

## HARMAN FUNERAL HOME

1958 TO 1961

Surname	given name	record no.	Surname	given name	record no.
ABBETT	BERTHA	652	DANNEVIK	ARTHUR L	514
ABBETT	JOHN HENRY	510	DANNEVIK	WILLIAM LEE	549
AUGENSTEIN	GEORGE F	530	DAVIS	PEARL	654
			DAWE	WILLIAM SR	553
BAILEY	CLARENCE	524	DEAN	CICERO	533
BALDWIN	VIOLA	622	DECKER	BERTHA	571
BARNETT	WILLIAM	630	DECKER	JAMES L	644
BEGESSE	JEFFREY P	511	DETRICKSON	ROBERT	628
BEGESSE	PAUL F	545	DELANEY	ANDREW O	661
BELL	OSCAR PERRY	589	DENTON	ANNA DAISY	600
BEMBRICK	SADIE	616	DENTON	JED F	641
BERGER	BARBARA	579	DEVINE	MONROE	534
BLANTON	CARRIE	574	DISHON	OSA T	519
BLANTON	FLOSSIE	621	DITTEMORE	MABLE	567
BLANTON	IDA MAE	672	DODD	MARION E	509
BLEVINS	VERNE E	685			
BOOS	PETER E	515	EDGERTON	MARY W	584
BOTTIGER	HENRY R	679	EGGE	THOMAS	573
BRACKEN	BERT B	547	ELDER	MARTHA M	576
BRASEL	GERTURDE	680			
BRASSFIELD	JOSEPH EDWARD	610	FAHEY	FANNIE W	676
BROWN	MINNIE MAY	580	FOSTER	FOREST	578
BROWNLEE	INEZ	655	FRAKES	ELLA VIOLA	605
BROWNLEE	SARAH	540	FRUMP	ROXIE A	653
BULLOCK	AMANDA	637	FULLER	CLARA L	633
CALLAHAN	GEORGE H	677	GABBERT	MAUD P	539
CANNON	LAWRENCE	681	GARTNER	IVA C	631
CARLSON	EDWARD	550	GAUL	CHARLES F	598
CARPENTER	MARGARET	527	GEORGE	EDNA	526
CARROLL	BENJAMIN F JR	613	GIBSON	ROBERT A	522
CARTER	FRANK A	572	GLASS	HARVEY L	535
CASE	MABEL R	556	GODFREY	FLORENCE	648
CHASE	NANCY JANE	688	GURWELL	WILLIAM A	570
CLARY	HOBART E	667			
CLARY	LOTTIE	601	HACKNEY	ETHA	537
CLARY	VICTORIA ANN	646	HAMM	ABNER K	636
CLUCK	NORA ALICE	624	HANLAN	MARY ESTELLA	639
COOPER	FRANK H	591	HARDWICK	DALE CLARK	596
COOPER	JULIA	586	HEASTON	BEN E	595
COURTIN	FRANK	588	HEENEY	EDITH A	518
CROWLEY	ELLA	582	HENNING	LORETTA	546
CULP	CORNELIUS JR	607	HENNING	MARY SUSAN	673
CULP	ROBERT	554	HOFFMAN	EMMETT A	597
CULP	WARREN	626	HOWLAND	CARRIE	623
			INGRAM	ALICE AGNES	521

## HARMAN FUNERAL HOME

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Surname	given name	record no.	Surname	given name	record no.
JACKSON	EDNEY	569	PARKER	LEAFIE WINONA	557
JACKSON	LEROY B	674	POLLARD	MAUDE	512
JUDD	WILLIAM C	665	POPE	HATTIE C	657
KIBLER	GRACE M	559	RAMSEIER	EVERETT	618
KIBLER	MARY ALICE	629	RAMSEY	SAMUEL	620
KIBLER	NORMAN G	542	RICHARD	EVA B	583
KNIGHT	HALAH P	640	RICKLEFS	ALVA M	642
KNIGHT	JOHN ZACHARIAH	566	RICKLEFS	NELLIE M	682
LADWIG	ELBERT H	529	RIDGWAY	LELA	690
LAKE	BESSIE E	560	RITTENHOUSE	NOAH A	602
LARSON	JANET KAY	592	ROYALL	HAZELL	649
LAVERENTZ	CHARLES E	508	RUHNKE	ADOLPH	577
LEWIS	LOUTRILLA ANN	599	RUSSELL	ALBERT	561
LEWIS	VACHEL	528	RUTHERFORD	ELDA J	603
LOSSON	JOE F	634	SALLEE	GEORGE M	611
MARKLEY	DANIEL L	517	SANDY	ELDA MARY	608
MARSH	EMORY F	650	SAPP	WARREN	627
MASTERS	HARRY LAYFAYETTE	536	SCHMULT	CARL F W	593
MASTERS	TIMOTHY ALLEN	585	SEIDL	MARY JOSEPHINE	523
McCLELLAND	HAROLD E	656	SHARP	DALLAS M	683
McCONNAUGHEY	JOHN	544	SHARP	WILSON D	552
McCONNELL	GEORGE R	671	SIMPSON	JOHN E	614
MEEK	HUSTIN T	663	SIMPSON	JOHN LESLIE	548
MIDDLETON	DELLA M	615	SIMPSON	THOMAS LARRY	551
MILLER	ARNOLD E	669	SIMPSON	WILLIAM I	562
MILLER	KAY ANNETTE	520	SMITH	BARRY JOE	575
MILLER	NELLIE	651	SMITH	CHARLES R	538
MILLER	WILBERT H	587	SMITH	FRED A	645
MONEYPENNY	LULU	617	SMITH	HAROLD E	668
MONROE	EDWARD B	555	SMITH	JANIE LYNN	638
MOONEY	ESTHER	568	SNODGRASS	JANETTE	609
MORRIS	CLARENCE	675	SPARKS	HARVEY G	666
MORRIS	LOUIS M	635	SPEAKS	JOHN T	687
MOSER	FRED	541	STEWART	RICHARD	606
MOSER	JOHN F	564	STOUT	MARY	678
MURPHY	ADA ELLEN	660	STRAHAN	WILLIAM G	612
NESSER	ALVINA	670	SURLES	SAMUEL	590
NIMZ	WILLIAM P	684	SUTTON	ANNIE C	594
NITZ	CHARLES	543	TAYLOR	JENNIE H	625
NIXON	CATHERINE	619	TAYLOR	LENA M	686
NOAH	RALPH EUGENE	664	THOMAS	JOHN G	516
NOYES	LEONARD D	563	TOSLAND	GEORGE	658
			TRIPLETT	CHARLES	581
			TURPIN	CHARLES N	689

## HARMAN FUNERAL HOME

1958 TO 1961

Surname	given name	record no.
WALTON	MABEL G	632
WEBBER	ELIZABETH	647
WEIL	DAISY C	643
WHETSTINE	R BERT	565
WILEY	DOLLIE	525
WILKE	WILLIAM H	662
WYKERT	MAUDE C	659
YOUNG	ESSIE A	532
ZIMMERMAN	ALBERT BLAKELY	513
ZIMMERMAN	ANNA M	558
ZIMMERMAN	CYRUS M	531
ZIMMERMAN	SOPHIA	604



NAME OF DECEASED Chas. Edward Laverentz RESIDENCE Bendena Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH St. Johns Lutheran DATE 1-5-58 HOUR 2pm CLERGYMAN Stanley Rogge  
 SINGERS Church Choir LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Houston Texas</u>
Casket No. _____ Style _____			Date of Death <u>12-31-57</u>
Interior _____ Covering _____			Cause of Death <u>HEART ATTACK</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____			Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Child _____
Vault _____			Date of Birth <u>Nov. 3 1892</u> Age, Years <u>65</u> Months _____ Days _____
Embalming _____			Occupation <u>LABORER</u>
Clothing _____			How Long at Place of Death <u>1 wk.</u>
_____			Birthplace—City or County _____ State or Country _____
_____			Name of Father _____
_____			Birthplace of Father _____
_____			Maiden Name of Mother _____
Total Cash Advances _____		Birthplace of Mother _____	
_____		Signed _____ M.D. _____ Coroner _____	
_____		Address _____ Date _____	
_____		Interment at <u>Mount Hope Hiawatha Is</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 MARION E. DODD Charge to ..... Account No. 509  
 Ordered by children Guaranteed by ..... Serial No. 246  
 Funeral at ..... Residence ..... Mortuary  Church ..... Date 1-25-58 Hour 10:30 AM Annual No. 2  
 Clergyman Lee Dickey Lodge Affiliations ..... Body Shipped to or from .....

CHAS. HORNER  
 ROY ..  
 MARVIN SMITH  
 VIRGIL ..  
 PETE WINKLE  
 PAUL HARTER

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	575 00	1-24-58	MRS. LARSON	112 56
	Embalming.....		" "	" Sims	120 00
	Outer Case or Vault..... <u>concrete box</u>	50 00	" "	O. T. Dadd	115 56
	Washing and Dressing.....		" "	MRS. PETRIE	115 56
	Shaving..... <u>ks. sales tax</u>	8 36	" "	MRS. E. ROBINSON	115 56
	Slumber Robe.....		1-25-58	BALANCE PAID	111 12
	Suit <del>or Dress</del> .....	25 00			
	Other Articles of Clothing.....				693 36
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of ..... doz. Chairs.....				
	Flowers.....	20 00			
	Clergyman.....	10 00			
	Singers.....	7 00			
	Casket Coach.....				
	Use of ..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	693 36			693 36

*paid in full*

NAME OF DECEASED MARION E. DODD RESIDENCE SPARKS KANSAS  
 FUNERAL AT RESIDENCE  MORTUARY  CHURCH  DATE 1-25-58 HOUR 10:30 AM CLERGYMAN Lee Dickey

SINGERS MRS. Denton SALZMAN LODGE AFFILIATIONS \_\_\_\_\_  
 Pianist - Miss Nancy Weber

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>St. Joseph Mo.</u>
Casket No. _____ Style <u>No. 1000 Silver</u>		Date of Death <u>1-23-58</u>
Interior <u>Wagon</u> Covering <u>Wool</u>		Cause of Death <u>ARTERIOSCLEROTIC CARDIOVASC DISEASE</u> Contributory _____
Manufacturer <u>Bundy</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>5-8-93</u> Age, Years <u>75</u> Months _____ Days _____
Embalming _____		Occupation <u>LABORER</u>
Clothing <u>Children:</u>		How Long at Place of Death <u>13 days</u>
<u>DAUGHTERS</u>		Birthplace—City or County <u>Indianapolis</u> State or Country <u>INDIANA</u>
<u>MRS. W.A. Sims Topeka</u>		Name of Father <u>Riley Dodd</u>
<u>.. Eugene Robinson ..</u>		Birthplace of Father _____
<u>.. M.S. LARSON ..</u>		Maiden Name of Mother <u>ELLA RICKS</u>
<u>Floyd PETRIC McClouth, Ks.</u>		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Emerson Yoder</u> Coroner _____
<u>Sons</u>		Address <u>Denton Kansas</u> Date <u>1-24-58</u>
<u>1/ Sgt L.M. Dodd - WAKO TEX</u>		Interment at <u>OSKALOOSA KANSAS</u>
<u>Q.T. .. AMARILLO ..</u>		Lot or Grave No. _____ Section No. _____
<u>C.O. .. WICHITA FALLS, TEX.</u>		Shipped to _____
<u>Wife - Lela Dodd - Topeka</u>		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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

