

Funeral of Fred Robertson Charge to Estate Account No. 406
 Ordered by Mary Robertson Guaranteed by _____ Serial No. 143
 Funeral at _____ Residence _____ Mortuary Christy Church _____ Date 4-6-55 Hour 2 pm Annual No. 6
 Clergyman J. E. McCullah Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	653 00			
	Embalmng				
	Outer Case or Vault <u>Steel</u>	195 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe <u>- Coat</u>	10 00			
	Suit or Dress				
	Other Articles of Clothing <u>Shirt</u>	2 49			
	Transferring Body				
	Door Badge				
	Opening Grave	30 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	25 00			
	Clergyman				
	Singers				
	Casket Coach <u>Sales Tax</u>	12 48			
	Use of _____ Funeral Cars	927 97			
	Use of Flower Cars				
	Professional Supervision <u>ambulance</u>	11 00			
	<u>Interment</u>	957 07			
	To Funeral Complete				

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

Singers

Insurance Policies

NAME OF DECEASED Fred Robertson RESIDENCE 3 miles N.W. of Troy

FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 4-6-55 HOUR 2 CLERGYMAN

SINGERS Maryna Winger, Mrs Saltzman LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Mrs. Methodist Hospital</u>
Casket No. _____ Style <u>Oak & Couch</u>		Date of Death <u>4-4-55</u>
Interior <u>R.T. Dreyfus</u> Covering <u>Drumhead</u>		Cause of Death <u>Cardiac Arrhythmia</u> Contributory <u>Myocardial Infarction</u>
Manufacturer <u>Mrs. Dennis</u>		Duration _____ Autopsy <u>Yes by Pipher</u>
Total Net Cost of Casket	DEBITS	Sex <u>male</u> Color or Race <u>white</u>
Outer Case <u>Steel</u>	<u>145</u>	Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault <u>Seaside Vault</u>	<u>92</u>	Date of Birth <u>12-30-58</u> Age, Years <u>69</u> Months <u>3</u> Days <u>4</u>
Embalming _____		Occupation <u>Farmer</u>
Clothing _____	<u>10</u>	How Long at Place of Death <u>13 days</u>
		Birthplace—City or County <u>Helena</u> State or Country <u>Mo</u>
		Name of Father <u>Robert Robertson</u>
		Birthplace of Father <u>Canada</u>
		Maiden Name of Mother <u>Alice Patterson</u>
		Birthplace of Mother <u>St. Joe Mo</u>
Total Cash Advances		Signed <u>Dr. Pipher</u> M.D. _____ Coroner
<u>Edna Smith</u>		Address <u>Denton Kans</u> Date _____
<u>Ross Lissville</u>		Interment at <u>Int. Maus. Troy Kans</u>
<u>Ernest Sallee</u>		Lot or Grave No. _____ Section No. _____
<u>Harold McChelland</u>		Shipped to _____
<u>"Phasant" Chapple</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 <u>M. J. Stenson Adm.</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 Sherman Lee Smith Charge to Vigil Smith Account No. 407
 Ordered by _____ Guaranteed by _____ Serial No. 147
 Funeral at Residence Gravoids Mortuary _____ Church _____ Date 5-1-55 Hour 2:30 Annual No. 7
 Clergyman Wm. T. J. J. J. Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services <u>+ Box</u>	25 00	5-2-55		31 10
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls <u>Stepin 20 Step 30</u>	5 00			
	Use of _____ doz. Chairs	5 00			
	Flowers				
	Clergyman				
	Singers <u>7 of</u>	60			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
To Funeral Complete		31 10			31 10

Funeral of Agnes R. Zimmerman Charge to C. M. Zimmerman Account No. 408
 Ordered by _____ Guaranteed by _____ Serial No. 148
 Funeral at _____ Residence St. Johns Lutheran Cemetery Mortuary _____ Church _____ Date 5-5-55 Hour 2 Pm Annual No. 8
 Clergyman Rogge + McCullah 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.....	713 00			
	Embalming.....				
	Outer Case or Vault <u>Walbert</u>	140 00			
	Washing and Dressing <u>Per</u>	29 50			
	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.....	55 00 <u>22</u>			
	Clergyman <u>Sale T G</u>	12 65			
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	924 45			

NAME OF DECEASED Agn. R. Zimmerman 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>Home Tray</u>
Casket No. <u>Blessed Capperton R.T. Capstein</u>		Date of Death <u>5-3-53</u>
Interior <u>R.T. Cape Covering</u>		Cause of Death <u>apoplexy</u> Contributory <u>arterosclerosis</u>
Manufacturer <u>Miller</u>		Duration <u>2 hrs</u> Autopsy _____
Total Net Cost of Casket		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>Speckled wood shell</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>10-30-1880</u> Age, Years <u>74</u> Months _____ Days _____
Embalming <u>stationary</u>		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>8 yrs</u>
		Birthplace—City or County <u>Doniphan</u> State or Country <u>Kansas</u>
		Name of Father <u>Robt. Spring</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Carrie Jarrett</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>Andrew</u> M.D. _____ Coroner _____
<u>P.B. A.P. Toroff</u>		Address _____ Date _____
<u>Annitt Hayes</u>		Interment at <u>mt. alon</u>
<u>Robt. Hayes</u>		Lot or Grave No. _____ Section No. _____
<u>Henry Carter</u>		Shipped to _____
<u>Edgar Turpin</u>		Arrived from _____
<u>Larry Sandy</u>		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 Robert C. Cummings Charge to Marnie Cummings Account No. 408
 Ordered by wife Guaranteed by _____ Serial No. 14
 Funeral at _____ Residence L. D. Starnes Mortuary _____ Church _____ Date 5-6-55 Hour 2: PM Annual No. 9
 Clergyman Wm. Twombly Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	817 00			
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault..... <u>Walbert</u>	140 00			5-9-55 1000 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 <u>42 graves</u> 80 00				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	35 00			
	Clergyman.....				
	Singers.....				
Singers	Casket Coach <u>Sales TAX</u>	13 30			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
Insurance Policies				
				
				
	To Funeral Complete	1005 30			

NAME OF DECEASED Robert C. Cummings RESIDENCE 5 1/2 mi N.E. of Troy
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-6-55 HOUR 2:00 PM CLERGYMAN Zwozdzki
 SINGERS 2 from Church LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>5 1/2 mi N.E. of Troy</u>
Casket No. _____ Style <u>+ Cash Round</u>			Date of Death <u>5-3-55</u>
Interior <u>R. T. Crisp</u> Covering <u>Walnut</u>			Cause of Death <u>Severe Chest Injuries</u> Contributory
Manufacturer <u>R. Hart</u>	DEBITS		Duration <u>13 days</u> Autopsy <u>no</u>
Total Net Cost of Casket			Sex <u>Male</u> Color or Race <u>White</u>
Outer Case <u>Walnut</u>			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>1-31-1893</u> Age, Years <u>62</u> Months _____ Days _____
Embalming <u>Frank Aberle</u>			Occupation <u>Farmer</u>
Clothing <u>Joe Wagner</u>			How Long at Place of Death <u>34 years</u>
			Birthplace—City or County <u>Doniphan</u> State or Country <u>Kansas</u>
			Name of Father <u>Eray Cummings</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Maggie Irwin</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>M. C. Gordon</u> M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Smt. Aline</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 Baby Bay Osgood Charge to Robert L. Osgood Account No. 410
 Ordered by Osgood Guaranteed by Osgood Serial No. 1470
 Funeral at Residence Osgood Mortuary Osgood Church Osgood Date 5-13-55 Hour 4 PM Annual No. 10
 Clergyman Lu Dickey Lodge Affiliations Welch Cemetery, Dawn Sons Body Shipped to or from Osgood

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	35.00			
	Embalming		6-30-55		27
	Outer Case or Vault		5-19-56		93
	Washing and Dressing				int 57
	Shaving	5.00			
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge	7.00			
	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		\$40.70			42.29

And in full

NAME OF DECEASED _____ RESIDENCE _____

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

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <i>Mo. Southdick Hospital</i>
Casket No. <i>1-9</i> Style <i>Body Flat Top</i>		Date of Death <i>5-13-55</i>
Interior <i>Gray Satin</i> Covering <i>Gray Satin</i>		Cause of Death <i>R. h. Semitgala</i> Contributory
Manufacturer _____	DEBITS	Duration _____ Autopsy <i>no</i>
Total Net Cost of Casket		Sex <i>Male</i> Color or Race <i>White</i>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <i>5-13-52</i> Age, Years <i>0</i> Months <i>0</i> Days <i>0</i>
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <i>Buchanan</i> State or Country <i>Mo</i>
_____		Name of Father <i>Robert J. Osgood</i>
_____		Birthplace of Father <i>Texas</i>
Total Cash Advances _____		Maiden Name of Mother <i>Oleta Hughes</i>
_____		Birthplace of Mother <i>Mo</i>
_____		Signed <i>J. E. Totten</i> M.D. _____ Coroner
_____		Address <i>Waltham, Kan</i> Date _____
_____		Interment at <i>Welch Cemetery, Lawton Mo</i>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

