufacturer _____	DEBITS		Duration _____	Autopsy _____	
Total Net Cost of Casket			Sex <u>Female</u>	Color or Race <u>white</u>	
Outer Case _____			Single _____	Married _____	Widowed _____
Vault _____			Divorced _____	Child _____	
Embalming _____			Date of Birth <u>2-16-54</u>	Age, Years _____	Months _____
Clothing _____			Days _____	Occupation _____	
_____			How Long at Place of Death _____	Birthplace—City or County _____	State or Country _____
_____			Birthplace of Father _____	Name of Father <u>Kenneth E. Moss</u>	
_____			Maiden Name of Mother <u>Josephine Margaret Wagner</u>	Birthplace of Mother <u>Tray, Mo</u>	
Total Cash Advances _____			Signed <u>Her [Signature]</u>	M.D. _____	Coroner _____
_____		Address <u>Reynolds, Kansas</u>	Date <u>2-19-54</u>		
_____		Interment at <u>Mt. Calvary, Waltham</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.

NAME OF DECEASED Flossie G. Andrews 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>Community Hospital Kawatch</u>
Casket No. <u>450</u> Style <u>1/2 Couch</u>		Date of Death <u>2-19-24</u>
Interior <u>Satin</u> Covering <u>Light Plush</u>		Cause of Death <u>Cancer of Lung</u> Contributory _____
Manufacturer <u>Muller</u>	DEBITS	Duration <u>2 mo</u> Autopsy <u>no</u>
Total Net Cost of Casket	<u>64 25</u>	Sex <u>Female</u> Color or Race <u>White</u>
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault	<u>20 00</u>	Date of Birth <u>06-1889</u> Age, Years <u>64</u> Months _____ Days _____
Embalming <u>Gene Sevin</u>	<u>13 00</u>	Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>1 Day</u>
		Birthplace—City or County <u>Bevan Co.</u> State or Country <u>Kan</u>
		Name of Father <u>Abraham Kurekger</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Mary Jane Miller</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>Dr. Wessell</u> M. <u>Kawatch</u> Coroner
		Address _____ Date _____
		Interment at <u>mt. Oliv., Tray</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		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 Chas. V. Norman Charge to Mrs Bernice Norman Account No. 365
 Ordered by _____ Guaranteed by _____ Serial No. 102
 Funeral at _____ Residence _____ Mortuary Methodist Church _____ Date 2-26-54 Hour 2 P.M. Annual No. 8
 Clergyman Gardner McCullough Lodge Affiliations Masonic Body Shipped to or from Recheater

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....				
	Embalming.....				
	Outer Case or Vault. <u>Walbert</u>	<u>140 00</u>			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body <u>KC to Troy 16 miles</u>	<u>29 60</u>			
	Door Badge.....				
	Opening Grave.....	<u>50 00</u>			
	Newspaper Notices. <u>Reg Book</u>	<u>2 00</u>			
	Telegrams and Telephone Calls <u>Cards</u>	<u>4 55</u>	<u>(65¢ per buf)</u>		
	Use of _____ doz. Chairs.....				
	Flowers. <u>Laud Sprakes</u>	<u>15 00</u>			
	Clergyman.....				
	Singers.....				
	Casket Coach.....	<u>15 00</u>			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars <u>Sala T of</u>	<u>29 3</u>			
	Professional Supervision.....	<u>50 00</u>			
	<u>Use of Mortuary + grave Equip.</u>	<u>60 00</u>			
		<u>349 08</u>			
	<u>Less \$10.00 for _____</u>	<u>10 00</u>			
		<u>339 08</u>			
	To Funeral Complete				

ORARY
 LARZELORE
 DELANEY
 HOWARD
 BAKER
 Genbuch
 CULP
 Chapple
 Blevins
 E. Condon
 CAINAN

ACTIVE
 R. C. TRIPLOTT
 F. E. HAYES
 EARL GREEN
 Wm. TURPIN
 CHAS. BEMBRIE
 ROBT. REEDER

NAME OF DECEASED Infant Walter RESIDENCE Tray #s
 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. Smith's Hospital</u>
Casket No. _____ Style <u>Full H.O.</u>			Date of Death	<u>3-11-54</u>
Interior <u>Satin</u> Covering <u>✓</u>			Cause of Death	
Manufacturer <u>Muller</u>			Contributory	
Total Net Cost of Casket	DEBITS		Duration	Autopsy
	<u>17 50</u>		Sex <u>Female</u> Color or Race <u>White</u>	
Outer Case <u>✓</u>			Single <u>✓</u> Married _____ Widowed _____ Divorced _____ Child _____	
Vault _____			Date of Birth <u>Still birth</u> Age, Years _____ Months _____ Days _____	
Embalming _____			Occupation <u>36 weeks pregnancy</u>	
Clothing _____			How Long at Place of Death _____	
			Birthplace—City or County _____ State or Country _____	
			Name of Father <u>Robert Herman Walter</u>	
			Birthplace of Father <u>Tray #s</u>	
			Maiden Name of Mother <u>Wenta</u>	
			Birthplace of Mother <u>Wesleyville, Mo</u>	
Total Cash Advances _____			Signed <u>J. J. [Signature]</u> M.D. <u>Yoder</u> Coroner	
			Address <u>St. Joseph</u> Date <u>3-11-54</u>	
			Interment at <u>St. Olive Tray 10</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 Margie McHugh Charge to Sons Account No. 358
 Ordered by Sons Guaranteed by _____ Serial No. 106
 Funeral at _____ Residence _____ Mortuary Baptist Church _____ Date 3-13-54 Hour 2 PM Annual No. 12
 Clergyman M. W. Campbell Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	272 00			
	Embalming.....				300 00
	Outer Case or Vault <u>Concrete Sutedal</u>	40 00			15 00
	Washing and Dressing.....				
	Shaving <u>Saturday</u>	3 00			
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	315 00			