Funeral of John Henry Abbett Charge to..... Account No. 5010  
 Ordered by..... Guaranteed by..... Serial No. 247  
 Funeral at..... Residence..... Mortuary..... Church Troy Baptist Date 1-3-1958 Hour 2 PM Annual No. 3  
 Clergyman Parker + Moore Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	790 00			
	Embalming.....	195 00	6-12-58		1000 00
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....	TAX 14 60			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers <u>Red Roses - White Carnations</u> .....	35 00			
	Clergyman.....				
	Singers <u>Richard ... 700 00</u> .....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	1000 00			



NAME OF DECEASED John Henry Abbott RESIDENCE Troy, Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Baptist DATE 2-3-1958 HOUR 2 AM CLERGYMAN Parker & Moore  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST. Joseph Mo.</u>
Casket No. <u>302</u> Style <u>1/2 Curved</u>		Date of Death <u>2-1-1958</u>
Interior <u>Burlap Satin</u> Covering <u>Coppertone velvet</u>		Cause of Death <u>STATUS EPILEPTICUS</u> Contributory
Manufacturer <u>Superior Mfg. Co.</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>8-3-1926</u> Age, Years <u>31</u> Months <u>5</u> Days <u>28</u>
Embalming		Occupation _____
Clothing		How Long at Place of Death _____
		Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
		Name of Father <u>John M. Abbott</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>BERTHA Benitz</u>
		Birthplace of Mother _____
		Signed <u>DR. Forman</u> M.D. _____ Coroner
		Address <u>ST. Joseph MO.</u> Date _____
		Interment at <u>Bellefont - Wathena</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 JEFFREY P. BEGESSE Charge to..... Account No. 5119  
 Ordered by VIRGIL BEGESSE Guaranteed by..... Serial No. 248  
 Funeral at ST. CHARLES CEMETERY Residence..... Mortuary..... Church..... Date 2-5-58 Hour 1:30 pm Annual No. 4  
 Clergyman FR. EGBERT HALL <sup>ASA</sup> Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	35 00	2/6 58		42 44
	Embalming..... <u>SALOS TAX</u>	42			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>Dress &amp; slip</u>	1 98			
	Other Articles of Clothing..... <u>TAX</u>	04			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	5 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	42 44			42 44

*Pd by check by Virgil Begesse*

*Paid in full*

NAME OF DECEASED Jeffrey Paul Begesse RESIDENCE Troy Kansas  
 FUNERAL AT GRAVESIDE AT ST. CHARLES CEMETERY MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE 2-5-58 HOUR 1:30pm CLERGYMAN FR. HALL OSB.  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>ST. Joseph, MO</u>
Casket No. _____ Style <u>2th Plett</u>			Date of Death <u>2-4-58</u>
Interior <u>any kind</u> Covering <u>any kind</u>			Cause of Death _____ Contributory _____
Manufacturer <u>miller</u>	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 _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault			Date of Birth <u>2-3-58</u> Age, Years <u>22 YRS</u> Months _____ Days _____
Embalming			Occupation _____
Clothing			How Long at Place of Death <u>22 Hours</u>
			Birthplace—City or County <u>ST. Joseph</u> State or Country <u>Missouri</u>
			Name of Father <u>VIRGIL W. Begesse</u>
			Birthplace of Father <u>KANSAS</u>
			Maiden Name of Mother <u>Genevieve Lempha</u>
			Birthplace of Mother <u>NEBR.</u>
Total Cash Advances			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>ST. CHARLES - 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 Maude Pollard Charge to \_\_\_\_\_ Account No. 512  
 Ordered by Tom Pollard Guaranteed by \_\_\_\_\_ Serial No. 249  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Methodist Date 2-11-58 Hour 2 pm Annual No. 5  
 Clergyman Lee Dickey Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	475 00			
	Embalming.....				
	Outer Case or Vault..... <u>walnut</u>	160 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe..... <u>dress</u>	25 00			
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices..... <u>74</u>	9 40			
	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	669 40			

pd 2-18-58  
by Tom Pollard

669 40

NAME OF DECEASED MAUDE POLLARD RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Methodist DATE 2-14-58 HOUR 2 PM CLERGYMAN Lee Dickey  
 SINGERS Mrs Ben Williamson LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>ST. Joseph Mo</u>
Casket No. _____ Style <u>Perfecta Spun</u>		Date of Death <u>Feb. 11, 1958</u>
Interior <u>Very Trull</u> Covering <u>Flannel</u>		Cause of Death <u>CARDIAC TAMPADE</u> Contributory _____
Manufacturer <u>Bernady Hill Co. St. Louis</u>	DEBITS	Duration _____ Autopsy <input checked="" type="checkbox"/>
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>9-15-1889</u> Age, Years <u>68</u> Months _____ Days _____
Embalming _____		Occupation <u>House wife</u>
Clothing _____		How Long at Place of Death <u>4 hours</u>
_____		Birthplace—City or County <u>Rippie</u> State or Country <u>Iowa</u>
_____		Name of Father <u>Joe STOUFER</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Unknown</u>
_____		Birthplace of Mother _____
_____		Signed _____ M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at <u>Mount 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:		

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Funeral of Albert B. Zimmerman Charge to ..... Account No. 513  
 Ordered by ..... Guaranteed by ..... Serial No. 250  
 Funeral at ..... Residence ..... Mortuary  Church ..... Date 2-14-58 Hour 3:30 pm Annual No. 6  
 Clergyman Lee Dickey Lodge Affiliations ..... Body Shipped to or from .....

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
Ed Carlson  
Milton Brown  
OO. Fuik  
Chas. Oliver  
Robt. Noyes  
Chas. Knapp  
 Singers  
 Singers  
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	435 00	8-11-58		245 61
	Embalming				
	Outer Case or Vault <u>Sectorial</u>	50 00	3-5-59		45 00
	Washing and Dressing				
	Shaving		5-6-59		50 00
	Slumber Robe				
	Suit or Dress <u>TW</u>	6 22	Aug 25-59		50 00
	Other Articles of Clothing				
	Transferring Body		July 25-59		100 00
	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		491 22			

*Paul A. Fuik*

NAME OF DECEASED Albert Blakely Zimmerman RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 2-14-58 HOUR 2:30 PM CLERGYMAN Lee Dickey  
 SINGERS MRS. Ben Williamson LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>Womb</u>			Date of Death <u>Feb. 12 1958</u>
Interior <u>any Travel</u> Covering <u>dark stained pleated</u>			Cause of Death <u>Apoplexy</u> Contributory _____
Manufacturer <u>Ref. Metals</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>12-3-1868</u> Age, Years <u>89</u> Months _____ Days _____
Embalming _____			Occupation <u>General Merchandise</u>
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
			Name of Father <u>Lewis Zimmerman</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>FRANCES Blakely</u>
<u>wife Linda</u>			Birthplace of Mother _____
			Signed <u>[Signature]</u> M.D. _____ Coroner _____
			Address <u>TROY KANSAS</u> Date <u>2-14-58</u>
			Interment at <u>MT. OLIVE</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			
*Less Overhead Per Funeral _____			
Net Profit Apparent _____			Source of Call _____
REMARKS:			Insured in _____ Amount _____
			Beneficiary _____

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





NAME OF DECEASED ARTHUR L. DANNEVIK RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 2-13-58 HOUR 2PM CLERGYMAN STANLEY ROGGE  
 SINGERS Mrs. Denton Salzman LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>1/2 cumb mattress</u>		Date of Death <u>2-13-58</u>
Interior <u>R.T. cups</u> Covering <u>solid oak</u>		Cause of Death <u>CORONARY OCCLUSION</u> Contributory _____
Manufacturer <u>McGinnis</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 Veneer</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>10-18-1892</u> Age, Years <u>72</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>33 yrs.</u>
<u>C. Calvin Stephens, epw</u>		Birthplace—City or County <u>ST. JOE</u> State or Country <u>MO.</u>
<u>Perm. Mutual Life Ins Co</u>		Name of Father <u>William DANNEVIK</u>
<u>RC 5 mo.</u>		Birthplace of Father _____
Total Cash Advances <u>Fanny Beldy</u>		Maiden Name of Mother <u>LOUISA HOVERSON</u>
<u>VI 2-5400</u>		Birthplace of Mother _____
<u>145 7872</u>		Signed <u>EMERSON YADER</u> M.D. _____ Coroner
<u>145 7873</u>		Address <u>DENTON KANSAS</u> Date <u>2/16/58</u>
<u>wife Mattie</u>		Interment at <u>MT. OLIVE</u>
Total Net Cost of Funeral _____		Lot or Grave No. _____ Section No. _____
Gross Profit on Funeral _____		Shipped to _____
*Less Overhead Per Funeral _____		Arrived from _____
Net Profit Apparent _____		Via _____ R. R. Date _____
REMARKS:		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 Peter E. Boos Charge to ..... Account No. 515  
 Ordered by ..... Guaranteed by ..... Serial No. 252  
 Funeral at ..... Residence ..... Mortuary ST. CHARLES Church ..... Date 2/25/58 Hour 9:30 AM Annual No. 8  
 Clergyman FR. EGBERT HALL OSB 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.....	575 00	3-17-58		647 90
	Embalming.....				
	Outer Case or Vault..... <u>Sectional</u>	50 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body..... <u>Salisbury</u>	7 90			
	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>Ambulance</u>	15 00			
	<u>11.57</u>				
	<b>To Funeral Complete</b>	<b>632 90</b>			

647.96

NAME OF DECEASED Peter E. Boos RESIDENCE Denton Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH ST. CHARLES DATE 2/25/58 HOUR 9:30 A CLERGYMAN FR. EGBERT HALL OSB  
 SINGERS Choir LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Denton Kansas</u>
Casket No. _____ Style _____			Date of Death <u>2/22/58</u>
Interior _____ Covering _____			Cause of Death <u>CARCINOMA OF SIGMOID WITH CONTRIBUTORY METASTASIS</u>
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket			Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>2/2/1876</u> Age, Years <u>82</u> Months _____ Days _____
Embalming _____			Occupation <u>RETIRED FARMER</u>
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County <u>Daniphan</u> State or Country <u>KANSAS</u>
			Name of Father <u>BERNARD BOOS</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>ANNA MARY</u>
			Birthplace of Mother _____
			Signed <u>EMERSON YODER</u> M.D. _____ Coroner _____
			Address <u>DENTON, KANSAS</u> Date _____
			Interment at <u>Mt. CALVARY - ATCHISON</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 G. Thomas Charge to..... Account No. 518  
 Ordered by..... Guaranteed by..... Serial No. 253  
 Funeral at..... Residence..... Mortuary  Church..... Date 3-6-58 Hour 2 PM Annual No. 9  
 Clergyman Wm. Twombly Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date		✓	Credits	
	Casket and Services..... <sup>505</sup>	785 00					
Place of Burial	Embalming.....		4-19-58	Plymouth Coy		500 00	
Cemetery	Outer Case or Vault <u>Wm. Twombly</u>	50 00	4-19-58	Check		100 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..... <u>TK</u>	<del>10 42</del>					
	Opening Grave.....	245 42					
<u>Cliff Smith</u>	Newspaper Notices.....						
<u>Ralph Winzee</u>	Telegrams and Telephone Calls.....						
<u>Robt. Sparks</u>	Use of..... doz. Chairs.....						
<u>N.A. Frankon</u>	Flowers.....						
<u>Virgil Jasper</u>	Clergyman.....						
<u>Chas. Olson</u>	Singers.....						
Singers	Casket Coach.....						
	Use of..... Funeral Cars.....						
	Use of Flower Cars.....						
Insurance Policies	Professional Supervision.....						
	.....						
	.....						
	.....						
	To Funeral Complete						