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

NAME OF DECEASED Josephine Lehen RESIDENCE Bruner Kans
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE HOUR CLERGYMAN
 SINGERS ward girl LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. 50 Style H. Paul
 Interior lund Covering lea
 Manufacturer Smiller
 Total Net Cost of Casket
 Outer Case
 Vault
 Embalming
 Clothing

Total Cash Advances

*Frank Madsen
Atchison, Mo*

*702 Washington
1748*

DEBITS

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 Sec. Meth. Hosp
 Date of Death 5-14-55
 Cause of Death Central Nervous System Contributory
 Duration 10 days Autopsy
 Sex fe Color or Race white
 Single Married Widowed Divorced Child
 Date of Birth 9-5-73 Age, Years 81 Months Days
 Occupation Housewife
 How Long at Place of Death 6 Days
 Birthplace—City or County Chester, Mo State or Country
 Name of Father Wm Medsker
 Birthplace of Father
 Maiden Name of Mother Mary Evans
 Birthplace of Mother
 Signed Dr. J. J. J. J. M.D. Coroner
 Address Date
 Interment at Int. alone
 Lot or Grave No. Section No.
 Shipped to
 Arrived from
 Via R. R. Date
 In Charge of
 Source of Call
 Insured in Amount
 Beneficiary

Funeral of Arthur C. Bell Charge to Wichita Masonic Home Account No. 412
 Ordered by R. E. Wenger Guaranteed by _____ Serial No. 167
 Funeral at _____ Residence _____ Mortuary Church _____ Date 6-1-55 Hour 2:30 Annual No. 12
 Clergyman Rev. Leo Dickey 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.....				
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....	<u>20 00</u>			
	Door Badge.....	<u>20 00</u>			
	Opening Grave.....	<u>30 00</u>			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....	<u>10 00</u>			
	Singers.....	<u>7 50</u>			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	<u>25 00</u>			
	<u>Use of matrons</u>	<u>25 00</u>			
	<u>Grav equipment</u>	<u>7 50</u>			
	<u>Book & Cards</u>	<u>3 00</u>			
	<u>Sales Tax</u>	<u>06</u>			
	To Funeral Complete	128 06			

6-4-55
Kansas Masonic Home

128 06

NAME OF DECEASED Arthur C. Bell RESIDENCE Wichita, Missouri, Kans

FUNERAL AT RESIDENCE MORTUARY CHURCH DATE HOUR CLERGYMAN

SINGERS Mr & Mrs J. E. McCullah LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Wichita, Kans</u>
Casket No. _____ Style _____			Date of Death <u>5-27-51</u>
Interior _____ Covering _____			Cause of Death <u>Central Vascular Accident</u>
Manufacturer _____	DEBITS		Duration _____ 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>2-15-1871</u> Age, Years <u>84</u> Months _____ Days _____
Embalming _____			Occupation <u>Retired Lawyer</u>
Clothing _____			How Long at Place of Death <u>8 years</u>
_____			Birthplace—City or County <u>Tracy</u> State or Country <u>Kans</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>Int. Alvine 16-1-51</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from <u>Cochran Mortuary, Wichita</u>
_____			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 Peter J. Moran Charge to..... Account No. 414
 Ordered by..... Guaranteed by..... Serial No. 157
 Funeral at..... Residence..... Mortuary..... Church..... Date 6-27-55 Hour 2: PM Annual No. 14
 Clergyman Mr. Tussally Lodge Affiliations none Body Shipped to or from.....

		Date	Description of Service	Amount	Date	V	Credits
Place of Burial			Casket and Services.....				
Cemetery			Embalming.....	<u>30 00</u>			
Grave No.			Outer Case or Vault.....				
Lot No.			Washing and Dressing.....				
Block No.			Shaving.....				
Section			Slumber Robe.....				
Pall Bearers			Suit or Dress.....				
			Other Articles of Clothing.....				
			Transferring Body.....				
			Door Badge.....				
			Opening Grave <u>John Equipment</u>	<u>7 50</u>			
			Newspaper Notices.....				
			Telegrams and Telephone Calls.....				
			Use of..... doz. Chairs.....				
			Flowers.....				
			Clergyman.....				
			Singers.....				
Singers			Casket Coach.....				
			Use of..... Funeral Cars.....	50 00			
			Use of Flower Cars.....	<u>30 00</u>			
			Professional Supervision.....				
Insurance Policies			<u>Use of Military</u>	<u>50 00</u>			
			<u>Sales Tax</u>	<u>60</u>			
				<u>118 10</u>			
To Funeral Complete							

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

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. _____ Style _____		
Interior _____ Covering _____		
Manufacturer _____		
Total Net Cost of Casket _____		
Outer Case _____		
Vault _____		
Embalming _____		
Clothing _____		
Total Cash Advances _____		
Total Net Cost of Funeral _____		
Gross Profit on Funeral _____		
*Less Overhead Per Funeral _____		
Net Profit Apparent _____		

Total Cash Advances
Fuller leave body in home for funeral on day chapel

REMARKS:

PERSONAL AND STATISTICAL

Place of Death Bethany Hospital
 Date of Death 6-23-55
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy no
 Sex Male Color or Race White
 Single _____ Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Jun 14-1882 Age, Years 72 Months 7 Days 9
 Occupation _____
 How Long at Place of Death _____
 Birthplace—City or County Seaford, Delaware State or Country S. Delaware
 Name of Father _____
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed _____ M.D. _____ Coroner _____
 Address _____ Date _____
 Interment at S. Olive
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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



Funeral of Baby Genevieve Charge to..... Account No. 414
 Ordered by..... Guaranteed by..... Serial No. 153
 Funeral at..... Residence..... Mortuary..... Church..... Date 6-28-35 Hour 2:30 Annual No. 15
 Clergyman Just what Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....				
	Embalming.....				
	Outer Case or Vault <u>wood</u>	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.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	125 00			
	<u>Flowers</u>	30 00			
	<u>Ty</u>	3 40			
		298 40			
	To Funeral Complete				

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

Singers

Insurance Policies



Lon Hunsaker
 Geo. Kames
 Gene Smiddleton
 on Sallee
 in Clay
 Roneel Clay

my Serial #
 A O - 304 0116

Funeral of 2nd Lt. Bobbie H. Wyke Charge to Geo. H. Wyke Account No. 415
 Ordered by _____ Guaranteed by _____ Serial No. 1591
 Funeral at _____ Residence _____ Mortuary Baptist Church _____ Date 6-28-55 Hour 2:30 Annual No. 15
 Clergyman Joseph W. Webster Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services <u>military casket</u>		<u>7-18-55</u>		<u>Gov. check</u>
	Embalming				<u>125 00</u>
	Outer Case or Vault <u>willbest</u>	<u>140 00</u>			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body	<u>25 00</u>			
	Door Badge <u>Reg. badge & cards</u>	<u>6 00</u>			
	Opening Grave				
	Newspaper Notices <u>and speaker</u>	<u>15 00</u>			
	Telegrams and Telephone Calls	<u>4 10</u>			
	Use of _____ doz. Chairs				
	Flowers	<u>30 00</u>			
	Clergyman				
	Singers				
	Casket Coach <u>Sales Tax</u>	<u>3 40</u>			
	Use of _____ Funeral Cars				
	Use of Flower Cars & <u>long flames</u>	<u>10 00</u>			
	Professional Supervision	<u>25 00</u>			
	<u>Use of grave equipment</u>	<u>15 00</u>			
	<u>Use of mortuary equipment</u>	<u>50 00</u>			
	<u>Permit to interment, etc.</u>	<u>50 00</u>			
		<u>323 50</u>			
	To Funeral Complete				

Over 298.40
125
173.40
 \$ 17
check - 9-9-55

Funeral of Cliff G Dettemore Charge to Wife Account No. 416
 Ordered by Christen Guaranteed by Christen Serial No. 153
 Funeral at Residence Mortuary Church Date 7-2-55 Hour 2 PM Annual No. 1E
 Clergyman Erady McCullough College 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>	40 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe <u>Sales 4</u>	5 59			
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices <u>+ 2 call</u>	4 00			
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				443.59
	Professional Supervision				
	Insurance Policies				
To Funeral Complete		448 59			