NAME OF DECEASED Merina Mc Guegan RESIDENCE Jay Kansas
 FUNERAL AT Middleton + Sallen RESIDENCE MORTUARY CHURCH DATE HOUR CLERGYMAN
 SINGERS Middleton + Sallen 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 _____			Date of Death <u>3-11-54</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			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>2-22-1879</u> Age, Years <u>75</u> Months _____ Days <u>17</u>
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>1 week</u>
_____			Birthplace—City or County <u>Louphan Co</u> State or Country <u>Kans</u>
_____			Name of Father <u>Perry Abbott</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Sarah Hamilton</u>
_____			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>J. Fogar</u> M.D. _____ Coroner _____
_____			Address _____ Date _____
_____			Interment at <u>Courter</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 Samuel C. Kurty Charge to Arthur L. Bern Account No. 370
 Ordered by Mrs Bern Guaranteed by _____ Serial No. 1078
 Funeral at _____ Residence _____ Mortuary Church _____ Date 3-14-54 Hour 2:30 Annual No. 13
 Clergyman J. E. McCallah Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	839 00	✓		500 00
	Embalming.....				
	Outer Case or Vault. <u>Sectional</u>	40 00	✓		
	Washing and Dressing.....				25 50
	Shaving.....				25 00
	Slumber Robe.....				
	Suit or Dress.....	35 00	✓		280 57
	Other Articles of Clothing.....				
	Transferring Body <u>Salisbury</u>	11 57	✓		
	Door Badge.....				
	Opening Grave.....	30 00	✓		
	Newspaper Notices <u>4 papers @ 25.00</u>	100 00	✓		
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	25 50	✓		
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	1055 57			
		25 50			
		1081 07			

Funeral of Evelyn H. Dawden Charge to Frank M. Dawden Account No. 376
 Ordered by Children Guaranteed by _____ Serial No. 108
 Funeral at _____ Residence _____ Mortuary _____ Church Methodist Date 3-15-54 Hour 2:30 Annual No. 14
 Clergyman Rev. Robt. H. Biggs Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	278 00	263 00		
	Embalming.....	40 00			
	Outer Case or Vault <u>Concrete</u>	318 00			
	Washing and Dressing.....	15 00			
	Shaving.....	3 03 00			
	Slumber Robe.....	3 96			
	Suit or Dress.....	3 06 96			
	Other Articles of Clothing <u>Suit T & C</u>				
	Transferring Body.....				
	Door Badge.....	80 00			
	Opening Grave <u>+ 2 graves</u>				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....	25 50			
	Use of _____ doz. Chairs.....				
	Flowers <u>+ 2 doz</u>				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	\$ 412 46			

NAME OF DECEASED Evelyn H. Snowden 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>Horton Hospital, Horton Ks</u>
Casket No. <u>150</u> Style <u>Wood Panel</u>			Date of Death <u>3-13-54</u>
Interior <u>Satin Trimm</u> Covering <u>Dark Oak. Oak</u>			Cause of Death <u>Coronary Thrombosis</u> Contributory
Manufacturer <u>Miller</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket	<u>48 00</u>		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>Sectional</u>	<u>20 00</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault <u>Sevens</u>	<u>7 50</u>		Date of Birth <u>Oct 22-95</u> Age, Years <u>58</u> Months _____ Days _____
Embalming <u>Normal</u>	<u>10 00</u>		Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>5 days</u>
			Birthplace—City or County <u>California</u> State or Country _____
			Name of Father <u>Geo. E. Jefferson</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Margaret Bryden</u>
			Birthplace of Mother _____
			Signed <u>D. J. Edwards</u> M.D. _____ Coroner
			Address <u>Horton Ks</u> Date _____
			Interment at <u>mt. alins</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via <u>S.S. 874-20-8668</u> 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.

NAME OF DECEASED Martha A. Calnan RESIDENCE Jay 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>Home Jay Kansas</u>
Casket No. _____ Style <u>Coach</u>		Date of Death <u>5-4-54</u>
Interior <u>White Velvet</u> Covering <u>Bronze mitre</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Mason</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault <u>will not</u>		Date of Birth <u>12/4/1870</u> Age, Years <u>83</u> Months _____ Days _____
Embalming _____		Occupation <u>housewife</u>
Clothing _____		How Long at Place of Death <u>50 yrs</u>
_____		Birthplace—City or County _____ State or Country <u>Kansas</u>
_____		Name of Father <u>John M. Swisher</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>Mary E. Wolfe</u>
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Dr. Ordover</u> M.D. _____ Coroner _____
_____		Address <u>Jay Kas</u> 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 Hugh David Kinsey Charge to Estate Account No. 375
 Ordered by _____ Guaranteed by _____ Serial No. 112
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 5-10-54 Hour 2:30 Annual No. 18
 Clergyman C. J. Harder Ziller Lodge Affiliations S.M. Mason Body Shipped to or from _____

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

Pall Bearers
Walter Kibler
Harry Mastus
Harry Davis
A. P. Joroff Jr.
Julien Nelson
R. J. Mayo
 Singers
Ensemble
Joy Alvin

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	795 00	11-9-54		
	Embalming		Ch. by Mrs. Kinsey		1125 24
	Outer Case or Vault <u>granite</u>	285 00			
	Washing and Dressing				
	Shaving	15 24			
	Slumber Robe <u>Salvage</u>	79			
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	30 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	_____			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		1125 24			

		1165 94			
	To Funeral Complete	1160 94			1125 24

NAME OF DECEASED Frank J. Denton

RESIDENCE 1 mi South of Denton

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOOR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>St. Josephs Hospital St. Joe</u>
Casket No. _____ Style <u>P.E. & Coyle</u>		Date of Death <u>5-20-54</u>
Interior <u>French Cape</u> Covering <u>all wool felt</u>		Cause of Death <u>Myocardial Infarction</u> Contributory
Manufacturer <u>Muller</u>	DEBITS	Duration <u>8 days</u> Autopsy <u>no</u>
Total Net Cost of Casket	<u>91</u>	Sex <u>male</u> Color or Race <u>white</u>
Outer Case <u>75</u>		Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault		Date of Birth <u>Mar. 29-1877</u> Age, Years <u>77</u> Months _____ Days _____
Embalming		Occupation <u>Retired Farmer</u>
Clothing		How Long at Place of Death <u>8-5 days</u>
		Birthplace—City or County _____ State or Country <u>England</u>
		Name of Father <u>Jonathan Denton</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>Leatia Barrend</u>
		Birthplace of Mother _____
		Signed <u>D. Apple</u> M.D. _____ Coroner
		Address _____ Date _____
		Interment at <u>Denton Center</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.