NAME OF DECEASED John G. Thomas RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE  MORTUARY  CHURCH  DATE 3-6-58 HOUR 2 PM CLERGYMAN Wm. Twombly  
 SINGERS MRS. Williams Geo. Johnson Bertha D. ... LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST. Joseph MO.</u>
Casket No. <u>46 Garland B</u> Style <u>Metal 1/4 couch</u>		Date of Death <u>3/3/58</u>
Interior <u>Rock Rose Sash</u> Covering <u>Blended Shadow Ivory</u>		Cause of Death <u>Carcinoma - General</u> Contributory _____
Manufacturer <u>Rex ART</u>	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>5-4-1894</u> Age, Years <u>63</u> Months _____ Days _____
Embalming		Occupation <u>Casket Salesman</u>
Clothing		How Long at Place of Death <u>2 wks.</u>
<u>545</u>		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
<u>50</u>		Name of Father <u>Benjamin Thomas</u>
<u>100</u>		Birthplace of Father _____
Total Cash Advances <u>Out of pocket</u>		Maiden Name of Mother <u>Nancy Crowe</u>
		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Mt. 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 DANIEL L. MARKLEY Charge to..... Account No. 513  
 Ordered by MRS. LESTER CALLAHAN Guaranteed by..... Serial No. 254  
 Funeral at..... Residence..... Mortuary  Church..... Date 3-10-58 Hour 1:30 pm Annual No. 10  
 Clergyman L. FIRKENS Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	695 00			
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault <u>wood</u>	25 00			
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress <u>TAX</u>	8 74			
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
Singers	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
Insurance Policies	.....				
	.....				
	.....				
	.....				
	.....				
	To Funeral Complete	783 74			

NAME OF DECEASED Daniel Lee MARKLEY RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 3-10-58 HOUR 1:30p CLERGYMAN L. FIRKENS  
 SINGERS MRS. Denton SAIZMAN LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style _____			Date of Death <u>3-7-58</u>
Interior _____ Covering _____			Cause of Death <u>Apoplexy</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket			Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case _____			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>4-3-1873</u> Age, Years <u>84</u> Months _____ Days _____
Embalming _____			Occupation <u>FARMER</u>
Clothing _____			How Long at Place of Death <u>9 years</u>
_____			Birthplace—City or County _____ State or Country <u>KANSAS</u>
_____			Name of Father <u>JONATHAN MARKLEY</u>
_____			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>JANE NEAL</u>
<u>508-24-2837</u>			Birthplace of Mother _____
_____			Signed <u>A.E. Cordonier</u> M.D. _____ Coroner _____
_____			Address <u>TROY KANSAS</u> Date <u>3-8-58</u>
_____			Interment at <u>ONEIDA CEMETERY - ONEIDA, KS</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 Edith A. Heeney Charge to 518 Account No. 518  
 Ordered by ST. CHARLES Guaranteed by ST. CHARLES Serial No. 235  
 Funeral at ST. CHARLES Residence ST. CHARLES Mortuary ST. CHARLES Church ST. CHARLES Date 3-12-1958 Hour 9:50AM Annual No. 11  
 Clergyman FR. EGBERT HALL OSA Clerg. Affiliations OSAs Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....		4-25-58		289 20
	Embalming.....				
	Outer Case or Vault..... <i>walnut</i>	160 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..... <i>none</i>	16 00			
	Singers.....				
Singers	Casket Coach.....				
	Use of..... Funeral Cars..... <i>T 2</i>	320			
	Use of Flower Cars.....	75 00			
	Professional Supervision.....				
	.....				
	.....				
	.....				
Insurance Policies	.....				
	.....				
	.....				
	.....				
	.....				
	To Funeral Complete	289 20			

*Paid in full*



NAME OF DECEASED Edith A. Heency RESIDENCE Topeka Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH St. Charles DATE 3-12-58 HOUR 9:30A CLERGYMAN Fr. Egbert Hall OSR  
 SINGERS Choir LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Topeka Kansas</u>
Casket No. _____ Style _____			Date of Death <u>3-9-58</u>
Interior _____ Covering _____			Cause of Death <u>Pneumonia</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>4-25-1883</u> Age, Years <u>74</u> Months _____ Days _____
Embalming _____			Occupation <u>SECRETARY</u>
Clothing _____			How Long at Place of Death <u>3 yrs.</u>
			Birthplace—City or County <u>SEVERANCE</u> State or Country <u>KANSAS</u>
			Name of Father <u>Ed Heency</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>MARY HAMPSON</u>
			Birthplace of Mother _____
			Signed <u>CLARK</u> M.D. _____ Coroner
			Address <u>Topeka Kansas</u> Date <u>3-10-58</u>
			Interment at <u>MT. 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			
*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 OSA T. Dishon Charge to \_\_\_\_\_ Account No. 519  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 256  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Methodist Date 3-24-58 Hour 2 PM Annual No. 12  
 Clergyman Lee Dickey Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Emmett Hayes  
 Henry Foley  
 Wade McGahey  
 Emmett Salice  
 Chas. Oliver  
 Frank Wykar

Date	Description of Service	Amount	Date	✓	Credits
	Place of Burial <u>880</u>	<u>892 00</u>			
	Casket and Services.....				
	Cemetery		<u>4 30</u>		<u>800 00</u>
	Grave No.	<u>VAULT</u>	<u>5 6</u>		<u>165 00</u>
	Lot No.		<u>5 28</u>		<u>120 00</u>
	Block No.				
	Section				
	Pall Bearers				
	Emmett Hayes				
	Henry Foley				
	Wade McGahey				
	Emmett Salice				
	Chas. Oliver				
	Frank Wykar				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	<u>40 00</u>			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	<u>20 00</u>			
	Clergyman.....	<u>TAX 40</u>			
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	<u>1126 70</u>			

NAME OF DECEASED OSA T. Dishon RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Methodist DATE 3-24-58 HOUR 2pm CLERGYMAN Lee Dickey  
 SINGERS Mac Williamson 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>302</u> Style _____		Date of Death <u>3-22-58</u>
Interior _____ Covering _____		Cause of Death <u>Cerebral Hemorrhage</u> Contributory _____
Manufacturer <u>Superior Metallic</u>	DEBITS	Duration <u>Minutes</u> Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>3-10-1893</u> Age, Years <u>65</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>38 years</u>
		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father <u>GRANT Dishon SR.</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Addie Waddell</u>
<u>504-38-3341A</u>		Birthplace of Mother _____
<u>A</u>		Signed <u>Emerson Yodem</u> M.D. _____ Coroner _____
		Address <u>Denton Kansas</u> Date <u>3-23-58</u>
		Interment at <u>MT. Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		
*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 Kay Anette Miller Charge to \_\_\_\_\_ Account No. 20  
 Ordered by Norman Miller Guaranteed by \_\_\_\_\_ Serial No. 257  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 3-25-58 Hour 2 PM Annual No. 13  
 Clergyman \_\_\_\_\_ Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	85 00	5 7-58		70 00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	5 00			
	Clergyman.....				
	Singers.....				
	Casket Coach..... <u>Tay</u>	1 80			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
To Funeral Complete		91 80			

NAME OF DECEASED KAY Anette Miller RESIDENCE Huron Kansas  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 3-25-58 HOUR 2 PM CLERGYMAN  
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>ST. Joseph Mo.</u>
Casket No. _____ Style _____			Date of Death <u>3-22-58</u>
Interior _____ Covering _____			Cause of Death <u>PREVAILING</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <input checked="" type="checkbox"/>
Total Net Cost of Casket _____			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____			Date of Birth <u>11-24-57</u> Age, Years _____ Months <u>4</u> Days _____
Embalming _____			Occupation <u>Child</u>
Clothing _____			How Long at Place of Death <u>Hours</u>
_____			Birthplace—City or County <u>Atchison</u> State or Country <u>Kansas</u>
_____			Name of Father <u>Norman Miller</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Alice Clifton</u>
Total Cash Advances _____		Birthplace of Mother _____	
_____		Signed <u>H. E. Peterson</u> M.D. _____ Coroner	
_____		Address _____ Date _____	
_____		Interment at <u>May Kas</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 ALICE AGNES INGRAM RESIDENCE ST. JOSEPH MO  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 3-29-58 HOUR 2 PM CLERGYMAN MAJOR GARRETT  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>ST. JOSEPH MO</u>
Casket No. _____ Style _____		Date of Death <u>3-25-58</u>
Interior <u>IVORY SATIN</u> Covering <u>SILVER METAL</u>		Cause of Death <u>MYOCARDIAL INFARCTION</u> Contributory _____
Manufacturer <u>PIERCE &amp; CATY</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>FEMALE</u> Color or Race <u>WHITE</u>
Outer Case <u>Walnut</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>4-29-1893</u> Age, Years <u>64</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>1 mo</u>
		Birthplace—City or County <u>TRAY</u> State or Country <u>KANSAS</u>
		Name of Father <u>Wm. Judd</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>MARGARET TURLEY</u>
		Birthplace of Mother _____
		Signed <u>Rosenthal</u> M.D. _____ Coroner _____
Total Cash Advances _____		Address <u>ST. JOSEPH MO</u> Date <u>3-26-58</u>
		Interment at <u>MT. Olive</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 Robert A. Gibson Charge to Mrs. Joyce Davis Account No. 522  
 Ordered by Mrs. Joyce Davis Guaranteed by \_\_\_\_\_ Serial No. 259  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary CHRISTIAN Church \_\_\_\_\_ Date 3-31-58 Hour 2 p.m. Annual No. 15  
 Clergyman Lynn Sirkens Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	4 90 00			
	Embalming.....	35 00			
	Outer Case or Vault <u>will not</u>	160 00	4-18 '58		756 00
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe <u>SUIT</u>	20 00			
	Suit or Dress.....				
	Other Articles of Clothing ✓	2 30			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	30 00 ad			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....	10 00 ad			
	Casket Coach.....				
	Use of _____ Funeral Cars <u>Tax</u>	9 48			
	Use of Flower Cars.....				
	Professional Supervision.....				
		721 78			
		756 78			
	To Funeral Complete				