NAME OF DECEASED W.H. Pry RESIDENCE Seneca 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>Mo. Meth. Hosp.</u>
Casket No. _____ Style _____			Date of Death <u>7-7-55</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration <u>22 days in Hosp</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>8-31-1876</u> Age, Years <u>78</u> Months _____ Days _____
Embalming _____			Occupation <u>laborer</u>
Clothing _____			How Long at Place of Death <u>22 days</u>
_____			Birthplace—City or County <u>Seneca</u> State or Country <u>Kans</u>
_____			Name of Father <u>W.A. Pry</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Jessie Coaton</u>
_____		Birthplace of Mother _____	
_____		Signed <u>Paul Boyer</u> M.D. _____ Coroner	
_____		Address <u>St. Paul</u> _____ Date _____	
_____		Interment at <u>Cook Hill, Seneca</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 Parker Miller RESIDENCE Moray Kans
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 8-19-55 HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Mo. Meth Hosp</u>
Casket No. _____ Style <u>3 Panel 7 slot Top</u>			Date of Death <u>8-17-55</u>
Interior <u>Flannel</u> Covering <u>Flax</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Chas City Casket Co</u> <u>30</u>	DEBITS		Duration <u>1 day on 1 day</u> Autopsy <u>no</u>
Total Net Cost of Casket			Sex <u>Male</u> Color or Race <u>white</u>
Outer Case <u>wood box</u> <u>10</u>			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>Apr 9-1893</u> Age, Years <u>62</u> Months _____ Days _____
Embalming _____			Occupation <u>farmer</u>
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County <u>Doniphan Co</u> State or Country <u>Kans</u>
_____			Name of Father <u>John Miller</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother _____
_____			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>Dr. Yoder</u> M.D. _____ Coroner _____
_____			Address _____ Date _____
_____			Interment at <u>Moray Cemetery</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			_____
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			_____
REMARKS:			Insured in _____ Amount _____
			Beneficiary _____

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





Funeral of Aphie Frances Werner Charge to Paul Werner Account No. 418
 Ordered by _____ Guaranteed by _____ Serial No. 156
 Funeral at _____ Residence _____ Church Episcopal Date 8-20-55 Hour 2 pm Annual No. 19
 Clergyman Rev. G. W. [unclear] 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.....	560 00			
	Embalming.....				650 00
	Outer Case or Vault.....	43 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....	5 00			
	Singers.....				
	Casket Coach..... <u>Soloist</u>	7 00			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	650 00			

NAME OF DECEASED John Werner RESIDENCE Tray Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS Ralph Werner LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Mrs. Smith's Home</u>
Casket No. _____ Style <u>grey metal 1/2 casket</u>			Date of Death <u>8-17-55</u>
Interior <u>silver cup</u> Covering <u>beaded fabric</u>			Cause of Death <u>Pulmonary Embolism</u> Contributory _____
Manufacturer _____	DEBITS		Duration <u>15 min</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>Sept 30-1879</u> Age, Years <u>75</u> Months _____ Days _____
Embalming _____			Occupation <u>Public Printer</u>
Clothing _____			How Long at Place of Death <u>15 days</u>
_____			Birthplace—City or County <u>Tray</u> State or Country <u>Kans</u>
_____			Name of Father <u>Paul F. Werner</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Lavinia Brown</u>
_____			Birthplace of Mother _____
_____			Signed <u>John Werner</u> M.D. <u>St. J. Werner</u> Coroner
_____			Address _____ Date _____
_____			Interment at <u>Mt. Olive</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			_____
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			_____

REMARKS:
Social Security 512-26-2726

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





Funeral of Infant May Charge to Miriam Gray Account No. 420
 Ordered by _____ Guaranteed by _____ Serial No. 757157
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 8-19-55 Hour 10 AM Annual No. 20
 Clergyman Egypt Hall Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	25 00	8-22-55		
	Embalming.....	10	By Ch		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.....				
	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	25 50			

NAME OF DECEASED Infant Gray 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>Sisters Hospital</u>
Casket No. _____ Style <u>Beatrice Coronad</u>			Date of Death <u>8-18-55</u>
Interior _____ Covering <u>flat Top</u>			Cause of Death <u>Abruptio Placenta</u> contributory
Manufacturer <u>miller</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>male</u> Color or Race <u>white</u>
Outer Case _____			Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault _____			Date of Birth <u>8-18-55</u> Age, Years <u>0</u> Months <u>0</u> Days <u>0</u>
Embalming _____			Occupation <u>Infant</u>
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County <u>St. Joseph</u> State or Country <u>Ind</u>
			Name of Father <u>Franklin Gray</u>
			Birthplace of Father <u>Bendonia Ind</u>
			Maiden Name of Mother <u>Lara Turpin</u>
			Birthplace of Mother <u>St. Joseph Ind</u>
Total Cash Advances _____			Signed <u>Dr. J. S. Gray</u> M.D. Coroner
			Address <u>St. Joseph</u> Date _____
			Interment at <u>St. Charles 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 John Patrick Hart Charge to Estate Account No. 4218
 Ordered by Walter Hart Guaranteed by _____ Serial No. 158
 Funeral at St. Peter's Residence _____ Mortuary St. Peter's Church _____ Date 8-24-55 Hour 9:30 Annual No. 21
 Clergyman Robert Hall Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
Place of Burial	Casket and Services	360.00			
Cemetery	Embalming				
Grave No.	Outer Case or Vault <u>wood</u>	25			
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				
Singers	Clergyman <u>Stuy</u>	4.86			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars <u>as above</u>	7.50			
	Professional Supervision				
Insurance Policies					
		389.86			
To Funeral Complete		397.36			

NAME OF DECEASED John P. Hart RESIDENCE 3 mi 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>Sisters Hospital</u>
Casket No. <u>1</u> Style <u>1/2 Cash</u>		Date of Death <u>8-21-1957</u>
Interior <u>royal blue</u> Covering <u>light blue</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case		Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault		Date of Birth <u>12-24-1881</u> Age, Years <u>75</u> Months _____ Days _____
Embalsming		Occupation <u>Farmer</u>
Clothing		How Long at Place of Death <u>3 Days</u>
		Birthplace—City or County <u>Raymond</u> State or Country <u>MD</u>
		Name of Father <u>Michael Hart</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Mary Hart</u>
		Birthplace of Mother _____
		Signed <u>Dr. Herment</u> M.D. _____ Coroner
		Address <u>Tray, MD</u> Date _____
		Interment at <u>St. Anne's Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. _____ Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____

REMARKS:

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

Funeral of Catherine M. McIntyre Charge to Test Home Account No. 429
 Ordered by _____ Guaranteed by _____ Serial No. 169
 Funeral at _____ Residence _____ Mortuary St. James Church St. James Date 8-27-54 Hour 10. AM Annual No. 22
 Clergyman Inghit Hall Lodge Affiliations _____ Body Shipped to or from _____

	Date	Description of Service	Amount	Date	V	Credits
Place of Burial		Casket and Services	395.00	8-27-54		452.78
Cemetery		Embalming	25.00			
Grave No.		Outer Case or Vault <u>wood</u>				
Lot No.		Washing and Dressing				
Block No.		Shaving				
Section		Slumber Robe	27.00			
Pall Bearers		Suit or Dress				
		Other Articles of Clothing				
		Transferring Body				
		Door Badge				
		Opening Grave <u>Sale 7.4</u>	5.78			
		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	452	78		

NAME OF DECEASED Catherine M. Mc Sitzer RESIDENCE 2 mi. North 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>Her Home North of Troy</u>
Casket No. <u>350</u> Style <u>1/2 Caswell</u>			Date of Death <u>8-23-51</u>
Interior <u>Very Small</u> Covering <u>Light Purple</u>			Cause of Death <u>apoplexy</u> Contributory _____
Manufacturer <u>Millard</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>Nov. 19-1872</u> Age, Years <u>82</u> Months _____ Days _____
Embalming			Occupation <u>Housewife</u>
Clothing			How Long at Place of Death _____
			Birthplace—City or County <u>Fleming Ky</u> State or Country _____
			Name of Father <u>Owen Col Cooran</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Anna Kelly</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>Dr. Cordner</u> M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>St. James Cemetery Fleming</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 Sam Rutherford Charge to Alpha Rutherford Eugene Account No. 423
 Ordered by _____ Guaranteed by _____ Serial No. 160
 Funeral at _____ Residence _____ Mortuary Christie's Church _____ Date 8-26-55 Hour 7:30 Annual No. 23
 Clergyman John Perry Clewley Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	453 00			100 00
	Embalming.....				100 00
	Outer Case or Vault <u>Sectional</u>	40 00	11-10-56		140 00
	Washing and Dressing.....		11-10-56		196 53
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	25 00			
	Other Articles of Clothing <u>G.U. & Hat</u>	2 79			
	Transferring Body.....				
	Door Badge..... <u>h.w. 4213-109</u>				
	Opening Grave <u>+ Dugout 29.00</u>				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach <u>Sales 14</u>	6 74			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	527 53			536 53