NAME OF DECEASED John Hugh Campbell RESIDENCE Lawer Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS Quartet LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

	DEBITS	
Charge for Complete Funeral		
Casket No. _____ Style <u>1/2 Couch</u>		
Interior <u>RT. Satin</u> Covering <u>Oak</u>		
Manufacturer <u>Miller</u>		
Total Net Cost of Casket	127 00	
Outer Case <u>Walnut</u>	71 00	
Vault _____		
Embalming _____		
Clothing <u>Suits + 4</u>	4 16	
<u>Shoes</u>	17 20	
Total Cash Advances _____		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death Home, Lawer Mo
 Date of Death 5-25-54
 Cause of Death Cerebral Embolism Contributory _____
 Duration _____ Autopsy no
 Sex Male Color or Race White
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth 11-25-1875 Age, Years 78 Months 6 Days _____
 Occupation Retired grain buyer
 How Long at Place of Death 15 years
 Birthplace—City or County Atchison State or Country Kansas
 Name of Father Robt. M. Campbell
 Birthplace of Father _____
 Maiden Name of Mother Cora Bell Mabury
 Birthplace of Mother _____
 Signed W. Grady Dr. Coroner _____
 Address St. Joe Date _____
 Interment at Valena Mo. Cemetery
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
50.500-09-6824-A
 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 Myrtle L. Thompson Charge to Children Account No. 388
 Ordered by _____ Guaranteed by _____ Serial No. 118
 Funeral at _____ Residence _____ Mortuary Christie Church _____ Date 7-14-54 Hour 2: Pm Annual No. 24
 Clergyman Harold Roberts & Mrs. Cullah Lodge Affiliations _____ Body Shipped to or from _____

charged 138.60

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	685 00	7-12-54	John Henry		46 42
	Embalming	140 00	7-12-54	Robert L. Thompson		46 42
	Outer Case or Vault <u>None</u>		7-12-54	Edgar Thompson		46 42
	Washing and Dressing		7-13-54	Auntie Thompson		46 42
	Shaving		7-13-54	Mr. J. Anderson		50 00
	Slumber Robe		7-13-54	Lorraine Walter		138 60
	Suit or Dress <u>Suit of 4</u>	10 60	8-10-54	John Henry (M.O.)		20 00
	Other Articles of Clothing	835 60	8-31-54	Robert L. Thompson		15 33
	Transferring Body		8-31-54	Edgar Thompson		15 50
	Door Badge		10-9-54	Edgar Thompson		15 33
	Opening Grave		10-13-54	Robert Thompson		15 33
	Newspaper Notices		11-19-54	Robert J. Thompson		15 00
	Telegrams and Telephone Calls		11-30-54	Mrs. Anderson		470 77
	Use of _____ doz. Chairs					
	Flowers					
	Clergyman <u>138.60</u>		11-30-54	Mrs. Anderson		88 60
	Singers <u>Each one 2.00</u>		12-1-54	Edgar Thompson		15 33
	Casket Coach		1-22-55	Edgar Thompson		15 00
	Use of _____ Funeral Cars		4-4-55	Edgar Thompson		15 33
	Use of Flower Cars		4-23-55	John Henry		10 00
	Professional Supervision		4-8-55	John Henry		50 00
			4-8-55	Edgar Thompson (paid in full)		15 00
	Insurance Policies					
	<u>John Henry 3320 Montgall K.C.</u>					
	To Funeral Complete					

NAME OF DECEASED Myrtle L. Thompson 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>Alchison Hospital</u>
Casket No. _____ Style <u>1/2 Coach</u>		Date of Death <u>7-10-54</u>
Interior <u>Egg Crisp</u> Covering <u>Coffin metal</u>		Cause of Death <u>Pulmonary Embolism</u>
Manufacturer <u>Poy Art.</u>		Duration <u>2 years</u> Color of Race <u>White</u>
Total Net Cost of Casket	143 00	Sex <u>Female</u> Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Outer Case	70 00	Date of Birth <u>9/2/02</u> Age, Years <u>51</u> Months _____ Days _____
Vault	10 00	Occupation <u>Housewife</u>
Embalming	10 00	How Long at Place of Death <u>62 Days</u>
Clothing		Birthplace—City or County <u>Ponca city</u> State or Country <u>Okl</u>
		Name of Father <u>Wm C. Kennedy</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>May E. Ward</u>
		Birthplace of Mother _____
Total Cash Advances <u>923 50 / 46 52</u>		Signed <u>D Anderson</u> M.D. _____ Date <u>7-12-54</u> Coroner
		Address <u>Alchison</u> Interment at <u>Int. Alchison</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:

Pay 923 50
46 52
Antis: 1609 80 11
92 18

* 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 Graves Cleland Thompson 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>Sw. Meth. Hospital</u>
Casket No. _____ Style <u>4 Column</u>			Date of Death <u>8-9-54</u>
Interior <u>P.T. Craper</u> Covering <u>Coffin on top</u>			Cause of Death <u>Myocardial</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS		Duration <u>8 days</u> Autopsy <u>no</u>
Total Net Cost of Casket	127 50		Sex <u>male</u> Color or Race <u>white</u>
Outer Case <u>Walnut Veneer</u>	70 00		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____	10 00		Date of Birth <u>3-9-85</u> Age, Years <u>69</u> Months _____ Days _____
Embalming <u>None</u>	11 00		Occupation <u>Cafe Operator</u>
Clothing <u>Intake</u>			How Long at Place of Death <u>8 days, 36 years Tray</u>
			Birthplace—City or County <u>Clearfork</u> State or Country <u>Can.</u>
			Name of Father <u>Wm Thompson</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Rebecca Williams</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>Dr. Foyrow</u> M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Int. Alive</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of <u>S.S. 511-34-1967</u>
Total Net Cost of Funeral _____			Source of Call _____
Gross Profit on Funeral _____			Insured in _____ Amount _____
*Less Overhead Per Funeral _____			Beneficiary _____
Net Profit Apparent _____			

REMARKS:

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



Funeral of Pearl Thurston Charge to County Account No. 383
 Ordered by..... Guaranteed by..... Serial No. 120
 Funeral at..... Residence..... Mortuary ✓ Church..... Date 8-21-54 Hour 3:30 pm Annual No. 26
 Clergyman M. W. Caspell 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.....	<u>200 00</u>	<u>8-1-54</u>		<u>200 00</u>
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
To Funeral Complete					

NAME OF DECEASED Pearl Shannon RESIDENCE Tray Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS no maddlers LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Mo. Methodist Hospital</u>
Casket No. _____ Style _____			Date of Death <u>8-20-54</u>
Interior _____ Covering _____			Cause of Death <u>Diabetes</u> Contributory _____
Manufacturer _____	DEBITS		Duration <u>1 month</u> Autopsy _____
Total Net Cost of Casket _____			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>3-13-1904</u> Age, Years <u>50</u> Months <u>5</u> Days <u>7</u>
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>1 month</u>
_____			Birthplace—City or County <u>Alabama</u> State or Country _____
_____			Name of Father <u>Wm. J. Shannon</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother _____
Total Cash Advances _____			Birthplace of Mother _____
_____			Signed <u>Dr. Fogar</u> M.D. _____ Coroner _____
_____			Address _____ Date _____
_____			Interment at <u>Courtesy Cemetery</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			Source of Call _____
*Less Overhead Per Funeral _____			Insured in _____ Amount _____
Net Profit Apparent _____			Beneficiary _____
REMARKS:			