Pall Bearers  
ED HOWLAND  
ENOS SCARBOROUGH  
LEROY SANDY  
ALFRED MONROE  
John CLARY

Singers  
LOUISE SALZMAN

Insurance Policies



NAME OF DECEASED Robert A. Gibson RESIDENCE St. Joseph Mo.  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE 3-31-58 HOUR 2 pm CLERGYMAN Lynn Firkens  
 SINGERS Louise Salzman LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Leavenworth, Kansas</u>
Casket No. _____ Style _____			Date of Death <u>3-28-58</u>
<input checked="" type="checkbox"/> Interior _____ Coveting _____			Cause of Death <u>SUBARACHNOID HEMORRHAGE</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>no</u>
Total Net Cost of Casket _____			Sex <u>male</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Child _____
Vault _____			Date of Birth <u>6-13-1899</u> Age, Years <u>58</u> Months _____ Days _____
Embalming _____			Occupation <u>COUNTY EMPLOYEE</u>
Clothing _____			How Long at Place of Death <u>6 days</u>
			Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
			Name of Father <u>LEWIS H. GIBSON</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Irene J.</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Courter 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 MARY Josephine Scidl Charge to..... Account No. 529  
 Ordered by Geo. Scidl Guaranteed by..... Serial No. 260  
BURIAL SERVICE ST. CHARLES Church Date 4-4-58 Hour 2:30 pm Annual No. 16  
 Funeral at Residence..... Mortuary.....  
FUNERAL Requiem Mass - 4-8-58  
 Clergyman Fr. Egbert Hall Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	598 00			
Place of Burial	Embalming.....		4-4-58		821 20
Cemetery	Outer Case or Vault..... <u>None</u>	150 00			
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....	29 00			
Section	Suit or Dress.....				
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....	30 00			
	Opening Grave.....				
	Newspaper Notices.....	3 45			
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
Singers	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... <u>Y</u>	10 75			
Insurance Policies					
		921 20			
		<del>810 00</del>			
	To Funeral Complete				

NAME OF DECEASED MARY Josephine Seidl RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST. Charles DATE 4-4-58 HOUR 2:30p CLERGYMAN FR. Egbert HALL O.S.B.  
 SINGERS church choir LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style _____			Date of Death <u>4-1-58</u>
Interior _____ Covering _____			Cause of Death <u>Death By Hanging</u> contributory _____
Manufacturer _____	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>9-10-1906</u> Age, Years <u>51</u> Months _____ Days _____
Embalming _____			Occupation <u>House wife</u>
Clothing _____			How Long at Place of Death <u>12 years</u>
_____			Birthplace—City or County <u>Daniphan</u> State or Country <u>KANSAS</u>
_____			Name of Father <u>Joseph FALK</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Rose Libel</u>
_____		Birthplace of Mother _____	
_____		Signed _____ M.D. _____ Coroner _____	
_____		Address _____ Date _____	
_____		Interment at <u>MT. CALVARY - ATCHISON</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 BAILEY Charge to \_\_\_\_\_ Account No. 524  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 261  
GRAVESIDE SERVICE MT. OLIVE Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 4-5-58 Hour 2 pm Annual No. 17  
 Clergyman LYNN FIRKENS Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services				
	Embalmng. <i>Shipped from</i>				
	Outer Case or Vault <i>mortuary</i>				
	Washing and Dressing <i>Johnson</i>				
	Shaving <i>Johnson's</i>				
	Slumber Robe <i>Older</i>				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <i>Full Service</i>	75 00			
	Door Badge	40 00			
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman <i>Grace Company</i>	20 00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		135 00			
	<b>To Funeral Complete</b>				

*pd 4/7/58  
by C.E. Cook 135 00*

NAME OF DECEASED CLARENCE E. BAILEY RESIDENCE GUYMAN OKLAHOMA  
 FUNERAL AT GEAVESIDE RESIDENCE MT. OLIVE MORTUARY TRAY CHURCH DATE 4-5-58 HOUR 2 PM CLERGYMAN LYNN FIRKENS  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>GUYMAN OKLA.</u>
Casket No. _____ Style _____			Date of Death	<u>4-1-58</u>
Interior _____ Covering _____			Cause of Death	<u>CEREBRAL VASCULAR ACCIDENT</u> Contributory
Manufacturer _____	DEBITS		Duration _____	Autopsy _____
Total Net Cost of Casket			Sex	<u>MALE</u> Color or Race <u>WHITE</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/>	Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth _____	Age, Years <u>61</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 _____	
Total Cash Advances _____		Birthplace of Mother _____		
_____		Signed _____ 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.



NAME OF DECEASED Dollie Wiley RESIDENCE Kansas City  
 FUNERAL AT RESIDENCE MORTUARY CHURCH R.L.D.S. DATE 4-12-58 HOUR 9:30 CLERGYMAN H.A. Higgins  
Will Tumbly  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>KANSAS CITY Mo.</u>
Casket No. <u>MEANEY</u> Style <u>Wheat</u>		Date of Death <u>4-8-58</u>
Interior _____ Covering _____		Cause of Death <u>in FLUENZA</u> Contributory _____
Manufacturer <u>MEANEY WATERLOO</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>MAY 5 1887</u> Age, Years <u>70</u> Months <u>11</u> Days <u>3</u>
Embalming _____		Occupation <u>HOUSE WIFE</u>
Clothing <u>Husband John W. Wiley</u>		How Long at Place of Death <u>8 YRS 14 WKS 6</u>
<u>married in Dec 1910</u>		Birthplace—City or County <u>ROGERSVILLE</u> State or Country <u>MO</u>
<u>at Humboldt Mo</u>		Name of Father <u>SHEPARD MARSH</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>MOLLIE HODGES</u>
		Birthplace of Mother _____
		Signed <u>DR. Teal</u> <sup>MD</sup> <u>714 Highway</u> Coroner
		Address _____ Date _____
		Interment at <u>Mt. OLIVE</u> <u>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 Cash Advances \_\_\_\_\_

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

REMARKS:

*John Wiley*  
*102 Grandview*  
*Troy*

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

Funeral of EDNA GEORGE Charge to..... Account No. 526  
 Ordered by..... Guaranteed by..... Serial No. 263  
 Funeral at..... Residence..... Mortuary  Church..... Date 4-15-58 Hour 10AM Annual No. 19  
 Clergyman Lynn FIRKINS 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.....	175 00			200 00
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				

To Funeral Complete



NAME OF DECEASED Edna George RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 4-15-58 HOUR 10 AM CLERGYMAN Lynn Firkins  
 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>Flaming Star</u>		Date of Death <u>4-12-58</u>
Interior <u>Very Fine</u> Covering <u>light rose</u>		Cause of Death <u>Cerebral Thrombosis</u> Contributory
Manufacturer <u>Pine Mfg</u>	DEBITS	Duration <u>1 day</u> Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>10-16-1887</u> Age, Years <u>70</u> Months <u>5</u> Days <u>26</u>
Embalming		Occupation <u>House work</u>
Clothing		How Long at Place of Death <u>5 yrs</u>
		Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
		Name of Father <u>Hanley George</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Mary Jane Fleming</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>A.E. CORDNER</u> M.D. _____ Coroner
		Address <u>Troy Kansas</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		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 MARGARET CARPENTER Charge to..... Account No. 527  
 Ordered by..... Guaranteed by..... Serial No. 264  
 Funeral at..... Residence..... Mortuary  Church..... Date 4-14-58 Hour 2 p.m. Annual No. 20  
 Clergyman Lee Dickey Lodge Affiliations..... Body Shipped to or from.....

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....				
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....	10 00			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	21 42			
	Clergyman.....	10 00			
	Singers <u>Organist</u> .....	5 00			
	Casket Coach.....	15 00			
	Use of..... Funeral Cars.....				
	Use of Flower Cars <u>Flower Caskets</u> .....	20 00			
	Professional Supervision <u>Funeral Home</u> .....	75 00			
	Insurance Policies.....				
To Funeral Complete		156 42			

*pd 4-14-58  
 by Mrs. Opal Turner*

NAME OF DECEASED MARGARET E. CARPENTER RESIDENCE Three Rivers Michigan  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH \_\_\_\_\_ DATE 4-14-58 HOUR 3pm CLERGYMAN Lee Dickey  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS EASTERN STAR

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL																																												
Charge for Complete Funeral			Place of Death <u>Three Rivers Michigan</u>																																												
Casket No. _____ Style _____			Date of Death <u>4-11-58</u>																																												
Interior _____ Covering _____			Cause of Death <u>HEART FAILURE</u> Contributory _____																																												
<div style="border: 1px solid black; padding: 5px;"> <table border="1"> <thead> <tr> <th colspan="2">DEBITS</th> </tr> </thead> <tbody> <tr> <td style="height: 300px;"> <u>Forest, Fred, + Sam</u> </td> <td></td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table> </div>		DEBITS		<u>Forest, Fred, + Sam</u>																																											Duration _____ Autopsy _____
		DEBITS																																													
<u>Forest, Fred, + Sam</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>5-6-1870</u> Age, Years <u>87</u> Months _____ Days _____																																												
Embalming _____			Occupation _____																																												
Clothing _____			How Long at Place of Death <u>15 YRS.</u>																																												
			Birthplace—City or County _____ State or Country _____																																												
			Name of Father <u>John Bruttian</u>																																												
			Birthplace of Father _____																																												
Total Cash Advances _____			Maiden Name of Mother <u>Elizabeth McAdam</u>																																												
			Birthplace of Mother _____																																												
			Signed _____ 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 _____																																												
			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 Vachel Lewis Charge to..... Account No. 528  
 Ordered by..... Guaranteed by..... Serial No. 268  
 Funeral at..... Residence..... Mortuary BAPTIST Church Date 4-16-58 Hour 2 pm Annual No. 21  
 Clergyman Parker & Mack Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	860 00			
Place of Burial	Embalming.....		4-22-58		
Cemetery	Outer Case or Vault..... <u>sectinal</u>	50 00			949 10
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....	25 00			
Section	Suit or Dress.....	2 28			
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
Singers	Singers..... <u>TAX</u>	11 82			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
Insurance Policies	.....				
	.....				
	.....				
	.....				
	.....				
	.....	949 10			
	To Funeral Complete				

NAME OF DECEASED VAchel Lewis RESIDENCE TROY KANSAS RURAL  
 FUNERAL AT RESIDENCE MORTUARY CHURCH BAPTIST DATE 4-16-58 HOUR 2pm CLERGYMAN Parker and Moore  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Home North of Troy</u>
Casket No. _____ Style <u>metal 1/2 Cash</u>		Date of Death <u>4-13-58</u>
Interior <u>at. Cruff</u> Covering <u>Black Cape</u>		Cause of Death <u>Bleeding Stomach Ulcer</u> Contributory
Manufacturer <u>McGinnis</u> DEBITS _____		Duration <u>10 days</u> Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>4-11-1873</u> Age, Years <u>85</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>40 YRS.</u>
_____		Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
_____		Name of Father <u>George Lewis</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>EVALINA CLARY</u>
_____		Birthplace of Mother _____
_____		Signed <u>A. E. Cordonier</u> M.D. _____ Coroner
_____		Address _____ Date _____
Total Cash Advances _____		Interment at <u>COURTNER 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 ALBERT H. LADWIG Charge to Account No. 529  
 Ordered by MRS. FRED A. LADWIG (WIFE) Guaranteed by Serial No. 266  
 Funeral at ST. Johns Lutheran Church Date 4-25-58 Hour 2 PM Annual No. 22  
 Residence \_\_\_\_\_ Mortuary \_\_\_\_\_  
 Clergyman Stanley Rogge 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	770 00	4-25-58		971 00
	Embalming				
	Outer Case or Vault <u>Minor Vault</u>	150 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>shirt</u>	3 00			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>35 + tax</u>				
	Clergyman				
	Singers				
	Casket Coach <u>tax</u>	15 00			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
To Funeral Complete		971 00			