Paid in full

arr. balance 536.53

NAME OF DECEASED Sam Ruthersford RESIDENCE Simi NE-2 Tray
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 8-26-55 HOUR 2:30 CLERGYMAN John Perry
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral <u>Wood Corner</u>			Place of Death <u>Sisters Hosp. St. Joe</u>
Casket No. <u>209</u> Style <u>1/2 Couch</u>			Date of Death <u>8-24-55</u>
Interior <u>Tray</u> Covering <u>Chapman Blue</u>			Cause of Death <u>Myocardial infarction</u>
Manufacturer <u>Harpaghe</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>Male</u> Color or Race <u>White</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Dec 18-1892</u> Age, Years <u>62</u> Months _____ Days _____
Embalming			Occupation <u>Farmer</u>
Clothing			How Long at Place of Death <u>19 days</u>
			Birthplace—City or County <u>Salisbury</u> State or Country <u>Ind.</u>
			Name of Father <u>James Ruthersford</u>
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances			Signed <u>Dr. James</u> M.D. _____ Coroner _____
			Address <u>St. Joe</u> Date _____
			Interment at <u>St. Johns, 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:

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



Funeral of Belle Sappan Charge to _____ Account No. 42H
 Ordered by James Sappan Guaranteed by _____ Serial No. 164
 Funeral at _____ Residence _____ Mortuary Church _____ Date 8-29-55 Hour 2 P.M. Annual No. 24
 Clergyman Rickey 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.....	375 00			435 90
	Embalming.....				
	Outer Case or Vault <u>Donuts</u>	40 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	15 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers <u>Salvator</u>	5 90			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	435 90			

NAME OF DECEASED Viola Belle Sexton

RESIDENCE Douglas 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>Douglas Nursing Home</u>
Casket No. <u>250</u> Style <u>1/2 Couch</u>		Date of Death <u>8-26-55</u>
Interior <u>Antique</u> Covering <u>Light Rose</u>		Cause of Death <u>apoplexy</u> Contributory _____
Manufacturer <u>Smiley</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case		Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>8-16-1868</u> Age, Years <u>87</u> Months _____ Days _____
Embalmg		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>2 years</u>
		Birthplace—City or County <u>Douglas</u> State or Country <u>Kans</u>
		Name of Father <u>Fred Hoover</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>May Ditterson</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>W. Gordon</u> M.D. _____ Coroner _____
		Address <u>Tray</u> Date _____
		Interment at <u>Tray Kans</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 Mr Elizabeth Taylor Charge to Children Account No. 425
 Ordered by Guaranteed by Serial No. 168
 Funeral at Residence Mortuary Church Christian Date 9-7-55 Hour 2 Pm Annual No. 25
 Clergyman Dickson 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.....	525 00			
	Embalming.....				
	Outer Case or Vault.....	40 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	28 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of doz. Chairs.....				
	Flowers <u>SALISTY</u>	7 66			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	600 66			

A. J. Magee

600 66

NAME OF DECEASED Ida Elizabeth Taylor RESIDENCE Tray Kans
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE 9-7-55 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 Lamb-wrap</u>		Date of Death <u>9-5-55</u>
Interior <u>Pattern Set</u> Covering <u>Red Velvet</u>		Cause of Death <u>apoplexy</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>1-10-1877</u> Age, Years <u>78</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>5 yrs</u>
		Birthplace—City or County <u>Douglas</u> State or Country <u>Kans</u>
		Name of Father <u>Henry G. Goss</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Sarah Litterman</u>
		Birthplace of Mother _____
		Signed <u>H. Codman</u> M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Mt. Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		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 Veda L. Simpson Charge to Robert Simpson Account No. 426
 Ordered by Robert Simpson Guaranteed by _____ Serial No. 163
 Funeral at _____ Residence _____ Mortuary _____ Church Quincy Date 9-17-55 Hour 3:PM Annual No. 26
 Clergyman Wm. T. ... Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	389 00			
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault <u>Sectored</u>	40 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 <u>Salisbury</u>	5 46			
	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	434 46			

NAME OF DECEASED Veda Florence Simpson RESIDENCE Tray Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE 9-17-55 HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Home, Tray Kano</u>
Casket No. <u>350</u> Style <u>wood 1/2 Couch</u>		Date of Death <u>9-14-55</u>
Interior <u>Rosy Tulle</u> Covering <u>Light Plush</u>		Cause of Death <u>Apoplexy</u> Contributory _____
Manufacturer <u>Miller</u>		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>Nov 15 - 1905</u> Age, Years <u>49</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing <u>Rett. Simpson</u>		How Long at Place of Death <u>9 years</u>
<u>1949 N. Chautauque</u>		Birthplace—City or County <u>Lathrop, State or Country <u>Ka</u></u>
<u>Wch to 14 Kano</u>		Name of Father <u>Abraham Suttin</u>
Total Cash Advances _____		Birthplace of Father _____
_____		Maiden Name of Mother <u>Annis Malone</u>
_____		Birthplace of Mother _____
_____		Signed <u>Coroner</u> M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at <u>Tray Kano</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. Emma Kay Charge to Sons Account No. 423
 Ordered by _____ Guaranteed by _____ Serial No. 164
 Funeral at _____ Residence _____ Mortuary Northside Church _____ Date 10-27-27 Hour 2 P.M. Annual No. 27
 Clergyman Lee A. Dickey Lodge Affiliations O.E.S Body Shipped to or from _____

	Date	Description of Service	Amount	Date	V	Credits
Place of Burial		Casket and Services	684 00	7 530		1079 00
Cemetery		Embalming <u>Final Embalmers</u>	45 00			
Grave No.		Outer Case or Vault <u>Mausoleum</u>	285 00			
Lot No.		Washing and Dressing				
Block No.		Shaving				
Section		Slumber Robe				
Pall Bearers		Suit or Dress				
		Other Articles of Clothing				
		Transferring Body <u>From Omaha</u>	60 00			
		Door Badge				
		Opening Grave	40 00			
		Newspaper Notices				
		Telegrams and Telephone Calls				
		Use of _____ doz. Chairs				
		Flowers <u>and T4</u>	35 70			
		Clergyman				
		Singers <u>Sales T4</u>	13 91			
Singers		Casket Coach				
		Use of _____ Funeral Cars				
		Use of Flower Cars				
		Professional Supervision				
Insurance Policies						
		To Funeral Complete	1113 61			

NAME OF DECEASED Mrs. E. Mayo RESIDENCE Ray Reno
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS Womens quartet LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Belleme Neb.</u>
Casket No. _____ Style <u>1/2 Cash metal</u>		Date of Death <u>10-24-55</u>
Interior <u>gray Cape</u> Covering <u>blue-gray velvet</u>		Cause of Death <u>Coronary Thrombosis</u> contributory
Manufacturer <u>Mellor</u>	DEBITS	Duration <u>18 hrs</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 <u>Mausoleum</u>		Date of Birth <u>12-22-1877</u> Age Years <u>77</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>3 days</u>
<u>Embalmed by F. W. Matney</u>		Birthplace—City or County <u>Creighton Neb.</u> State or Country <u>Nebraska</u>
<u>1725 So. 13th Omaha</u>		Name of Father <u>John King</u>
Total Cash Advances _____		Birthplace of Father _____
		Maiden Name of Mother <u>Emma Bennett</u>
		Birthplace of Mother _____
		Signed <u>Dr. George Belleme Neb.</u> Coroner
		Address _____ Date _____
		Interment at <u>St. Ann</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 Irvin H. Parker RESIDENCE Pray, Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 11-2-53 HOUR 2 PM CLERGYMAN Mrs. Esther Ruth
 SINGERS Donald Elder LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Pray, Kansas (Home)</u>
Casket No. _____ Style <u>W. Co. R.E.</u>		Date of Death <u>10-31-53</u>
Interior <u>roy cye</u> Covering <u>light felt</u>		Cause of Death <u>Heart complication</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration <u>2 years</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 <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>9-4-1870</u> Age, Years <u>85</u> Months _____ Days _____
Embalming _____		Occupation <u>Mechanic (retired)</u>
Clothing _____		How Long at Place of Death <u>2 yrs.</u>
_____		Birthplace—City or County <u>Pray</u> State or Country <u>Kansas</u>
_____		Name of Father _____
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother _____
_____		Birthplace of Mother _____
_____		Signed <u>H.R. Cordnier</u> M.D. _____ Coroner _____
_____		Address <u>Pray, Ks.</u> Date _____
_____		Interment at <u>Mt. Olive</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		_____
*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 *Amos Schauffler* Charge to *Elizabeth Gunn* Account No. *429*
 Ordered by _____ Guaranteed by _____ Serial No. *160*
 Funeral at _____ Residence _____ Mortuary *Methodist* Church _____ Date *11-8-55* Hour *2:15 p.m.* Annual No. *29*
 Clergyman *Len Siskay* 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				
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body	<i>25 00</i>			
	Door Badge				
	Opening Grave	<i>40 00</i>			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	<i>15 30</i>			
	Clergyman				
	Singers <i>Memorial Cards</i>	<i>5 00</i>			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision	<i>50 00</i>			
	<i>Use of Mortuary, Home Equipment</i>	<i>25 00</i>			
To Funeral Complete		<i>160 30</i>			<i>160 30</i>