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



Funeral of Millie May Adams Charge to Son Account No. 38 4
 Ordered by _____ Guaranteed by _____ Serial No. 12 1
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 9-18-54 Hour 10 AM Annual No. 27
 Clergyman Le. Dickson Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	200 00			100 00
	Embalming.....				
	Outer Case or Vault <u>Sectional</u>	40 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	10 00			
	Suit or Dress.....				
	Other Articles of Clothing <u>Six MC.</u>	1 00			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave <u>S</u>				
	Newspaper Notices.....				
	Telegrams and Telephone Calls <u>Salt 4</u>	3 40			
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	254 40			

NAME OF DECEASED Millie May Adams RESIDENCE Tray Kenon
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

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

Charge for Complete Funeral	
Casket No. <u>150</u> Style <u>Hi-Pant</u>	
Interior <u>Satin</u> Covering <u>See</u>	
Manufacturer <u>Smaller</u>	
Total Net Cost of Casket	47 00
Outer Case	16 00
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death Douglas Nursing Home
 Date of Death 9-16-54
 Cause of Death Coronary artery Contributory
 Duration _____ Autopsy _____
 Sex Female Color or Race White
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth 11-25-72 Age, Years 81 Months _____ Days _____
 Occupation Homemaker
 How Long at Place of Death 5 mo.
 Birthplace—City or County Red Oak State or Country Iowa
 Name of Father Jacob Bartels
 Birthplace of Father _____
 Maiden Name of Mother Susan Cunningham
 Birthplace of Mother _____
 Signed S. Gordon M.D. _____ Coroner _____
 Address _____ Date _____
 Interment at Ashland St. Joseph
 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 Robt. Jim Blanton Charge to Edgar Blanton Account No. 385
 Ordered by _____ Guaranteed by _____ Serial No. 122
 Funeral at _____ Residence _____ Mortuary K Church _____ Date 9-20-54 Hour 7 AM Annual No. 28
 Clergyman Mr. Campbell Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services <u>incl. Bur</u>	<u>25 00</u>			
	Embalming		<u>8-9-55 M.O.</u>		<u>2 00</u>
	Outer Case or Vault		<u>7-5-58 Mrs Blanton</u>		<u>2 00</u>
	Washing and Dressing <u>Sals T 4</u>	<u>50</u>			
	Shaving				
	Slumber Robe				
	Suit or Dress <u>Embroidered Toga</u>	<u>9 00</u>			
	Other Articles of Clothing	<u>34 50</u>			
	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				
	Insurance Policies				
	To Funeral Complete				

agreed 7-5-58 that Mrs Blanton pay this bill then I give her 10 minutes + she pay 2 for other labors

NAME OF DECEASED Robert Linn Blanton 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>Mo. Methodist Hospital</u>
Casket No. <u>1</u> Style <u>H.P.</u>			Date of Death <u>9-19-54</u>
Interior <u>Ray Sater</u> Covering <u>Satin</u>			Cause of Death <u>Pneumonia</u> Contributory _____
Manufacturer <u>Miller</u>			Duration <u>5 hrs</u> Autopsy _____
Total Net Cost of Casket	DEBITS <u>8.50</u>		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>9-19-54</u> Age, Years _____ Months _____ Days <u>5 hrs</u>
Embalming			Occupation <u>Infant</u>
Clothing			How Long at Place of Death <u>5 hrs</u>
			Birthplace—City or County <u>Sh. Marsh</u> State or Country <u>Mo</u>
			Name of Father <u>Edgar Blanton</u>
			Birthplace of Father <u>Louphew Co. Mo</u>
			Maiden Name of Mother <u>Flores Chismo</u>
			Birthplace of Mother <u>Oklahoma</u>
Total Cash Advances			Signed <u>G. W. Dy</u> M.D. _____ Coroner _____
			Address <u>Blanton Park</u> Date _____
			Interment at <u>Bur. alive</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral			
*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 Fred A. Thomas Charge to Mrs. Bay Mitchell Account No. 386
 Ordered by _____ Guaranteed by _____ Serial No. 128
 Funeral at _____ Residence Ellsworth Mortuary _____ Church _____ Date 10-4-54 Hour 3:30 pm Annual No. 29
 Clergyman Rev. Asher Lodge Affiliations Eagle 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	535 00	10-16-54		432 42
	Embalming				
	Outer Case or Vault				
	Washing and Dressing <u>Salm 74</u>	6 42			
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <u>150 mi @ 10¢</u>	15 00			
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers <u>Certified copy</u>	1 00			
	Casket Coach	557 42			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision <u>Less</u>	125 00			
To Funeral Complete		432 42			

*paid in full
10-16-54*

Ch. by Mrs. Mitchell

NAME OF DECEASED Freda Thomas RESIDENCE Tray, Kans (Ray Mitchell 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>Ray Mitchell Res.</u>
Casket No. _____ Style _____			Date of Death <u>10-3-54</u>
Interior _____ Covering _____			Cause of Death <u>apoplexy</u> Contributory <u>arterioscl.</u>
Manufacturer _____	DEBITS		Duration <u>3 hrs</u> Autopsy _____
Total Net Cost of Casket			Sex <u>male</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>9-2-1880</u> Age, Years <u>74</u> Months <u>1</u> Days <u>1</u>
Embalming _____			Occupation <u>Ret. RR</u>
Clothing _____			How Long at Place of Death <u>14 mo</u>
_____			Birthplace—City or County <u>Wahon</u> State or Country <u>Iowa</u>
_____			Name of Father <u>Curtis Thomas</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Helen Bugan</u>
_____			Birthplace of Mother _____
_____			Signed <u>Dr. Gordon</u> M.D. _____ Coroner _____
_____			Address <u>Tray</u> Date _____
_____			Interment at <u>Highland Park Pittsburg</u> 1/5
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from <u>Pittsburg</u>
_____			Via <u>Coach</u> R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			_____
*Less Overhead Per Funeral _____			_____
Net Profit Apparent _____			_____

SS. 511-10-3234

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 Ada D. Turpin Charge to Estate Account No. 387
 Ordered by _____ Guaranteed by _____ Serial No. 124
 Funeral at _____ Residence _____ Mortuary Smith Church Date 10-5-54 Hour 2:00 pm Annual No. 30
 Clergyman L. J. Jockey 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	698 00	Jan 30 00		
	Embalming				
	Outer Case or Vault <u>wood</u>	140 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	24 50			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge <u>Saller & G</u>	11 66			
	Opening Grave	874 16			
	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		874 16			874 16