NAME OF DECEASED ALBERT H. Ladwig RESIDENCE Severance Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST. Johns DATE 4-23-58 HOUR 2pm CLERGYMAN Stanley Rogge  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style metal 1/2 Cask  
 Interior Salmon Crisp Covering gray green  
 Manufacturer Mc.Ginnis  
 Total Net Cost of Casket \_\_\_\_\_  
 Outer Case \_\_\_\_\_  
 Vault \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Clothing \_\_\_\_\_

DEBITS

Total Cash Advances \_\_\_\_\_

Social security 509-36-9960A

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 ST. Joseph Mo  
 Date of Death 4-20-58  
 Cause of Death ACUTE RENAL INSUFFICIENCY Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy yes  
 Sex MALE Color or Race WHITE  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth 5-26-1879 Age, Years 78 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation FARMER  
 How Long at Place of Death 8 hrs.  
 Birthplace—City or County Bendon A State or Country KANSAS  
 Name of Father ROBERT M. Ladwig  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother CAROLINE JARRETT  
 Birthplace of Mother \_\_\_\_\_  
 Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 Interment at MORAY Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

Funeral of *Greg F. Augustin* Charge to *County* Account No. *530*  
 Ordered by *Cemetery* Guaranteed by \_\_\_\_\_ Serial No. *247*  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date *4-29-58* Hour *11 AM* Annual No. *23*  
 Clergyman *Stan Rogge* 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.....	175 00		<i>Added 5-2-58</i>		<del>5.00</del>
	✓ Embalming.....					<i>200 00</i>
	Outer Case or Vault..... <i>None</i>					
	✓ Washing and Dressing.....					
	✓ Shaving.....					
	Slumber Robe.....					
	✓ Suit or Dress.....					
	✓ Other Articles of Clothing.....					
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....	25 00				
	Newspaper Notices.....					
	✓ Telegrams and Telephone Calls.....					
	Use of _____ doz. Chairs.....					
	Flowers.....					
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of _____ Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	To Funeral Complete	200 00				



NAME OF DECEASED George Auguststein 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>Purcell Kans, Normills apt.</u>
Casket No. _____ Style <u>Fleet Top</u>			Date of Death <u>11-24-1958</u>
Interior <u>Furvell</u> Covering <u>Dark</u>			Cause of Death <u>Coronary Occlusion</u> Contributory <u>arteriosclerosis</u>
Manufacturer _____	DEBITS		Duration _____ Autopsy by <u>G. V. Heathman</u>
Total Net Cost of Casket _____			Sex <u>Male</u> Color or Race <u>White</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>12 April 1886</u> Age, Years <u>72</u> Months _____ Days _____
Embalming _____			Occupation <u>Farmer</u>
Clothing _____			How Long at Place of Death <u>2 wks +</u>
			Birthplace—City or County <u>Castle Shannon</u> State or Country <u>Pa.</u>
			Name of Father <u>Charles Auguststein</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Unknown</u>
			Birthplace of Mother _____
			Signed <u>Emerson Rudy</u> M.D. _____ Coroner
			Address <u>Lenox</u> _____ Date _____
			Interment at <u>Em. Alver</u> _____
			Lot or Grave No. _____ Section No. _____
			Shipped to <u>down by the Pring</u> _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			Source of Call _____
*Less Overhead Per Funeral _____			Insured in _____ Amount _____
Net Profit Apparent _____			Beneficiary _____

REMARKS:

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

Funeral of CYRUS M. ZIMMERMAN Charge to ST. Johns Lutheran Church Account No. 31  
 Ordered by Stanley Rogge Guaranteed by ST. Johns Lutheran Church Serial No. 268  
 Funeral at Residence Mortuary ST. Johns Lutheran Church Date 5-16-58 Hour 2 pm Annual No. 24  
 Clergyman Stanley Rogge Lodge Affiliations Masonic Body Shipped to or from

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	890 00	6-14-58		1142 58
	Embalming				
	Outer Case or Vault <u>willcut</u>	160 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 <u>doz. Chairs</u>	35 00			
	Flowers				
	Clergyman				
	Singers				
	Casket Coach <u>Certified Copy</u>	3 00			
	Use of <u>Funeral Cars</u>				
	Use of Flower Cars <u>79</u>	14 58			
	Professional Supervision				
	Insurance Policies				
	To Funeral Complete	1142 58			

NAME OF DECEASED CYRUS M. Zimmerman RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST. Johns DATE 5-16-58 HOUR 2pm CLERGYMAN Stanley Rogge  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST. Joseph Mo</u>
Casket No. <u>Full</u> Style <u>metal 1/2 Comb</u>		Date of Death <u>5-13-58</u>
Interior <u>royal</u> Covering <u>green &amp; silver</u>		Cause of Death <u>VENTRICULAR STANDSTILL</u> Contributory
Manufacturer <u>Merit</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 _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault		Date of Birth <u>7-30-1877</u> Age, Years <u>80</u> Months _____ Days _____
Embalming		Occupation <u>Retired Postal inspector</u>
Clothing		How Long at Place of Death <u>9 HRS.</u>
		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father <u>William Zimmerman</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>MARY Nelson</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>CARYL POTTER M.D.</u> Coroner
		Address <u>ST. Joseph MO</u> Date <u>5-14-58</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 _____
		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 Essie A. Young Charge to \_\_\_\_\_ Account No. 538  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 269  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church CHRISTIAN Date 5-15-58 Hour 2 pm Annual No. 25  
 Clergyman Lynn Firkins Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	210 00	5-18-58		235 00
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault..... <u>wood</u>	25 00	5-15		3 02
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress.....				
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices..... <u>TW</u>	3 02			
	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	238 02			

NAME OF DECEASED Essie A. Young RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 5-15-58 HOUR 2pm CLERGYMAN Lynn Firkins  
 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. _____ Style <u>Set H. Bond</u>		Date of Death <u>5-13-58</u>
Interior <u>Long Travel</u> Covering <u>light blue</u>		Cause of Death <u>Apoplexy</u> Contributory _____
Manufacturer <u>Miller</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 _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>9-15-1885</u> Age, Years <u>72</u> Months _____ Days _____
Embalming _____		Occupation <u>House wife</u>
Clothing _____		How Long at Place of Death <u>3 1/2 yrs</u>
		Birthplace—City or County <u>Nashville</u> State or Country <u>Tenn.</u>
		Name of Father <u>Joseph Reed</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Lucinda</u>
		Birthplace of Mother _____
		Signed <u>A.E. Gordon</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		
*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 CICERO DEAN Charge to \_\_\_\_\_ Account No. 533  
 Ordered by RALEIGH & LAGAN DEAN Guaranteed by \_\_\_\_\_ Serial No. 270  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 5-19-58 Hour 2:30 p Annual No. 26  
 Clergyman M.W. CAMPBELL Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	670 00			
	Embalming		725-58		
	Outer Case or Vault <u>Willbur</u>	160 00			942 44
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	25 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	40 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs	35 00			
	Flowers				
	Clergyman				
	Singers <u>1 organist</u>	<del>10 00</del> 12 44			
	Casket Coach <u>of Gal</u>				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Raleigh gave me 10 for</u>				
	<u>Singer - organist 1-2-58</u>				
To Funeral Complete		942 44			

Pall Bearers  
 CARL Ruhnke  
 BILL TRACY  
 O.O. FULK  
 Ben Ainley  
 RAY SURETT  
 Myra Willmetts

Insurance Policies

NAME OF DECEASED Cicero Dean RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 5-19-58 HOUR 2:30p CLERGYMAN M.W. Campbell  
 SINGERS MRS Louise SALZMAN + CAROL Mck: Mack LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Home 2 mi S.E. of Troy</u>
Casket No. _____ Style <u>Metal &amp; Co</u>			Date of Death <u>5-17-58</u>
Interior <u>Subur Cupa</u> Covering <u>Polish blue + Salmon</u>			Cause of Death <u>Coronary Thrombosis</u> Contributory <u>Previous Attacks</u>
Manufacturer <u>Major</u>	DEBITS		Duration <u>7 hrs</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>6-22-1876</u> Age, Years <u>81</u> Months _____ Days _____
Embalming			Occupation <u>FARMER</u>
Clothing			How Long at Place of Death <u>24 yrs</u>
			Birthplace—City or County _____ State or Country <u>Tennessee</u>
			Name of Father <u>Miller Dean</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>JANE BROWN</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>A.E. Cordonier</u> M.D. _____ Coroner
			Address <u>Troy Kansas</u> Date <u>5-19-58</u>
			Interment at <u>MT. Olive Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral			
*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 Monroe Devine Charge to \_\_\_\_\_ Account No. 524  
 Ordered by Mrs. Ida May Lux Guaranteed by \_\_\_\_\_ Serial No. 271  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 5-21-58 Hour 2pm Annual No. 27  
 Clergyman Lynn W. Firkin's 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.....	175 00	5-21-58		227 60
	Embalming.....				
	Outer Case or Vault..... <u>Wood Box</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers..... <u>TAX</u>	2 60			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	To Funeral Complete	227 60			227 60

*Paid in full*



NAME OF DECEASED Monroe Devine RESIDENCE Severance Kansas  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 5-21-58 HOUR 2pm CLERGYMAN Lynn W. Firkins  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>ST. Joseph Mo</u>
Casket No _____ Style <u>Flaming Sparrow</u>		Date of Death <u>5-17-58</u>
Interior <u>Very Tapered</u> Covering <u>Dark</u>		Cause of Death <u>MYOCARDIAL INFARCTION</u> Contributory
Manufacturer <u>Anderson Coffin Co</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Child _____
Vault _____		Date of Birth <u>9-1870</u> Age, Years <u>87</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>3 days</u>
		Birthplace—City or County <u>Severance</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>Emerson Yoder</u> M.D. Coroner
		Address <u>Denton Kansas</u> Date <u>5-19-58</u>
		Interment at <u>Highland 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:

\* 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 HARVEY L GLASS RESIDENCE 474 Whittier CALIF. TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH  DATE 6-5-58 HOUR 2pm CLERGYMAN John Parker  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. _____ Style <u>Metal 1/2 Couch</u>	
Interior <u>roy satin</u> Covering <u>silver</u>	
Manufacture <u>Miller</u>	DEBITS
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	
Net Profit Apparent	

*Employed by Rembrandt  
 Engering + Plester Co  
 Newark Calif.  
 Frances Sparks  
 428 W. Center St  
 Panama Calif*

Place of Death TROY KANSAS  
 Date of Death June 3 1958  
 Cause of Death CORONARY THROMBOSIS  
 Duration \_\_\_\_\_ Autopsy yes  
 Sex MALE Color or Race White  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth 1-2-1915 Age, Years 43 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation PLASTIC MOLDER  
 How Long at Place of Death 2 WKS  
 Birthplace—City or County ST. Joseph State or Country MO  
 Name of Father John Glass  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother PEARL ZANS  
 Birthplace of Mother \_\_\_\_\_  
 Signed A.E. Gordonick M.D. Coroner  
 Address TROY KANSAS Date 6-5-58  
 Interment at Green Cemetery - ST. Joe  
 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 HARRY L. MASTERS Charge to..... Account No. 536  
 Ordered by wife Guaranteed by..... Serial No. 273  
 Funeral at..... Residence..... Mortuary BAPTIST Church..... Date 6-9-58 Hour 2 pm Annual No. 29  
 Clergyman John PARKER Lodge Affiliations..... Body Shipped to or from.....