NAME OF DECEASED Amos Schaufly RESIDENCE Leitunt Colo
 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>Leitunt Colo.</u>
Casket No. _____ Style _____			Date of Death	<u>11-3-55</u>
Interior _____ Covering _____			Cause of Death _____	Contributory _____
Manufacturer _____			Duration _____	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>11-28-</u>	Age, Years <u>84</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 _____	M.D. _____ Coroner _____
<u>Body shipped from</u>			Address _____	Date _____
<u>Kendrick mortuary</u>			Interment at <u>Int. alone</u>	
<u>Burlington Colo</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 J. Herbert Bloss RESIDENCE Fanning 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>State Hospital, Topeka</u>
Casket No. <u>200</u> Style <u>Thinged Panel</u>			Date of Death <u>11-11-53</u>
Interior <u>art silk</u> Covering <u>Red</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>Male</u> Color or Race <u>White</u>
Outer Case <u>wood</u>			Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault _____			Date of Birth <u>12-15-18-73</u> Age, Years <u>74</u> Months _____ Days _____
Embalming _____			Occupation <u>Farmer</u>
Clothing _____			How Long at Place of Death <u>3 Months</u>
			Birthplace—City or County <u>Topeka</u> State or Country <u>Kans</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>Dale Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			
REMARKS:			Insured in _____ Amount _____
			Beneficiary _____

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



Funeral of Pearl P. Mitchell Charge to E. Stutz Account No. 421
 Ordered by Mrs. Wanda Demby Guaranteed by _____ Serial No. 168
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 11-23-56 Hour 2 P.M. Annual No. 31
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	892 00	1-7 56		207 64
	Embalming.....		1-7 56		770 00
	Outer Case or Vault..... <u>Sectorial</u>	40 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	29 00			
	Other Articles of Clothing.....	4 56			
	Transferring Body.....				
	Door Badge..... <u>Sales 7 4</u>	12 08			
	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	977 64			977 64



Funeral of Fernie Irene Callahan Charge to Arnold Mortuary Account No. 432
 Ordered By _____ Guaranteed by Edgar Kelly Serial No. 169
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date _____ Hour _____ Annual No. 32
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....				
	Embalming.....	50 00	11-23-55	✓	50 00
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete				

Embalming only

*OK by Arnold
Funeral Home, Edgar Kelly*

NAME OF DECEASED

Callahan

RESIDENCE

Leuryann 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 <i>R. J. Callahan, Rio Tray</i>
Casket No. _____ Style _____		Date of Death <i>11-23-55</i>
Interior _____ Covering _____		Cause of Death <i>Pneumonia</i> Contributory <i>Senile Pleurisy</i>
Manufacturer _____	DEBITS	Duration <i>1 day</i> Autopsy <i>no</i>
Total Net Cost of Casket _____		Sex <i>Female</i> Color or Race <i>white</i>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <i>6-6-1878</i> Age, Years <i>77</i> Months _____ Days _____
Embalming _____		Occupation <i>housewife</i>
Clothing _____		How Long at Place of Death <i>1 day</i>
_____		Birthplace—City or County <i>Truly</i> State or Country <i>Kans</i>
_____		Name of Father <i>John Jones</i>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <i>Fannie Bray</i>
_____		Birthplace of Mother _____
_____		Signed <i>Jes Landon</i> M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at _____
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____

REMARKS:

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



NAME OF DECEASED Jenny J. Walter RESIDENCE Bendena 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, Bendena Kans</u>
Casket No. <u>200</u> Style <u>Winged Panel</u>			Date of Death	<u>12-8-55</u>
Interior <u>very fine</u> Covering <u>dark, emb.</u>			Cause of Death	<u>Syncope</u> Contributor <u>Arthur Selens</u>
Manufacturer <u>Miller</u>	DEBITS		Duration	<u>2 weeks</u> Autopsy _____
Total Net Cost of Casket			Sex	<u>Female</u> Color or Race <u>white</u>
Outer Case			Single	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault			Date of Birth	<u>9-19-1865</u> Age, Years <u>90</u> Months _____ Days _____
Embalming			Occupation	<u>Housewife</u>
Clothing			How Long at Place of Death	<u>35 years</u>
			Birthplace—City or County	<u>Walt Co.</u> State or Country <u>Missouri</u>
			Name of Father	<u>Noah Kunkel</u>
			Birthplace of Father	
			Maiden Name of Mother	<u>Caroline Strauss</u>
			Birthplace of Mother	
Total Cash Advances			Signed	<u>Dr. Jader</u> M.D. _____ Coroner
			Address	<u>Clinton 140</u> Date _____
			Interment at	<u>moray</u> <u>Centers</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 Sister A. Hattaway Charge to Lais Hattaway Account No. 434
 Ordered by _____ Guaranteed by _____ Serial No. 17A
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 12-11-55 Hour 2:30 Annual No. 34
 Clergyman Rev. Lu Jickel Lodge Affiliations _____ Body Shipped to or from _____

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

*Hagenlusch
 Hays
 Oliver
 Blevins
 Laroff
 H. Davis,*
 Singers

Date	Description of Service	Amount		Date	✓	Credits
	Casket and Services	438	00	12-17-55		484 05
	Embalming	40	00			
	Outer Case or Vault					
	Washing and Dressing					
	Shaving					
	Slumber Robe					
	Suit or Dress <i>Sales Tax</i>	6	05			
	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	484	05			484 05

NAME OF DECEASED Lucy D. Hawthorn RESIDENCE Jay Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS Paul Oliver LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Mo. Meth. Hosp.</u>
Casket No. <u>45-D</u> Style <u>Oct. 1/2 Couch</u>			Date of Death	<u>12-9-55</u>
Interior <u>Wool Satin</u> Covering <u>Slush</u>			Cause of Death	
Manufacturer <u>Miller</u>			Duration	
Total Net Cost of Casket			Sex	<u>male</u> Color or Race <u>White</u>
Outer Case			Autopsy	
Vault			Single	<input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child
Embalming			Date of Birth	<u>3-9-1887</u> Age, Years <u>68</u> Months <u>8</u> Days
Clothing			Occupation	<u>Insotype Operator</u>
			How Long at Place of Death	<u>4 Days</u>
			Birthplace—City or County	<u>Pomfretton</u> State or Country <u>Kansas</u>
			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. C. S. Gunt</u> M.D. <input type="checkbox"/> Coroner
			Address	<u>St. Joseph</u> Date _____
			Interment at	<u>St. Olive Cemetery</u>
			Lot or Grave No.	
			Shipped to	
			Arrived from	
			Via	R. R. Date _____
Total Net Cost of Funeral			In Charge of	<u>SS # 509-09-0646</u>
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 Anna Mae Gurnell Charge to Barnard Gurnell Account No. 435
 Ordered by _____ Guaranteed by _____ Serial No. 172
 Funeral at _____ Residence _____ Mortuary Church _____ Date 12-30-35 Hour 2 P.M. Annual No. 35
 Clergyman Wm. & Son Trowell Lodge Affiliations _____ Body Shipped to or from _____

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

Pall Bearers

Walt Triplett
Chas. Bach

B. & Jack Whittemore
Archie Schaeffer
John Chappell
 Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	565 00			
	Embalming				
	Outer Case or Vault <u>Sectional</u>	40 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe	18 50			
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge <u>Sales Tax</u>	7 94			
	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		631 44			630 00