10-30-54
 Ch. Frank Turpin
 Paid in full

Singers
MacMillan

Insurance Policies

NAME OF DECEASED Ada L. Turpin 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>Milton Hartman Home, Wathena</u>
Casket No. <u>204</u> Style <u>4 comb</u>			Date of Death <u>10-3-54</u>
Interior <u>R.T. Sola</u> Covering <u>Essex</u>			Cause of Death <u>Cerebral Hem.</u> Contributory _____
Manufacturer <u>Superior Mfg.</u>			Duration <u>3 mos.</u> Autopsy <u>no</u>
Total Net Cost of Casket			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case			Single _____ Married _____ Widowed <u>✓</u> Divorced _____ Child _____
Vault			Date of Birth <u>2/2/1880</u> Age, Years <u>74</u> Months _____ Days _____
Embalming			Occupation <u>Housewife</u>
Clothing			How Long at Place of Death <u>8 weeks</u>
			Birthplace—City or County <u>Lawrence</u> State or Country <u>Ko</u>
			Name of Father <u>Wm. Pruitt</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Margaret M. Berry</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>Ed. J. J. J.</u> M.D. _____ Coroner _____
			Address <u>Wathena</u> Date _____
			Interment at <u>Int. Alice</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 Fred Tolache Charge to Sono Account No. 389
 Ordered by _____ Guaranteed by _____ Serial No. 125
 Funeral at _____ Residence _____ Mortuary Church _____ Date 10-13-24 Hour 2 Pm Annual No. 31
 Clergyman Progr + McCallah Lodge Affiliations none Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	437 00			
	Embalming.....				
	Outer Case or Vault <u>Walnut</u>	140 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge <u>Sales Tax</u>	8 34			
	Opening Grave.....	30 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	585 34			630 34

10-28-24
 Paid by
 check Fred Tolache 210 98
 by Harry F.
 check Tolach Bros 419 36
 by H. F.

Paid in full

Flowers 11.00 + 600.34 = 630.34

NAME OF DECEASED *Fred Falsche* RESIDENCE _____

FUNERAL AT RESIDENCE MORTUARY CHURCH DATE _____ HOUR _____ CLERGYMAN _____

SINGERS *Methodist Male Quartet* LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

Charge for Complete Funeral _____

Casket No. *350* Style *L. Crown*

Interior *Long tinned* Covering *gray plush*

Manufacture *Miller*

Total Net Cost of Casket _____

Outer Case _____

Vault _____

Embalming _____

Clothing _____

Total Cash Advances _____

Total Net Cost of Funeral _____

Gross Profit on Funeral _____

*Less Overhead Per Funeral _____

Net Profit Apparent _____

Place of Death *Hans Falsche home S.W. of Troy*

Date of Death *10-11-54*

Cause of Death _____ Contributory _____

Duration *1 year* Autopsy _____

Sex *male* Color or Race *white*

Single _____ Married _____ Widowed Divorced _____ Child _____

Date of Birth *1-16-1857* Age, Years *97* Months _____ Days _____

Occupation *Retired Farmer*

How Long at Place of Death *1 yr*

Birthplace—City or County *Ledy* State or Country *Gumary*

Name of Father *Wm Falsche*

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed *McCorham* M.D. _____ Coroner

Address _____ Date _____

Interment at *St. Alvin*

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 Arthur + John Wayne Long Charge to Wills Long Account No. 389+380
 Ordered by Father Guaranteed by _____ Serial No. 129
 Funeral at _____ Residence Grassie Mortuary _____ Church _____ Date Oct 26-54 Hour 10:30 AM Annual No. 32+22
 Clergyman Rev. Wm. Tandy Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	25 00			48 50
	Embalming	7 50			
	Outer Case or Vault	32 50			
	Washing and Dressing				
	Shaving <u>Safety</u>	50			
	Slumber Robe				
	Suit or Dress <u>Amulance</u>	14 50			
	Other Articles of Clothing <u>Shoes</u>	1 00			
	Transferring Body	48 50			
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
Singers	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	To Funeral Complete	48 50			

Funeral of Joanna Lynn Peters Charge to Wm Peters Account No. 396
 Ordered by Wm Peters Guaranteed by _____ Serial No. 128
 Funeral at _____ Residence Osage Hill, Sweden Church _____ Date 11-1-54 Hour 4: Pm Annual No. 34
 Clergyman Rev. Earnhart Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	25 00	11/10 54		10 00
	Embalming.....	50			
	Outer Case or Vault.....		3-6 54		10 00
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	5 00			
	Clergyman.....	10			
	Singers.....	30 60			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete				

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

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____			Place of Death <u>Severance Kans (Shellbark)</u>
Casket No. _____ Style _____			Date of Death <u>10-31-24</u>
Interior _____ Covering _____			Cause of Death <u>Pneumonia</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex _____ Color or Race _____
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years _____ Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>✓</u>
_____			Birthplace—City or County <u>Severance</u> State or Country <u>Kans</u>
_____			Name of Father <u>William Peters</u>
_____			Birthplace of Father <u>Highland Kans</u>
_____			Maiden Name of Mother <u>Virginia Goldsmith</u>
Total Cash Advances _____			Birthplace of Mother <u>Severance Kans</u>
_____			Signed <u>Dr. Gardner</u> M.D. _____ Coroner
_____			Address _____ Date _____
_____			Interment at <u>Coke Hill Severance</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 Miss Essie Squire Charge to Gordon H. Mills Account No. 399
 Ordered by Wt. Mrs. Graves Guaranteed by Post Office Tel Serial No. 129
 Funeral at Residence Mortuary Church Date 11-2-24 Hour 1:30 PM Annual No. 35
 Clergyman Mrs. Sawyer Lodge Affiliation Christian Science Body Shipped to or from _____

	Date	Description of Service	Amount	Date	√	Credits
Place of Burial		Casket and Services <u>Body shipped</u>				
Cemetery		Embalming <u>from Kaminon</u>				
Grave No.		Outer Case or Vault <u>Fitzgerald, Canton, Ill</u>				
Lot No.		Washing and Dressing <u>Post Office Tel</u>				
Block No.		Shaving				
Section		Slumber Robe <u>advanced to Canton</u>	275 23			428 37
Pall Bearers		Suit or Dress				
		Other Articles of Clothing				
		Transferring Body				
		Door Badge <u>Seaboard Bay</u>	35 00	✓		
		Opening Grave	38 00			
		Newspaper Notices				
		Telegrams and Telephone Calls				
		Use of _____ doz. Chairs				
		Flowers	23 46			
		Clergyman	5 00			
		Singers				
Singers		Casket Coach				
		Use of _____ Funeral Cars				
		Use of Flower Cars				
		Professional Supervision	50 00			
		<u>Safety</u>	9 70			
Insurance Policies						
		To Funeral Complete	428 37			