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

Henry Foley  
 Bud Dawe  
 Lyle Rocky  
 HARRY DAVIS  
 ART LOBOFF  
 HAROLD NITZ

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	640 00	7-1-58	Marion Masters	729 46
	Embalming.....				
	Outer Case or Vault..... <u>SECTIONAL</u>	50 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices..... <u>SALES TAX</u>	10 86			
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>+ TAX</u>	25 63			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	To Funeral Complete	724 49			

NAME OF DECEASED HARRY LAFAYETTE MASTERS RESIDENCE TROY KANSAS (RURAL)  
 FUNERAL AT RESIDENCE MORTUARY CHURCH BAPTIST DATE 6-9-58 HOUR 2pm CLERGYMAN John Parker  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_  
 Casket No. \_\_\_\_\_ Style metal 1/2 coach  
 Interior gray satin Covering silver metal  
 Manufacturer Prairie City  
 Total Net Cost of Casket \_\_\_\_\_  
 Outer Case \_\_\_\_\_  
 Vault \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Clothing \_\_\_\_\_

DEBITS

Total Cash Advances \_\_\_\_\_

55: 513-36-9647  
Mrs Neoma Ponder  
W. Stewart  
Englewood Cal  
Herman  
Le Roy  
Assessors Co

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

REMARKS:

Place of Death ST. Joseph MO (Methodist Hospital)  
 Date of Death 6-7-58  
 Cause of Death CANCER Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy yes  
 Sex MALE Color or Race WHITE  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth 8-4-1905 Age, Years 52 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation FARMER  
 How Long at Place of Death 28 days  
 Birthplace—City or County SALIGMAN State or Country Missouri  
 Name of Father A.A. MASTERS  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother JULIA  
 Birthplace of Mother \_\_\_\_\_  
 Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 Interment at MT. Olive - TROY  
 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 ETHA HACKNEY Charge to \_\_\_\_\_ Account No. 536  
 Ordered by LOU STRONG (adm.) Guaranteed by \_\_\_\_\_ Serial No. 274  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 6-11-58 Hour 2 pm Annual No. 30  
 Clergyman John Oleet Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services..... <u>730</u>	<u>730 00</u>			
	Embalming.....		<u>7-21-58</u>		<u>L.C. Strong</u>
	Outer Case or Vault..... <u>Steel (Clark)</u>	<u>195 00</u>			<u>2 payments</u>
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....	<del>45 00</del>			
	Opening Grave.....	<del>50 00</del>			
	Newspaper Notices.....	<u>50 00</u>			
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	<u>35 00</u>			
	Clergyman..... <u>Tax on Flowers</u>	<u>88</u>			
	Singers.....	<u>10 00</u>			
	Casket Coach..... <u>Certified Coffin</u>	<u>2 50</u>			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... <u>TR</u>	<u>12 66</u>			
	Insurance Policies.....				
To Funeral Complete		<u>1036 04</u>			

NAME OF DECEASED Etha Townsend Hackney RESIDENCE ST. Joseph Mo.  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE 6-11-58 HOUR 2pm CLERGYMAN John O'Leet  
 SINGERS MAE Williamson LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meertland Apts. - ST. Joe</u>
Casket No. _____ Style <u>1/2 Coach wood run</u>		Date of Death <u>6-8-58</u>
Interior <u>2 ply crepe</u> Covering <u>B.B. Broadcloth</u>		Cause of Death <u>CEREBRAL HEMORRHAGE</u> Contributory _____
Manufacturer <u>Prof. Metallie</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 _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>10-30-1891</u> Age, Years <u>66</u> Months _____ Days _____
Embalming _____		Occupation <u>Resident Auditor</u>
Clothing _____		How Long at Place of Death _____
		Birthplace—City of County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father <u>Wm. Townsend</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Abbie Deaver</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Clifton Smith</u> M.D. _____ Coroner
		Address <u>ST Joseph Mo</u> Date <u>6-9-58</u>
		Interment at <u>MT. Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral		Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
Net Profit Apparent		

REMARKS:

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



Funeral of CHAS. R. SMITH Charge to \_\_\_\_\_ Account No. 5368  
 Ordered by MRS. Ina Smith Guaranteed by \_\_\_\_\_ Serial No. 275  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary CHRISTIAN Church \_\_\_\_\_ Date 6-12-58 Hour 3pm Annual No. 31  
 Clergyman Will Twambley 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.....	725 00			
	Embalming.....		6-28-58		903 87
	Outer Case or Vault <u>Wilbert</u>	160 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>ty</u>	18 87			
	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	903 87			



NAME OF DECEASED Charles Ray Smith RESIDENCE Troy KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 6-12-58 HOUR 3pm CLERGYMAN Will Twombly  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST      CREDITS      PERSONAL AND STATISTICAL

Charge for Complete Funeral	
Casket No. <u>207</u> Style <u>Metal 1/2 capuch</u>	
Interior <u>eggshell</u> Covering <u>burgundy</u>	
Manufacturer <u>Superior</u> DEBITS	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
<u>529-34-9974</u>	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death Sisters Hospital - St Joe  
 Date of Death 6-9-58  
 Cause of Death HyperTensive Contributory VASCULAR Disease  
 Duration \_\_\_\_\_ Autopsy NO  
 Sex MALE Color or Race white  
 Single  Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth 1-6-1936 Age, Years 22 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation ST. JOE MANUFACTURING CO.  
 How Long at Place of Death 6 days  
 Birthplace—City or County TROY State or Country KANSAS  
 Name of Father Nile Smith  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother INA Simpson  
 Birthplace of Mother \_\_\_\_\_  
 Signed Dr. Senn M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address St Joe Date \_\_\_\_\_  
 Interment at MT. Olive  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

REMARKS:

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

A



Funeral of MAUD P. GABBERT Charge to ..... Account No. 539  
 Ordered by Adeline Gabbert Guaranteed by ..... Serial No. 276  
 Funeral at ..... Residence ..... Mortuary  Church ..... Date 6-17-58 Hour 2 pm Annual No. 32  
 Clergyman Lee Dickey 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.....	588 00	7-31-58		737 08
	Embalming.....	50 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	27 50			
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....	40 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars..... <u>74</u>	10 58			
	Professional Supervision.....				
	<u>Certified Copies</u>	1 10			
To Funeral Complete		737 08			

NAME OF DECEASED MAUD P. GABBERT RESIDENCE ST. Joseph Mo  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 6-17-58 HOUR 2pm CLERGYMAN Lee Dickey  
 SINGERS Mrs. Ben Williamson LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST. Joseph Mo</u>
Casket No. _____ Style <u>Heavy Panel</u>		Date of Death <u>6-14-58</u>
Interior <u>P.T. Tinned</u> Covering <u>Copper metal</u>		Cause of Death <u>Nephritis</u> Contributory _____
Manufacturer <u>Sacker</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 _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>11-24-1879</u> Age, Years <u>78</u> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death <u>3 months</u>
_____		Birthplace—City or County _____ State or Country _____
_____		Name of Father _____
_____		Birthplace of Father _____
_____		Maiden Name of Mother _____
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>John Matheshead</u> D. Coroner
_____		Address _____ Date _____
_____		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 _____		_____
*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.



501



Funeral of SARAH BROWN LEE Charge to..... Account No. 538  
 Ordered by..... Guaranteed by..... Serial No. 277  
 Funeral at..... Residence..... Mortuary..... Church CHRISTIAN Date 6-21-58 Hour 2:30 p. Annual No. 53  
 Clergyman Wm Twombly Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	645 00	1-5 60		705 93
	Embalming.....				
	Outer Case or Vault.....	50 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....	10 93			
	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	705 93			

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

Singers

Insurance Policies

NAME OF DECEASED SARAH BROWNLEE RESIDENCE SPARKS KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 6-21-58 HOUR 2:30p CLERGYMAN Wm. Twombly  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Methodist Hospital - St. Joe</u>
Casket No. _____ Style <u>Jointed 1/2 Couch</u>			Date of Death <u>6-18-58</u>
Interior <u>P.T. cups</u> Covering <u>Coffin</u>			Cause of Death <u>Mesenteric Thrombosis</u>
Manufacturer <u>Miller</u>	DEBITS		Duration _____ Autopsy <u>yes</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>1-11-1878</u> Age, Years <u>80</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>30 hrs.</u>
			Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
			Name of Father <u>Chas. Edwards</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>MARY Norman</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
<u>S.S. 486-30-1361</u>			Interment at <u>FANNING 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 Fred Moser Charge to..... Account No. 534  
 Ordered by..... Guaranteed by..... Serial No. 278  
 Funeral at..... Residence..... Mortuary Church..... Date 7-3-58 Hour 2 Pm Annual No. 34  
 Clergyman Wm Twombly Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	435 00	11-19-58		
Place of Burial	Embalming <u>wall-diff.</u>	35 53			695 64
Cemetery	Outer Case or Vault <u>walther</u>	160 00			
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe <u>undercloth + shirt</u>	4 58			
Section	Suit or Dress.....				
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....	10 60			
Singers	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars <u>Sales 74</u>	10 53			
	Professional Supervision.....				
Insurance Policies	.....				
	.....				
	.....				
	To Funeral Complete	695 64			

NAME OF DECEASED Fred S. Moser RESIDENCE Troy KANSAS

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

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

REVENUE ITEMS AND THEIR COST      CREDITS      PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_  
Casket No. \_\_\_\_\_ Style Wood Hinged Panel  
Interior Blue Satin Covering Seam Felt  
Manufacturer Miller

Total Net Cost of Casket \_\_\_\_\_  
Outer Case \_\_\_\_\_  
Vault \_\_\_\_\_  
Embalming \_\_\_\_\_  
Clothing \_\_\_\_\_  
Total Cash Advances \_\_\_\_\_

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

REMARKS:

Place of Death TOPEKA KANSAS  
Date of Death July 1 1958  
Cause of Death ACUTE Pulmonary edema  
Duration \_\_\_\_\_ Autopsy   
Sex MALE Color or Race White  
Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
Date of Birth 8-10-1882 Age, Years 75 Months \_\_\_\_\_ Days \_\_\_\_\_  
Occupation Retired Farmer

How Long at Place of Death \_\_\_\_\_  
Birthplace—City or County Doniphan State or Country KANSAS  
Name of Father \_\_\_\_\_  
Birthplace of Father \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birthplace of Mother \_\_\_\_\_

Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
Address \_\_\_\_\_ Date \_\_\_\_\_  
Interment at Mount 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 Norman G. Kibler Charge to..... Account No. 542  
 Ordered by Bob Kibler Guaranteed by..... Serial No. 279  
 Funeral at..... Residence..... Mortuary  Church..... Date 7-16-28 Hour 2 pm Annual No. 35  
 Clergyman James Campbell Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	490 00	7-14		40 00
	Embalming..... <u>at Hurley Mortuary</u>	55 00			
	Outer Case or Vault..... <u>Ross</u>		7 15		255 00
	Washing and Dressing..... <u>everything</u>	295 00			
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....	25 00			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....	15 00			
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars..... <u>7/1</u>	7 35			
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	1002 35			



NAME OF DECEASED Noeman G. Kibler RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE  MORTUARY  CHURCH  DATE 7-16-58 HOUR 2pm CLERGYMAN James Campbell  
 SINGERS Mrs Louise Saltzman LODGE AFFILIATIONS \_\_\_\_\_

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

	DEBITS
Charge for Complete Funeral	
Casket No. _____ Style <u>1/2 Punch</u>	
Interior <u>P.T. Tuml</u> Covering <u>P.T. Roe</u>	
Manufacturer <u>Aburnathy</u>	
Total Net Cost of Casket	
Outer Case <u>none</u>	
Vault	
Embalming	
Clothing	
Total Cash Advances	
<u>SS 515-01-2222</u>	
<u>Jula Pearl Kibler</u>	
<u>H #2</u>	
<u>Somerville Mo</u>	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	
Net Profit Apparent	

SS 515-01-2222  
 Jula Pearl Kibler  
 H #2  
 Somerville Mo

Place of Death Rossville Kansas  
 Date of Death 7-12-58  
 Cause of Death HEART ATTACK Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy   
 Sex MALE Color or Race White  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth 1-17-1905 Age, Years 53 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation Bulldozer operator  
 How Long at Place of Death 6 mo  
 Birthplace—City or County Troy State or Country Kan  
 Name of Father Chas. Kibler Sr  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother Younglow  
 Birthplace of Mother \_\_\_\_\_  
 Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Date \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 Interment at M.T. Olive  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

REMARKS:

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



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Funeral of CHARLES NITZ Charge to..... Account No. 543  
 Ordered by..... Guaranteed by..... Serial No. 280  
 Funeral at..... Residence..... Mortuary..... Church Methodist Date 7-28-58 Hour 2 pm Annual No. 36  
 Clergyman Lee Dickey Lodge Affiliations..... Body Shipped to or from.....

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

CARL Ruhnke  
Wm. Folsche  
Henry Foley  
G. A. MASTERS  
Albert Zimmerman  
Noeman Steanson

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	<u>645 00</u>	<u>7-28-58</u>		<u>850 00</u>
	Embalming.....				
	Outer Case or Vault..... <u>Wilbur</u>	<u>160 00</u>			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge..... <u>Ty</u>	<u>13 43</u>			
	Opening Grave.....	<u>40 00</u>			
	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.....				
	<b>To Funeral Complete</b>	<b>858 43</b>			

NAME OF DECEASED Charles NITZ RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Methodist DATE 7-28-58 HOUR 2pm CLERGYMAN Lee Dickey  
 SINGERS Mac Williamson LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>P.E. 1/2 Crush</u>		Date of Death <u>7-25-58</u>
Interior <u>Woodsman</u> Covering <u>dark light blue</u>		Cause of Death <u>CARCINOMA OF Stomach</u> Contributory _____
Manufacturer <u>abernathy</u>		Duration <u>unknown</u> Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>2-24-1870</u> Age, Years <u>88</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired FARMER</u>
Clothing _____		How Long at Place of Death <u>21 yrs.</u>
_____		Birthplace—City or County <u>Near Berlin</u> State or Country <u>Germany</u>
_____		Name of Father <u>Ludwig NITZ</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Johanna Lynch Stad</u>
_____		Birthplace of Mother _____
_____		Signed <u>Emerson Yoder</u> M.D. _____ Coroner
_____		Address <u>Denton</u> <u>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 _____		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.

6  
62

69.

60

Funeral of John McConnaughey Charge to \_\_\_\_\_ Account No. 544  
 Ordered by CLARA McConnaughey Guaranteed by \_\_\_\_\_ Serial No. 281  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church R.L.D.S. Date 8-15-58 Hour 2 pm Annual No. 37  
 Clergyman Wm. Twombly Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	594.00			627.41
	Embalming.....				
	Outer Case or Vault <u>Concrete Sec.</u>	50.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>SUIT</u>	25.00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices <u>74</u>	8.29			
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Flowers</u>	30.75			
	<u>Gravestone</u>	15.38			
	<u>ALL</u>				
	<b>To Funeral Complete</b>	<b>677.29</b>			

NAME OF DECEASED John McConnaughey RESIDENCE TROY KANSAS RURAL  
 FUNERAL AT RESIDENCE MORTUARY CHURCH RLDS DATE 8-15-58 HOUR 2pm CLERGYMAN Wm Twombly  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	PERSONAL AND STATISTICAL
<u>SPR: Field METAL - GRAY</u> Charge for Complete Funeral	Place of Death <u>Home 5mi. NW of TROY</u>
Casket No. _____ Style _____	Date of Death <u>8-12-58</u>
Interior _____ Covering _____	Cause of Death <u>Coronary Occlusion</u>
Manufacturer _____	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____	Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Cap _____	Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____	Date of Birth <u>8-8-1892</u> Age, Years <u>66</u> Months _____ Days <u>4</u>
Embalming _____	Occupation <u>FARMER</u>
Clothing _____	How Long at Place of Death <u>20 YRS.</u>
	Birthplace—City or County <u>Summerfield</u> State or Country <u>KANSAS</u>
	Name of Father <u>Geo. FRANKLIN McConnaughey</u>
	Birthplace of Father _____
	Maiden Name of Mother <u>MARY Agnes SWAGGER</u>
	Birthplace of Mother <u>Wife Clara</u>
	Signed <u>CORDER</u> M.D. _____ Coroner _____
	Address <u>Highland KS.</u> Date _____
	Interment at <u>MT. OLIVE</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 _____

**Troy Resident, 66, Succumbs at Home**  
 TROY, Kan. — John McConnaughey, 66, died unexpected at his home eight miles northwest of here on Tuesday. Mr. McConnaughey, a farmer, was a member of the Evangelical Church at Hiawatha, Kan. He had been a resident of the Troy community many years.  
 Surviving are his wife, Mrs. Clara McConnaughey of the home; two sons, George McConnaughey, Troy, and Maynard McConnaughey, Powhattan, Kan.; four daughters, Mrs. Charles Werner; Portland, Oregon, Mrs. Jack Whetstone, Sparks, Kan., Mrs. Charles Ogle, and Mrs. Melborne Harleman, Kansas City, Mo., and a sister, Mrs. Myrtle Sheets, Kansas City, Kan.  
 The body is here at the Tibbets mortuary.

SS. 512-70-051  
Frank Blundy  
Bob Gray  
Ray Hammon  
Gordon Bennett  
REMARKS: Donald Warren

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

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

65

Funeral of PAUL F. Begesse Charge to ..... Account No. 545  
 Ordered by ..... Guaranteed by ..... Serial No. 282  
 Funeral at ..... Residence ..... Mortuary ..... Church Methodist Date 9-5-58 Hour 9 pm Annual No. 38  
 Clergyman Lee Dickey Lodge Affiliations ..... Body Shipped to or from .....

Pall Bearers  
 AUGUST SEITZ  
 ROBT. MILLER  
 LAURANCE SHUSTER  
 ED HOWLAND  
 LEO MCINTYRE  
 OTTO GAUL

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	535 00	9-15-58		391 86
	Embalming.....	40 00			275 00
	Outer Case or Vault <u>Sectional</u>	50 00	10-24		
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing <u>shirt, tie, Sox</u>	4 58			
	Transferring Body.....	25 00			
	Door Badge <u>Cerified Copies</u>	3 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of ..... doz. Chairs.....				
	Flowers.....				
	Clergyman <u>Salary</u>	9 28			
	Singers.....				
	Casket Coach.....				
	Use of ..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
To Funeral Complete		666 86			666 86

NAME OF DECEASED PAUL F. Begesse RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Methodist DATE 9-5-58 HOUR 2pm CLERGYMAN Lee Dickey  
 SINGERS MRS. Ben Williamson LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Wads Worth Kansas</u>
Casket No. _____ Style <u>1/2 Coach</u>		Date of Death <u>9-3-58</u>
Interior <u>M.T. Satin</u> Covering <u>Woolen</u>		Cause of Death <u>CARCINOMA OF PROSTATE</u>
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <input checked="" type="checkbox"/>
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>2-4-1891</u> Age, Years <u>67</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired</u>
Clothing _____		How Long at Place of Death <u>3 mths</u>
		Birthplace—City or County _____ State or Country <u>Germany</u>
		Name of Father <u>Theodore Begesse</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Augusta Zimmerman</u>
		Birthplace of Mother _____
Total Cash Advances		Signed _____ M.D. _____ Coroner _____
<u>SS No.</u>		Address _____ Date _____
<u>487-079-834</u>		Interment at <u>MT. Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral		Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
Net Profit Apparent		
REMARKS:		

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

58

39

39

Funeral of LORETTA Henning Charge to..... Account No. 546  
 Ordered by Otis Gibson Guaranteed by..... Serial No. 283  
 Funeral at..... Residence..... Mortuary  Church..... Date 9-21-58 Hour 2pm Annual No. 39  
 Clergyman Lynn FIRKINS Lodge Affiliations..... Body Shipped to or from.....