NAME OF DECEASED Anna Mrs. Gurnell 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>Home, Tracy Kansas</u>
Casket No. _____ Style <u>1/2 Counters</u>		Date of Death <u>12-28-52</u>
<u>Drum Cup</u> Covering <u>Salad Green</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u> <u>Angel Comm.</u> DEBITS		Duration _____ Autopsy <u>no</u>
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>12-31-1883</u> Age, Years <u>69</u> Months <u>11</u> Days <u>28</u>
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>2 1/2 years</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 Jones</u>
Total Cash Advances _____		Birthplace of Mother _____
_____		Signed <u>E. Cordover</u> M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at <u>Mt. Olive Cem. Tracy</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 Norman Emory Charge to Wm. Emory Account No. 436
 Ordered by _____ Guaranteed by _____ Serial No. 173
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 1-3-56 Hour 2:00 Annual No. 1
 Clergyman Wm. Twombly Lodge Affiliations Military Services Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	Credits
	Casket and Services.....	545 00	2/2/56 M.S. Treasury	150 00
	Embalming.....		Wm. Emory	488 68
	Outer Case or Vault <u>Casket & Day</u>	40 00	2-6 ✓	638 68
	Washing and Dressing.....			
	Shaving.....			
	Slumber Robe.....	25 00		
	Suit or Dress.....	2 00		
	Other Articles of Clothing.....	7 88		
	Transferring Body.....			
	Door Badge..... <u>Sales Tax</u>			
	Opening Grave.....			
	Newspaper Notices.....			
	Telegrams and Telephone Calls.....			
	Use of _____ doz. Chairs.....	15 30		
	Flowers.....			
	Clergyman.....			
	Singers.....			
	Casket Coach..... <u>Certified copy</u>	1 50		
	Use of _____ Funeral Cars.....	2 00		
	Use of Flower Cars.....			
	Professional Supervision.....			
	Insurance Policies.....			
To Funeral Complete		638 68		638 68

NAME OF DECEASED J. Norman Emory RESIDENCE 211 West Colorado, 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>211 West Colorado, St Joe</u>
Casket No. <u>metal</u> Style <u>Winged Panel</u>		Date of Death <u>12-31-51</u> 11 PM
Interior <u>R.F. Seltzer</u> Covering <u>Blended Cappuccino</u>		Cause of Death <u>Coronary Artery</u> Contributory
Manufacturer <u>Muller</u> <small>DEBITS</small>		Duration <u>few hours</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>Aug 22-1904</u> Age, Years <u>51</u> Months <u>4</u> Days <u>9</u>
Embalming		Occupation <u>Blair - Arman + Co.</u>
Clothing		How Long at Place of Death _____
<u>John N. Emory</u>		Birthplace—City or County _____ State or Country _____
Total Cash Advances		Name of Father _____
<u>Army Serial # 37 208 504</u>		Birthplace of Father _____
<u>Recd. 29 August 1945</u>		Maiden Name of Mother _____
<u>Ind. 29 June 1942</u>		Birthplace of Mother _____
<u>SS# 512-09-978</u>		Signed _____ M.D. _____ Coroner _____
Total Net Cost of Funeral		Address _____ Date _____
Gross Profit on Funeral		Interment at <u>Fleming Cemetery</u>
*Less Overhead Per Funeral		Lot or Grave No. _____ Section No. _____
Net Profit Apparent		Shipped to _____
REMARKS:		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 Mildred Lavinia Larson Charge to Harold Larson Account No. 437-
 Ordered by _____ Guaranteed by _____ Serial No. 174-
 Funeral at _____ Residence St. Johns, Bend Mortuary _____ Church _____ Date 1-9-56 Hour 2:00 Annual No. 21
 Clergyman Stanley Rogg Lodge Affiliations Social order of Beauceant Body Shipped to or from _____

ie Robt Elder
 & wife

Erny Eader
 F.E. Hays
 Lonnie Myers
 Joe Wainwright
 Edgar Lishon
 Wm Lishon
 Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	597 00			
	Embalming.....		2-14-54		266 23
	Outer Case or Vault <u>None</u>	150 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	27 50			
	Suit or Dress.....	1 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices <u>Salem T 4</u>	10 73			
	Telegrams and Telephone Calls.....	786 23			
	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 Colt Andrew Lane RESIDENCE Tray Kenosha
 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 Kenosha</u>
Casket No. <u>200</u> Style <u>Winged Panel</u>			Date of Death <u>1-14-34</u>
Interior <u>Prong Tilt</u> Covering <u>Dark</u>			Cause of Death <u>apoplexy</u> Contributory _____
Manufacturer <u>Wheeler</u>			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>male</u> Color or Race <u>white</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>1-7-1868</u> Age, Years <u>88</u> Months _____ Days _____
Embalming			Occupation <u>Retired Farmer</u>
Clothing			How Long at Place of Death <u>2 years</u>
			Birthplace—City or County <u>Adrian</u> State or Country _____
			Name of Father <u>John Lane</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Mary Tyler</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>Dr. Cordover</u> M.D. _____ Coroner _____
			Address <u>Tray</u> Date _____
			Interment at <u>mt. olive</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral			
*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 Mary Emily Lillendick Charge to Estate Account No. 440
 Ordered by C Guaranteed by _____ Serial No. 177
 Funeral at _____ Residence _____ Mortuary Methodist Church _____ Date 4-7-56 Hour 2:30 Annual No. 5
 Clergyman Reckert & Pachus Lodge Affiliations _____ Body Shipped to or from _____

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

Capenhaver
Kuempel
Koffman
J. Thornton
R. Callahan
H. Weber Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services				
	Embalming				
	Outer Case or Vault <u>Wagon Vault</u>	<u>150 00</u>	<u>CK. F.H.P. 4-10-56</u>		<u>253 00</u>
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <input checked="" type="checkbox"/>				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach <input checked="" type="checkbox"/>				
	Use of _____ Funeral Cars				
	Use of Flower Cars <input checked="" type="checkbox"/>				
	Professional Supervision	<u>100 00</u>			
	<u>Sales 4</u>	<u>3 00</u>			
To Funeral Complete		<u>253 00</u>			<u>253 00</u>



Funeral of Vernon Ruhnke Charge to ESTATE Account No. 441
 Ordered by MRS. Esther Ruhnke (wid) Guaranteed by CHRISTS LUTHERAN Serial No. 178
 Funeral at _____ Residence _____ Mortuary _____ Church L Date 4-18-56 Hour 2:30 pm Annual No. 6
 Clergyman Rev. Alvin Lade Lodge Affiliations _____ Body Shipped to or from _____

unt Olive
 emetry
 Troy, Kansas

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

Charles Sinclair
 Otto Schmidke, Jr.
 Frank Anslinger
 William Turpin
 Herbert Ruhnke
 Raymond Twambly

Singers
 Church Quartet

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	672 00			
	Embalming.....				
	Outer Case or Vault.....	150 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.....	35 70			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX.....	11 06			
To Funeral Complete		868 76			

NAME OF DECEASED Vernon Ruhnke RESIDENCE TROY RURAL
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christ's Lutheran DATE 4-18-56 HOUR 7:30 CLERGYMAN Rev. Alvin Lade
 SINGERS Church Quartet LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>FARM Home of Brother Ray</u> ^{S.H.}
Casket No. _____ Style <u>Metals 1/2 Chrome</u>		Date of Death <u>4-16-56</u>
Interior <u>Silver Cap</u> Covering <u>Silver Metal</u>		Cause of Death <u>Central Hemorrhage</u> Contributory <u>Hypertension</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 <u>Walnut Vault</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>6-5-1916</u> Age, Years <u>39</u> Months <u>10</u> Days <u>11</u>
Embalming _____		Occupation <u>FARMER</u>
Clothing <u>none</u>		How Long at Place of Death <u>1/2 DAY</u>
_____		Birthplace—City or County <u>Don.phan county</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>ALBERT Ruhnke</u> ^{Commun. M}
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>PEARL Benitz</u>
_____		Birthplace of Mother _____
_____		Signed <u>A. J. Blair</u> M.D. _____ Coroner
_____		Address <u>TROY KANSAS</u> Date _____
_____		Interment at <u>MOUNT 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 _____ 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 Nile R. Smith Charge to MRS. INA Smith Account No. 443
 Ordered by Wife Guaranteed by _____ Serial No. ~~180~~ 179
 Funeral at _____ Residence _____ Mortuary _____ Church CHRISTIAN Date 5-12-56 Hour 2 PM Annual No. 7
 Clergyman Will Twombly D. PENRY Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	892 00	5-26-56	ck. By MRS. INA Smith	1100 79
	Embalming.....	150 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	29 50			
	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.....	SALES TAX 14 29			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				