NAME OF DECEASED Cecilia Spruvelly RESIDENCE Everston Ill.
 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>Everston Ill.</u>
Casket No. _____ Style _____		Date of Death <u>10-27-14</u>
Interior _____ Covering _____		Cause of Death <u>Chs. pyremitis</u> Contributory _____
Manufacturer _____	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Fe</u> Color or Race <u>white</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Yorkman</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____		Occupation <u>Domestic</u>
Clothing _____		How Long at Place of Death <u>2 1/2 years</u>
		Birthplace—City or County <u>Waltham</u> State or Country <u>Kan</u>
		Name of Father <u>Cyra Spruvelly</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Hannett Shedd</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Copman & Cook Co. Ill.</u> Coroner
		Address _____ Date _____
		Interment at <u>W. M. ...</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 <u>C. G. Braun Jr.</u>
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 Joseph Rennell Charge to Bapt. Sister Account No. 393
 Ordered by _____ Guaranteed by _____ Serial No. 130
 Funeral at _____ Residence apt. Smith Mortuary _____ Church Highland Date Nov-5-54 Hour 2 P.m. Annual No. 36
 Clergyman Bishop Hayes Lodge Affiliations None Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	220 00	11-6-54		27 74
	Embalming.....				27 74
	Outer Case or Vault <u>wood</u>	25 00			
	Washing and Dressing.....		1-10-51		41 20
	Shaving.....	250 00			96 68
	Slumber Robe.....	250 00	9-30-55		156 46
	Suit or Dress.....	3 14			
	Other Articles of Clothing.....				
	Transferring Body.....	253 14			
	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	253 14			253 14

NAME OF DECEASED Joseph Pernell RESIDENCE Tray Kans 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		245.00	Place of Death	<u>Ms. Smith Hosp. St Joe</u>
Casket No. _____ Style _____			Date of Death	<u>11-3-54</u>
Interior _____ Covering _____			Cause of Death	Contributory _____
Manufacturer _____			Duration	<u>2 weeks</u> Autopsy _____
Total Net Cost of Casket			Sex	<u>male</u> Color or Race <u>negro</u>
Outer Case _____			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____	
Vault _____			Date of Birth	<u>Apr 18-73</u> Age, Years <u>71</u> Months _____ Days _____
Embalming <u>By Alexander</u>	30.00		Occupation	<u>Farmer</u>
Clothing _____			How Long at Place of Death	<u>2 weeks</u>
			Birthplace—City or County	<u>Law Co Mo</u> State or Country _____
			Name of Father	<u>Augustus Pernell</u>
			Birthplace of Father _____	
			Maiden Name of Mother	<u>Mary Hughes</u>
			Birthplace of Mother _____	
Total Cash Advances _____			Signed	<u>By Karl</u> M.D. <input checked="" type="checkbox"/> _____ Coroner
			Address _____ Date _____	
			Interment at	<u>Pernell Cemetery</u>
			Lot or Grave No. _____ Section No. _____	
			Shipped to _____	
			Arrived from _____	
			Via _____ R. R. Date _____	
Total Net Cost of Funeral			In Charge of _____	
Gross Profit on Funeral _____			Source of Call _____	
*Less Overhead Per Funeral _____			Insured in _____ Amount _____	
Net Profit Apparent _____			Beneficiary _____	
REMARKS:				

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

Funeral of Louis H. Bahr Charge to Mrs Lalie Roberts (Wife) Account No. 394
 Ordered by Mrs Roberts Guaranteed by 1411 Santa Fe Serial No. 134
 Funeral at _____ Residence _____ Mortuary Church _____ Date 11-29-54 Hour 2:00pm Annual No. 37
 Clergyman Rev. McCullah 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.....	275 00			
	Embalming.....				
	Outer Case or Vault..... <u>Box</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>Sale of 4</u>	3 85			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	20 00			
	Newspaper Notices.....	15 323 85			
	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				323 85

NAME OF DECEASED Louis H. Bahr RESIDENCE near Loupman
 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>Mo. Meth. Hospital</u>
Casket No. _____ Style _____			Date of Death <u>11-27-54</u>
Interior _____ Covering _____			Cause of Death <u>intestinal obstruction</u> Contributory
Manufacturer _____	DEBITS		Duration <u>1 week</u> Autopsy <u>no</u>
Total Net Cost of Casket _____			Sex <u>male</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Child <u>1</u>
Vault _____			Date of Birth <u>11-1-1905</u> Age, Years <u>49</u> Months _____ Days _____
Embalming _____			Occupation <u>farmer</u>
Clothing _____			How Long at Place of Death <u>1 week</u>
			Birthplace—City or County <u>Loupman Mo.</u> State or Country
			Name of Father <u>Alcid H. Bahr</u>
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>Perhat got mass</u> M.D. _____ Coroner
			Address <u>St. Joseph</u> Date _____
			Interment at <u>Christ the Lutheran</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			

REMARKS:

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



Funeral of Edw. E. Daugherty Charge to Estate Account No. 395
 Ordered by Gertrude Daugherty Guaranteed by _____ Serial No. 132
 Funeral at _____ Residence _____ Mortuary Methodist Church _____ Date 12-1-54 Hour 2:30 Annual No. 38
 Clergyman J. M. 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.....	659 00			987 61
	Embalming.....				
	Outer Case or Vault <u>Monument</u>	285 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 <u>Sale of</u>	13 61			
	Use of _____ doz. Chairs.....	987 61			
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	987 61			

NAME OF DECEASED Larry Dean Zuey RESIDENCE Tray Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral <u>2 ft wood tray</u>		
Casket No. _____ Style _____		
Interior _____ Covering <u>Lambkin</u>		
Manufacturer <u>As/ao</u>		
Total Net Cost of Casket _____		
Outer Case <u>wood</u>		
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 Honi - Tray Kansas
 Date of Death 12-10-54
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex Male Color or Race White
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth 12-10-24 Age, Years _____ Months _____ Days 3 hours
 Occupation Infant
 How Long at Place of Death _____
 Birthplace—City or County Tray State or Country Kansas
 Name of Father Wm Zuey
 Birthplace of Father _____
 Maiden Name of Mother Betty Ann Cluck
 Birthplace of Mother _____
 Signed Dr. Cordover M.D. _____ Coroner _____
 Address Tray Date _____
 Interment at Oak Hill Lawrence
 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 Cora L. Dean Charge to Raleigh Dean Account No. 398
 Ordered by _____ Guaranteed by _____ Serial No. 135
 Funeral at _____ Residence _____ Mortuary Church _____ Date 12-23-54 Hour 2:00pm Annual No. 41
 Clergyman M. W. Campbell Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	695 00	674 00		
	Embalming				
	Outer Case or Vault <u>Willhet</u>	140 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	22 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>Salest 4</u>	11 54			
	Clergyman	868 54			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	To Funeral Complete				

ck. 1-3-55 847 54

NAME OF DECEASED Cora L. Dean

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>Mo. Meth. Hospital</u>
Casket No. _____ Style <u>1/2 casket metal</u>		Date of Death <u>12-21-54</u>
Interior <u>Selwyn paper</u> Covering <u>Selwyn 5 half grain metal</u>		Cause of Death <u>Parental Lake Tumor</u> Contributory _____
Manufacturer <u>Superior Metal</u>		Duration <u>6 mo.</u> Autopsy <u>no</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case <u>Walhurst Vault</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>11-21-1885</u> Age, Years <u>69</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing <u>dress</u>		How Long at Place of Death <u>9 days</u>
		Birthplace—City or County <u>Kyle, Pa.</u> State or Country <u>Tenn.</u>
		Name of Father <u>Enoch Lunsay</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Matilda Baker</u>
Total Cash Advances <u>Parents father</u>		Birthplace of Mother _____
<u>Ralph Logan + Colly of Tray</u>		Signed <u>Dr. Mader</u> M.D. _____ Coroner _____
<u>Walter + John W. of Tray</u>		Address _____ Date _____
<u>Bessie Marie Jan. ext. in</u>		Interment at <u>Mt. Olive Cemetery, Tray</u>
<u>Wernis Vertin et. Joe</u>		Lot or Grave No. _____ Section No. _____
<u>Andy Bullock - Tray</u>		Shipped to _____
<u>Miss Jaldie Z Tray</u>		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 Grant L. Blanton Charge to Catalo Account No. 398
 Ordered by Mrs. Thelma Bellups Guaranteed by 30 Serial No. 136
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 12-30-34 Hour 2 P.m. Annual No. 42
 Clergyman Moore & Campbell Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount		Date	V	Credits
	Casket and Services.....	225	00			
	Embalming.....	25	00			
	Outer Case or Vault <u>wood</u>					
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....					
	Suit or Dress <u>Salt 4</u>	3	20			
	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	253	20			

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

Funeral of Clare E. Lave Charge to Estate Account No. 400
 Ordered by..... Guaranteed by..... Serial No. 738 137
 Funeral at..... Residence..... Mortuary Church..... Date 1-1-55 Hour..... Annual No. 43
 Clergyman M. W. Campbell Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	328 00	268 00		
Place of Burial	Embalming.....				165 00
Cemetery	Outer Case or Vault..... <u>wood</u>	30 00	1-21-54		172 00
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress..... <u>Dress</u>	22 00			
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	20 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....	5 00			
Singers	Singers.....				
	Casket Coach..... <u>Sales Tax</u>	4 97			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
Insurance Policies				
				
				
				
	To Funeral Complete	409 97			

NAME OF DECEASED Clare E. Lowe RESIDENCE Douglas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE 1-1-54 HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Mrs. Smith Hoop</u>
Casket No. <u>200</u> Style <u>100 cloth N.P.</u>		Date of Death <u>12-30-54</u>
Interior <u>Soft</u> Covering <u>↓</u>		Cause of Death <u>Generalized Coronary</u> <small>Contributory</small>
Manufacturer <u>Miller</u>		Duration <u>Cancer & Phlebotomy</u> Autopsy <u>no</u>
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 <u>10-24-86</u> Age, Years <u>68</u> Months _____ Days _____
Embalming		Occupation <u>House work</u>
Clothing		How Long at Place of Death <u>23 days</u>
		Birthplace—City or County <u>Douglas</u> State or Country <u>Kansas</u>
		Name of Father <u>Charles A. Lowe</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Helen Walker</u>
		Birthplace of Mother _____
		Signed <u>Dr. Fergane</u> M.D. _____ Coroner _____
		Address <u>St Joe</u> Date _____
		Interment at <u>Douglas Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of <u>494-12-0301</u>
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____

DEBITS

220 17th St. South
 Total Cash Advances
 Phillip A. Lowe Seaton Wash.
 Albert W. Lowe, K.C. no
 809 Bala Ct.
 KC mo.

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 A. E. Williamson Charge to Estate Account No. 406
 Ordered by _____ Guaranteed by _____ Serial No. 139
 Funeral at _____ Residence _____ Mortuary Methodist Church _____ Date 1-10-54 Hour 2:00 p.m. Annual No. 1
 Clergyman Lee Pickey Lodge Affiliations Masonic + Eastern 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	594 00	1-21-54		513 00
	Embalming				
	Outer Case or Vault <u>Sectional</u>	42 00			398 62
	Washing and Dressing				
	Shaving				
	Slumber Robe <u>Shirt</u>	2 00			
	Suit or Dress				
	Other Articles of Clothing <u>Suit + n.w.</u>	1 95			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices <u>Sales Tax</u>	7 97			
	Telegram and Telephone Calls	647 92			
	Use of _____ doz. Chairs <u>Cash administration</u>	35 70			
	Flowers <u>FTY</u>				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Cemetery + opening</u>	230 00			
		19 265 70			
	To Funeral Complete	913 62			

NAME OF DECEASED A. E. Williamson RESIDENCE Jay 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>Home Jay Kansas</u>
Casket No. _____ Style _____		Date of Death <u>1-7-55</u>
Interior <u>eggshell white covering grey metal</u>		Cause of Death <u>Coronary Occlusion</u> Contributory <u>Coronary arteriosclerosis</u>
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>no</u>
Total Net Cost of Casket		Sex <u>male</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>2-2-1878</u> Age, Years <u>76</u> Months <u>11</u> Days <u>25</u>
Embalming _____		Occupation <u>County Treasurer</u>
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>Hedgelyville</u> State or Country <u>West Virginia</u>
		Name of Father <u>Joshua Williamson</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Lilly</u>
		Birthplace of Mother _____
		Signed <u>F. E. Totten</u> M.D. _____ Coroner _____
		Address <u>Wadena</u> Date _____
		Interment at <u>mt. Alim</u> , <u>Jay</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 Lora M. Culp Charge to Estate Account No. 409
 Ordered by _____ Guaranteed by _____ Serial No. 128
 Funeral at _____ Residence _____ Mortuary Methodist Church _____ Date 1-19-55 Hour 2 P.M. Annual No. 2
 Clergyman Le. Hickey Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	399 00			
	Embalming				
	Outer Case or Vault <u>Sectional</u>	35 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe <u>Salt 7 9</u>	4 76			
	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				
	Insurance Policies				
	To Funeral Complete	438 76			