	Ambulance	15 00			
	To Funeral Complete	1085 79			1100 79
		1100 79			

Pall Bearers
 Kieth Luellan
 Rlyn Ledellan
 WY Twombly
 ARRY Losson
 HIT Kibler
 Ralph Bruen

Singers

Insurance Policies

NAME OF DECEASED Nile R. Smith RESIDENCE BLAIR, KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 5-12-56 HOUR 2pm CLERGYMAN Will Twombly
 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. _____ Style _____			Date of Death <u>5-9-56</u>
Interior _____ Covering _____			Cause of Death <u>ACUTE YELLOW ATROPHY - LIVER</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>yes</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>5-9-02</u> Age, Years <u>54</u> Months _____ Days _____
Embalming _____			Occupation <u>LABORER - FOUNDRY WORK</u>
Clothing _____			How Long at Place of Death <u>5 Months 6 Days</u>
<u>S.S. 515-05-1949</u>			Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
Total Cash Advances _____			Name of Father <u>FRANK Smith</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>SARAH EDWARDS</u>
			Birthplace of Mother _____
			Signed <u>Howard S. Jech</u> M.D. _____ Coroner
			Address <u>St. Joseph Mo.</u> Date <u>5-11-56</u>
			Interment at <u>Mount Olive - Troy</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 CLARENCE DeHART Charge to..... Account No. 443
 Ordered by Ruby & Harold Earhart Guaranteed by..... Serial No. 180
 Funeral at..... Residence..... Mortuary Church..... Date 5-17-56 Hour 2 PM Annual No. 8
 Clergyman Rev. M. D. Penry Lodge Affiliations..... Body Shipped to or from.....

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	<u>365 00</u>	<u>5-21 5p</u>	<u>OK BY RUBY EARHART</u>	<u>542 38</u>
	Embalming.....	<u>150 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.....	<u>20 00</u>			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman..... <u>SALES TAX</u>	<u>7 38</u>			
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
To Funeral Complete		<u>542 38</u>			<u>542 38</u>

NAME OF DECEASED CLARENCE De HART RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-17-56 HOUR 2pm CLERGYMAN Rev. H.D. Penry
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS</u>
Casket No. <u>250</u> Style <u>HALF-COUCH</u>		Date of Death <u>5-15-56</u>
Interior <u>TW:41</u> Covering <u>Doc skin</u>		Cause of Death <u>ARTERO SCLEROSIS</u> Contributory
Manufacturer <u>NO SWELLED CORNERS</u>	DEBITS	Duration <u>6 YRS.</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 <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault		Date of Birth <u>4-19-1875</u> Age, Years <u>81</u> Months _____ Days _____
Embalming		Occupation <u>FARMER</u>
Clothing		How Long at Place of Death <u>3 YRS.</u>
		Birthplace—City or County <u>Trenton</u> State or Country <u>Missouri</u>
		Name of Father <u>John DeHART</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>MARY Rankin</u>
Total Cash Advances		Birthplace of Mother _____
		Signed <u>John G. Swails</u> M.D. _____ Coroner
		Address <u>WATHENA KANSAS</u> Date <u>5-16-56</u>
		Interment at <u>BELLMONT CEMETERY - WATHENA</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 Leslie J. Mudge Charge to..... Account No. 446
 Ordered by Wife Guaranteed by..... Serial No. 182
 Funeral at..... Residence..... Mortuary..... Church CHRISTIAN Date 5-21-56 Hour 2 PM Annual No. 9
 Clergyman Rev. M.D. Penry Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
Place of Burial	Casket and Services.....	592 00	5-24		282 40
Cemetery	Embalming.....	50 00			150 00
Grave No.	Outer Case or Vault.....	150 00			400 00
Lot No.	Washing and Dressing.....				400 00
Block No.	Shaving..... <u>Ambulance Service</u>	15 00			892 40
Section	Slumber Robe.....				
Pall Bearers	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge..... <u>Safety</u>	10 10			
	Opening Grave.....				
	Newspaper Notices..... <u>Flowers</u>	15 30			
	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	832 40			832 40

NAME OF DECEASED Leslie J. Mudge RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 5-21-56 HOUR 2 PM CLERGYMAN Rev. M.D. Penry
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>WICHITA, KANSAS</u>
Casket No. <u>Wood's 1st</u> Style <u>1/2 Couch</u>		Date of Death <u>5-17-56</u>
Interior <u>Paint: Satin</u> Covering <u>Tan Ki Pile</u>		Cause of Death <u>Hemorrhage interally</u> Contributory <u>crushing</u> <u>Accident</u>
Manufacturer <u>Arkansas Coffin Co.</u>	DEBITS	Duration <u>10 MIN</u> Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case <u>Revised Vault</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>7-27-1928</u> Age, Years <u>36</u> Months <u>9</u> Days <u>20</u>
Embalming _____		Occupation <u>TRUCK DRIVER</u>
Clothing _____		How Long at Place of Death <u>FEW HOURS</u>
		Birthplace—City or County <u>Columbus</u> State or Country <u>New York</u>
		Name of Father <u>John Mudge</u>
Total Cash Advances _____		Birthplace of Father _____
		Maiden Name of Mother <u>unknown</u>
		Birthplace of Mother _____
		Signed _____ M.D. <u>Samuel E. Skuts</u> Coroner
		Address <u>Wichita, Kansas</u> Date <u>5-17-56</u>
		Interment at <u>OAK Hill Cemetery - Severance</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of <u>Downing MORTUARY</u>
		<u>Wichita Kansas</u>
Total Net Cost of Funeral _____		Source of Call <u>Phone Amherst 2-4424</u>
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		
REMARKS: _____		

SS. 721-03-4362

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



Funeral of PERRY CAUDLE Charge to..... Account No. 445
 Ordered by..... Guaranteed by..... Serial No. 189
 Funeral at..... Residence..... Mortuary..... Church CHRISTIAN Date 6-13-56 Hour 2:30 pm Annual No. 10
 Clergyman Rev. D. Penry Lodge Affiliations..... Body Shipped to or from.....

Place of Burial
MORAY
 Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

JUNIOR HUSS
MASON HUSS
HARRY PRY
OSCAR PRY
DAN FALLO
MILLARD BARNHILL

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	892 00			1055 70
	Embalming.....	150 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge..... <u>S. Tal</u>	13 20			
	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	1055 70			1055 70

NAME OF DECEASED Perry Caudle RESIDENCE TRAY KANSAS (RURAL)
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 6-17-56 HOUR 2:30pm CLERGYMAN Rev. D. Perry
 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>302</u> Style <u>1/2 Couch</u>			Date of Death <u>6-10-56</u>
Interior <u>A.T. Bydder</u> Covering <u>Copper Plaid material</u>			Cause of Death <u>Generalized Carcinomatosis</u> Contributory <u>adenocarcinoma of kidney</u>
Manufacturer <u>Superior Metal</u>	DEBITS		Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket			Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case <u>air Seal Vanit</u>			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault <u>Heisor</u>			Date of Birth <u>9-18-1875</u> Age, Years <u>80</u> Months _____ Days _____
Embalming _____			Occupation <u>FARMER</u>
Clothing _____			How Long at Place of Death <u>19 DAYS</u>
_____			Birthplace—City or County <u>Green Co. State or Country Illinois</u>
_____			Name of Father <u>JAMES CAUDLE</u>
Total Cash Advances _____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Lucy A. Sharp</u>
_____			Birthplace of Mother _____
_____			Signed <u>CARY L POTTER</u> M.D. _____ Coroner _____
_____			Address <u>ST. JOSEPH MO</u> Date <u>6-12-56</u>
_____			Interment at <u>MORAY CEMETERY</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral			Source of Call _____
*Less Overhead Per Funeral			Insured in _____ Amount _____
Net Profit Apparent			Beneficiary _____

REMARKS:
 Social Security - 510-38-2919

* 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 H. Richardson Charge to Mrs Richardson Account No. 446
 Ordered by Mrs Richardson Guaranteed by _____ Serial No. 188
 Funeral at _____ Residence _____ Mortuary Chattanooga Church _____ Date 6-15-27 Hour 2:30 P Annual No. 11
 Clergyman Lurward Perry Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	442 00			
	Embalming <u>at Pennell - Klabel</u>	35 00	<u>6-18-27</u>		522 00
	Outer Case or Vault <u>Sectional</u>	45 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision <u>NO CHAIRS TO BE ADDED</u>				
	To Funeral Complete	522 00			522 00