Phon full 438 76

NAME OF DECEASED Lena M. Culp 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>Douglas Nursing Home</u>
Casket No. <u>450</u> Style <u>1/2 Coach</u>		Date of Death <u>7-17-1957</u>
Interior <u>royal satin</u> Covering <u>light plush</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Milled</u>	DEBITS	Duration <u>5 weeks</u> Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>11-6-1880</u> Age, Years <u>74</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>5 weeks</u>
_____		Birthplace—City or County <u>Atchison Co.</u> State or Country <u>Kansas</u>
_____		Name of Father <u>Mananda Clark Vary</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Anna Eliza Tye</u>
_____		Birthplace of Mother _____
_____		Signed <u>Dr. Gordon</u> M.D. _____ Coroner _____
_____		Address <u>Tray</u> _____ Date _____
_____		Interment at <u>Mt. Olive</u> , <u>Tray</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. _____ Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		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 Amie Louise Smith Charge to John Moore Account No. 403
 Ordered by _____ Guaranteed by _____ Serial No. 140
 Funeral at _____ Residence _____ Mortuary ✓ Church _____ Date 1-25-55 Hour 2 P.M. Annual No. 3
 Clergyman J. E. McCullah Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	399 00			
	Embalming.....		2-2-55		30 00
	Outer Case or Vault..... <u>Sectioned</u>	40 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	20 00			
	Suit or Dress.....		(Funer) 3-4-55		100 00
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge..... <u>Sally T H</u>	5 59			
	Opening Grave.....	464 59			
	Newspaper Notices.....	310 00	dd		
	Telegrams and Telephone Calls.....	494 59			
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
To Funeral Complete		464 59			

NAME OF DECEASED Annie L. Smith RESIDENCE Jay Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>450</u> Style <u>12ck. 1/2 Comb</u>		
Interior <u>Moxy Satin</u> Covering <u>Light Rhod.</u>		
Manufacturer <u>Miller</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

Place of Death Douglas Nursing Home
 Date of Death 1-22-55
 Cause of Death apoplexy Contributory arterio sclerosis
 Duration 3 weeks Autopsy no
 Sex Female Color or Race White
 Single Married Widowed Divorced Child
 Date of Birth Apr 23-1866 Age, Years 88 Months _____ Days _____
 Occupation Housewife
 How Long at Place of Death 14 months
 Birthplace—City or County Jay State or Country Kansas
 Name of Father Fred K. Moore
 Birthplace of Father _____
 Maiden Name of Mother Mary K. Rittenour
 Birthplace of Mother _____
 Signed Dr. Gordon M.D. _____ Coroner _____
 Address _____ Date _____
 Interment at Int. Aline
 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 Thomas Martin Charge to County Account No. 40
 Ordered by _____ Guaranteed by _____ Serial No. 14
 Funeral at _____ Residence _____ Mortuary St Charles Church C Date 1-31-55 Hour 10:AM Annual No. 4
 Clergyman Fr. Eglant Hall Lodge Affiliations _____ Body Shipped to or from _____

	Date	Description of Service	Amount		Date	V	Credits	
Place of Burial		Casket and Services.....	<u>200</u>	<u>00</u>	<u>Complete</u>			
Cemetery		Embalming.....					<u>3-1-55</u>	<u>200</u> <u>00</u>
Grave No.		Outer Case or Vault..... <u>wood</u>						
Lot No.		Washing and Dressing.....						
Block No.		Shaving.....						
Section		Slumber Robe.....						
Pall Bearers		Suit or Dress..... <u>V</u>						
		Other Articles of Clothing.....						
		Transferring Body.....						
		Door Badge.....						
		Opening Grave.....	<u>25</u>	<u>00</u>				
		Newspaper Notices.....						
		Telegrams and Telephone Calls.....						
		Use of _____ doz. Chairs.....						
		Flowers.....						
		Clergyman.....						
		Singers.....						
Singers		Casket Coach.....						
		Use of _____ Funeral Cars.....						
		Use of Flower Cars.....						
		Professional Supervision.....						
Insurance Policies							
							
							
							
							
		To Funeral Complete						

NAME OF DECEASED Thomas Martin

RESIDENCE Jay 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>Blanton Nursing Home</u>
Casket No. <u>100</u> Style <u>Flat Top</u>			Date of Death <u>1-27-55</u>
Interior <u>Shell</u> Covering <u>Black</u>			Cause of Death <u>arterio Sclerosis</u> Contributory
Manufacturer <u>Miller</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>male</u> Color or Race <u>Caucasian</u>
Outer Case			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>May 16, 1850</u> Age, Years <u>104</u> Months _____ Days _____
Embalming			Occupation <u>laborer</u>
Clothing			How Long at Place of Death <u>4 years</u>
			Birthplace—City or County <u>unknown</u> State or Country _____
			Name of Father <u>unknown</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>unknown</u>
			Birthplace of Mother _____
			Signed <u>Dr. Cordon</u> M.D. _____ Coroner
			Address _____ Date _____
			Interment at <u>St. Charles</u> <u>1 Tray</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral			
*Less Overhead Per Funeral			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.

NAME OF DECEASED Isaac Gutzman RESIDENCE Tray Kans
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE HOUR CLERGYMAN
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Home Tray Kans</u>
Casket No. Style <u>1/2 Couch</u>		Date of Death <u>2-4-55</u>
Interior <u>Wool Crepe</u> Covering <u>Gray Fringe</u>		Cause of Death <u>Pneumonia</u> Contributory
Manufacturer <u>Miller</u>	DEBITS	Duration Autopsy
Total Net Cost of Casket		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case		Single Married Widowed <input checked="" type="checkbox"/> Divorced Child
Vault		Date of Birth <u>2-15-1869</u> Age, Years <u>85</u> Months Days
Embalming		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>4 years</u>
		Birthplace—City or County <u>Gibson</u> State or Country
		Name of Father <u>Henry Baker</u>
		Birthplace of Father
Total Cash Advances		Maiden Name of Mother <u>Jahenna Wallnick</u>
		Birthplace of Mother
		Signed <u>Dr. Cordover</u> M.D. Coroner
		Address Date
		Interment at <u>Christ Lutheran</u>
		Lot or Grave No. Section No.
		Shipped to
		Arrived from
		Via R. R. Date
Total Net Cost of Funeral		In Charge of
Gross Profit on Funeral		
*Less Overhead Per Funeral		Source of Call
Net Profit Apparent		

REMARKS:

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