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

NAME OF DECEASED John H. Richardson RESIDENCE Troy Kans
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 6-15-56 HOUR 2:30 CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Topeka Hospital, (State)</u>
Casket No. <u>400</u> Style <u>Kenard Paul</u>		Date of Death <u>6-12-56</u>
Interior <u>Ray Sutton</u> Covering <u>Duck Budget</u>		Cause of Death <u>Pneumonia</u> Contributory <u>2 hrs. Broncho-</u>
Manufacturer <u>Miller</u>	DEBITS	<u>pneumonia</u> <u>6 da</u>
Total Net Cost of Casket <u>510</u> <u>Carner</u>		Duration _____ Autopsy <u>yes</u>
Outer Case <u>State Shell</u>		Sex <u>male</u> Color or Race <u>white</u>
Vault _____		Single _____ Married <u>✓</u> Widowed _____ Divorced _____ Child _____
Embalming _____		Date of Birth <u>Jan 29-1878</u> Age, Years <u>83</u> Months _____ Days _____
Clothing _____		Occupation <u>Ret Farmer</u>
		How Long at Place of Death <u>29 days</u>
		Birthplace—City or County _____ State or Country <u>Missouri</u>
		Name of Father <u>Jorden Richardson</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>unknown</u>
		Birthplace of Mother _____
		Signed <u>H. Panthel</u> M.D. _____ Coroner
		Address <u>Topeka Ks.</u> Date <u>6-12-56</u>
		Interment at <u>MOUNT OLIVE - TROY</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: son
H. A. Richardson
419 Echo Ave
Fresno 1, 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 Vida M. Strong Charge to..... Account No. 443
 Ordered by Vida M. Ward Guaranteed by..... Serial No. 184
 Funeral at Residence Mortuary..... Church..... Date 7-15-56 Hour 2:30 Annual No. 12
 Clergyman Rev. Perry Lodge Affiliations..... Body Shipped to or from.....

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

A. P. Louff Sr.
Ben Williamson
Julian Nelson
R. F. Hayes
Fred Baker
Janet Hayes
one

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	<u>621 00</u>			<u>904 77</u>
	Embalming <u>Wall-Luffenberfer</u>	<u>35 42</u>			
	Outer Case or Vault <u>steril</u> Hardy	<u>195 00</u>			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe <u>Certified Copy</u>	<u>2 00</u>			
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	<u>40 00</u>			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs				
	Flowers <u>Salest</u>	<u>11 35</u>			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Amber Service, to St Joe 10 00</u>				
	<u>20 St Joe in Capitation 15 00</u>				
	<u>20 Tapeka 35 00</u>				
		<u>10 60 00</u>			
	To Funeral Complete	904 77			904 77

NAME OF DECEASED Veda M. Strong RESIDENCE Tray Kans
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS None LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Lepke State Hospital</u>
Casket No. _____ Style <u>Redwood</u>		Date of Death <u>7-12-28</u>
Interior <u>very nice</u> Covering <u>light felt</u>		Cause of Death <u>Pulmonary infection</u> <u>tributory Pulmonary thrombosis</u>
Manufacturer <u>Miller</u>		Duration <u>3 days</u> Autopsy <u>Yes</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>Steel Vase</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>9-17-95</u> Age, Years <u>60</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>3 days</u>
		Birthplace—City or County <u>Tray</u> State or Country <u>Kans</u>
		Name of Father <u>Dr. W. B. Campbell</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Malud Perry</u>
		Birthplace of Mother _____
		Signed <u>Harry G. ...</u> M.D. _____ Coroner
		Address <u>Salomon</u> Date <u>7-13-28</u>
		Interment at <u>Int. Olive Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____
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 George A. Smith Charge to Account No. 442
Ordered by Guaranteed by Serial No. 1835
Funeral at Residence Mortuary Church Date 7-24-56 Hour 2:30 pm Annual No. 13
Clergyman Rev. Routh Lodge Affiliations Body Shipped to or from

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

*Ray Smith, Ray &
Norman, with
Carl, Memphis
Mrs. Jones Memphis
Mrs. Lew Ray Singers*

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	417 50			492 00
	Embalming.....				
	Outer Case or Vault..... <i>wood box</i>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	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.....	6 00			
	Flowers..... <i>Sales & G</i>				
	Clergyman.....				
	Singers..... <i>open Grav</i>	40 00			
	Casket Coach.....				
	Use of Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
				
	To Funeral Complete	492 00			492 00

NAME OF DECEASED George ALBERT Smith RESIDENCE TROY, KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 7-24-56 HOUR 2:30 PM. CLERGYMAN Rev. Routh
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral ..		Place of Death <u>TROY KANSAS (Home)</u>
Casket No. <u>550</u> Style <u>1/2 Casade</u>		Date of Death <u>7-22-56</u>
Interior <u>Ant. Satin</u> Covering <u>Cedar Plenum</u>		Cause of Death <u>CORONARY THROMBOSIS</u> Contributory <u>ARTERIO SCLEROSIS</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>2-3-1880</u> Age, Years <u>76</u> Months _____ Days _____
Embalming _____		Occupation <u>Shoe REPAIRMAN</u>
Clothing _____		How Long at Place of Death <u>1 year</u>
_____		Birthplace—City or County _____ State or Country <u>IOWA</u>
_____		Name of Father <u>SylvesteR Smith</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>UNKNOWN</u>
_____		Birthplace of Mother _____
_____		Signed <u>A.E. CORDONIER</u> M.D. _____ Coroner
_____		Address <u>TROY KANSAS</u> Date <u>7-23-56</u>
_____		Interment at <u>MOUNT OLIVE Cemetery</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
_____		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		_____
REMARKS:		_____

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



Funeral of ELLA Foley Charge to..... Account No. 449
 Ordered by..... Guaranteed by..... Serial No. 180
 Funeral at..... Residence..... Mortuary..... Church st. Charles Date 7-27-56 Hour 9:30 AM Annual No. 14
 Clergyman Fr. Egbert Hall Lodge Affiliations..... Body Shipped to or from.....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

*Added
10-9-56*

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	428 00			815 05
	Embalming.....	150 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	26 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers..... <u>Salvator</u>	11 05			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	815 05			

NAME OF DECEASED ELLA FOLEY RESIDENCE TROY KANSAS RURAL
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST. CHARLES DATE 7-27-56 HOUR 9:30 AM CLERGYMAN FR. EGBERT HALL
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TROY KANSAS RURAL (Home)</u>
Casket No. <u>500</u> Style <u>1/2 Coach</u>			Date of Death <u>7-24-56</u>
Interior <u>Tray Cup</u> Covering <u>gray miter</u>			Cause of Death <u>CORONARY THROMBOSIS</u> Contributory <u>ARTERIO SCLEROSIS</u>
Manufacturer <u>Miller</u>	DEBITS		Duration <u>FRactured Femur</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>1-2-1869</u> Age, Years <u>87</u> Months _____ Days _____
Embalming			Occupation <u>House wife</u>
Clothing			How Long at Place of Death _____
			Birthplace <u>City or County Doniphan Co.</u> State or Country <u>KANSAS</u>
			Name of Father <u>MC CARTY</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>BRIDGET OBRIEN</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>A.F. CORDON</u> R.M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Mount Olive 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 Rena E. Sandy Charge to _____ Account No. 4510
 Ordered by _____ Guaranteed by _____ Serial No. 1818
 Funeral at _____ Residence _____ Mortuary _____ Church Christian Date 7-29-56 Hour 2:30 pm Annual No. 15
 Clergyman R. V. D. Penry 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	597 00			
	Embalming		8-3		826 59
	Outer Case or Vault <u>Steel</u>	195 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	18 50			
	Other Articles of Clothing	4 65			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices <u>Salest 4</u>	17 44			
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		826 59			
		821 99			
		818 09			
	To Funeral Complete				826 59

NAME OF DECEASED Dianna Kay Sawyer RESIDENCE Topeka Kansas
 FUNERAL AT GRAVE side RESIDENCE GRAVE side MORTUARY GRAVE side CHURCH GRAVE side DATE 7-26-56 HOUR 4PM CLERGYMAN Rev. M. D. Penry

SINGERS _____

LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Topeka Kansas</u>
Casket No. <u>19</u> Style <u>flat</u>		Date of Death <u>7-26-56</u>
Interior <u>roy satin</u> Covering <u>satin</u>		Cause of Death _____ Contributory _____
Manufacturer _____		Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child <u>INFANT</u>
Vault _____		Date of Birth <u>7-26-56</u> Age, Years <u>0</u> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County _____ State or Country <u>KANSAS</u>
_____		Name of Father <u>Daniel Sawyer</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>MARY INGRAM</u>
_____		Birthplace of Mother <u>Troy Kansas</u>
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at <u>Mount Olive Cemetery</u>
_____		Lot or Grave No. _____ Section No. <u>Baby section</u>
_____		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.