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

Raleigh Hayes  
 WALT Meugniot  
 Leroy Sandy  
 O. O. FULK  
 Leonard Martin  
 Emmett Holman

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services.....	690 00	10-3-58	otigibson		111 89
	Embalming.....					
	Outer Case or Vault <u>CONCRETE SEC.</u>	50 00	10/14-58	otigibson		256 00
	Washing and Dressing.....					
	Shaving..... <u>TAX</u>	11 60				
	Slumber Robe.....		3-10-59	otis Gibson		400 00
	Suit or Dress.....					
	Other Articles of Clothing.....	6 29				
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....					
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of..... doz. Chairs.....					
	Flowers.....					
	Clergyman.....					
	Singers <u>1 ORGANIST</u>	10 00				
	Casket Coach.....					
	Use of..... Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	.....					
	.....					
	.....					
	.....					
	<b>To Funeral Complete</b>					

PAID IN FULL







NAME OF DECEASED Beet B. Bracken RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST. CHARLES DATE 9-29-58 HOUR 9:30 A.M. CLERGYMAN FR. HALL  
 SINGERS Church choir LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>V.A. Hospital - Kansas City</u>
Casket No. Style <u>1/2 Cumb</u>		Date of Death <u>9-25-58</u>
Interior <u>PT. 71 Cys</u> Covering <u>Cypress wood</u>		Cause of Death <u>Pye LONEPHRITIS</u> Contributory
Manufacturer <u>Miller</u>	DEBITS	Duration
Total Net Cost of Casket		Autopsy <u>yes</u>
Outer Case		Sex <u>MALE</u> Color or Race <u>White</u>
Vault		Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Embalming		Date of Birth <u>6-4-1899</u> Age, Years <u>65</u> Months <input type="checkbox"/> Days <input type="checkbox"/>
Clothing		Occupation <u>Feed Salesman</u>
		How Long at Place of Death <u>1yr 9 mo</u>
		Birthplace <u>Denton</u> City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
		Name of Father <u>George BRACKEN</u>
		Birthplace of Father
		Maiden Name of Mother <u>CLARA Libel</u>
Total Cash Advances		<del>Wife</del> <u>WIFE</u> Birthplace of Mother <u>CHRISTINE BRACKEN</u>
		Signed <u>E. Foroughi</u> M.D. Coroner
<u>SS. 512-24-3894</u>		Address <u>Kansas City</u> Date <u>9-26-58</u>
		Interment at <u>Mt. Olive</u>
		Lot or Grave No. Section No.
		Shipped to
		Arrived from
		Via R. R. Date.
Total Net Cost of Funeral		In Charge of
Gross Profit on Funeral		Source of Call
*Less Overhead Per Funeral		
Net Profit Apparent		Insured in Amount
		Beneficiary

REMARKS:

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

55

508

Funeral of John Leslie Simpson Charge to \_\_\_\_\_ Account No. 548  
 Ordered by MARY ETTA Simpson Guaranteed by \_\_\_\_\_ Serial No. 285  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary CHRISTIAN Church \_\_\_\_\_ Date 9-29-58 Hour 2 pm Annual No. 41  
 Clergyman Rev Wm Twombly Age Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
ALFRED Monroe  
Geo WASSON  
WALT Meunier  
Benard Moser  
MAURIEE BRYAN  
LEROY BRIGGS  
 Singers  
 \_\_\_\_\_  
 Insurance Policies  
 \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	530 00	11-6-58		400 00
	Embalming.....		2-20-59		301 95
	Outer Case or Vault..... <u>willent</u>	160 00			
	Washing and Dressing.....				Balance 301.95
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>TR</u>	11 95			
	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.....				
	_____				
	_____				
	_____				
	<b>To Funeral Complete</b>	<b>701 95</b>			<b>701 95</b>

NAME OF DECEASED John Leslie Simpson RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE 9-29-58 HOUR 2pm CLERGYMAN Wm. Twombly  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Sisters Hospital - St Jo</u>
Casket No. _____ Style <u>1/2 Co. metal</u>		Date of Death <u>9-26-58</u>
Interior <u>Heavy Tuxedo</u> Covering <u>Blue gold</u>		Cause of Death <u>HEART Disease</u> Contributory _____
Manufacture <u>major</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>12-4-1870</u> Age, Years <u>87</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>10 days</u>
		Birthplace—City or County <u>PAOLA</u> State or Country <u>KANSAS</u>
		Name of Father <u>DAVID Simpson</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Elizabeth Nelson</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Emerson Yodanis</u> _____ Coroner
		Address <u>Denton Ks.</u> Date <u>9-27-58</u>
		Interment at <u>MT OLIVE</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		
*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.



*576*

Funeral of William Lee DANNEVIK Charge to \_\_\_\_\_ Account No. 549  
 Ordered by SALLY DANNEVIK Guaranteed by \_\_\_\_\_ Serial No. 286  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 10-21-58 Hour 2 pm Annual No. 42  
 Clergyman CARL Nuebel Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Pall Bearers  
HANS Jacobson  
DAN CLARK  
Russell Hovees  
Edgar Turpin  
Lawrence Gilman  
Bud DAWE

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	385 00			
	Embalming.....	50 00	11-22-58		461 70
	Outer Case or Vault..... <u>Section</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	10 00			
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars..... <u>Pay</u>	6 70			
	Use of Flower Cars.....				
	Professional Supervision.....				
		461 70			
	<b>To Funeral Complete</b>	<b>461 70</b>			<b>461 70</b>

*Paid in full*

NAME OF DECEASED William Lee DANNEVIK RESIDENCE TROY KANSAS (RURAL)

FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 10-21-58 HOUR 2pm CLERGYMAN CARL Nuebel

SINGERS Louise SALTzman LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>1/2 Co. Oct. No Caprus</u>		Date of Death <u>10-17-58</u>
Interior <u>Troy Small</u> Covering <u>light Doekskin</u>		Cause of Death <u>Unknown D.O.A. Contributory</u>
Manufacture _____	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>10-23-1893</u> Age, Years <u>64</u> Months _____ Days _____
Embalming _____		Occupation <u>Invalid</u>
Clothing _____		How Long at Place of Death <u>64 yrs</u>
_____		Birthplace—City or County <u>Daniphan</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>William DANNEVIK</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>LOUISA HOVERSON</u>
Total Cash Advances _____		Signed <u>A. J. Blair</u> M.D. _____ Coroner
_____		Address <u>TROY KANSAS</u> Date <u>10-21-58</u>
_____		Interment at <u>MOBAY 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 _____
_____		_____
_____		_____
_____		_____

**William Dannevik**  
 TROY, Kan. — William Dannevik, 64, died Saturday morning at the farm on which he was born and had spent his entire life.  
 He as a member of St. John's Lutheran Church, Bendena. Surviving him are three brothers, Alden Dannevik, Chapman, Kan.; Percy Dannevik, Vermillion, Kan., and John Dannevik, Troy, and a sister, Miss Sally Dannevik, of the home.  
 The body is at Tibbetts mortuary in Troy.

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 Edward CARLSON RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 10-20-58 HOUR 2pm CLERGYMAN Lee Dickey  
 SINGERS MRS. Ben Williamson LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>204</u> Style <u>1/2 Co. Metal</u>		
Interior <u>2 1/2" x 1 1/2" x 1 1/2" Super</u> Covering <u>Marine Steel</u>		
Manufacturer <u>Superior</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		

Place of Death ST Joseph Mo  
 Date of Death 10-18-58  
 Cause of Death CARCINOMA of PANCREAS Contributory  
 Duration \_\_\_\_\_ Autopsy No  
 Sex MALE Color or Race white  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth 8-11-1890 Age, Years 68 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation RETIRED CAFE OPERATOR

Social Security Number  
510-32-8064

## Troy Man Dies Here

Edward Carlson of Troy, Kan., died yesterday afternoon at 68 in a St. Joseph hospital. He had been a patient since Monday. Mr. Carlson was born in Chicago and had gone to Brown county, Kan., as a child. He had lived since 1927 in Troy, where he formerly operated a restaurant.

Surviving him are his wife, Sara, at the home; a son, Keith Carlson, Troy; two daughters, Mrs. Shirley Sharp, St. Joseph, and Mrs. Gail Miller, Highland, Kan.; two brothers, Albert Carlson, Robinson, Kan., and Arthur Carlson, Wichita; a sister, Mrs. Edith Bloch, Horton, Kan., and eight grandchildren.

Services will be tomorrow afternoon at 2 at Tibbetts mortuary at Troy, the Rev. Lee A. Dickey officiating. Burial will be in the Robinson cemetery.

How Long at Place of Death 5 days  
 Birthplace—City or County Chicago State or Country Ill  
 Name of Father John CARLSON  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother Emily Berg  
 W. F. Name SADA Bollinger  
 Birthplace of Mother \_\_\_\_\_  
 Signed Emeesa Yodea M.D. Coroner  
 Address Denton Ks. Date 10-20-58  
 Interment at ROBINSON KANSAS  
 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 Cash Advances \_\_\_\_\_  
 Total Net Cost of Fu \_\_\_\_\_  
 Gross \_\_\_\_\_  
 \*Less Overhead Per F \_\_\_\_\_  
 Net P \_\_\_\_\_  
 REMARKS:

\* Be sure that all items not covered by direct charge properly proportioned to each and every case.

78

Funeral of Thomas LARRY Simpson Charge to \_\_\_\_\_ Account No. 551  
Ordered by Alden Simpson Guaranteed by \_\_\_\_\_ Serial No. 288  
Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary Christian Church Lynn F. IRKINS Date 11-4-58 Hour 2:30 p.m. Annual No. 44  
Clergyman Wm. Twombly Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Place of Burial _____	788 00	11-24-58		963 82
	Cemetery _____				
	Grave No. _____	160 00			
	Lot No. _____				
	Block No. _____				
	Section _____				
	Pall Bearers _____	15 82			
	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 _____				
		963 82			
To Funeral Complete		963 82			963 82

DALLAS MARTIN  
LARRY SANDY  
John Webee  
STEPHEN FOSTER  
PAUL LEHMAN  
Sonny Moony

Partial full



NAME OF DECEASED Thomas Larry Simpson RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 11-4-58 HOUR 2:30 p CLERGYMAN Wm. Twombly  
Lynn W. Firkins  
 LODGE AFFILIATIONS \_\_\_\_\_

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SINGERS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>ST. Josephs Hospital</u>
Casket No. _____ Style <u>1/2 Coach Metal</u>		Date of Death <u>November 2 1958</u>
Interior <u>SILVER REPE</u> Covering <u>Blue + Silver</u>		Cause of Death <u>SKULL FRACTURE</u> Contributory <u>AUTO ACCIDENT</u>
Manufacturer <u>McGinnis</u>	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>2-11-42</u> Age, Years <u>16</u> Months _____ Days _____
Embalming _____		Occupation <u>STUDENT</u>
Clothing <u>510-39-3265</u>		How Long at Place of Death <u>36 HRS.</u>
		Birthplace—City or County <u>Highland</u> State or Country <u>KANSAS</u>
		Name of Father <u>Alden Simpson</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>ALMA WALTON</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>John Mothershead</u> M.D. _____ Coroner
		Address <u>ST. Joseph Mo</u> Date _____
		Interment at <u>Mt. Olive</u>

Young Simpson, born in Highland, Kan., was the son of Mr. and Mrs. Alden Simpson. He was president of the senior class of Troy Rural High School, sergeant-at-arms in the student council, co-editor of the school newspaper, member of the school annual staff, president of the Spanish Club and member of the Science Club. He was a member of the Reorganized Church of Jesus Christ of Latter Day Saints. In addition to his parents, survivors include one brother, John Alden Simpson of the home; the paternal grandmother, Mrs. Mary Etta Simpson, Troy, and the maternal grandparents, Mr. and Mrs. Paul J. Walton, Highland. Services will be held at 2:30 p. m. Tuesday at the Troy Christian Church, with the Rev. William Twombly officiating. Burial will be in Mount Olive Cemetery.

REMARKS \_\_\_\_\_

TROY, Kan. — Thomas Larry Simpson, 16, died Sunday morning in a hospital at St. Joseph from injuries received in an auto accident Friday afternoon near Bendena, Kan. He never regained consciousness. The youth received head and internal injuries in the one-car accident on K-20 highway about two miles from Bendena. William Ashworth, 15, and Richard Norris, 17, two other youths also injured in the accident, are in satisfactory condition. The accident occurred when the car apparently went out of control at a high rate of speed.

**YOUNG CRASH VICTIM DIES**

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

AW

Funeral of Wilson D. Sharp Charge to \_\_\_\_\_ Account No. 552  
 Ordered by Anna Sharp Guaranteed by \_\_\_\_\_ Serial No. 289  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary BAPTIST Church Date 11-9-58 Hour 2:30 pm Annual No. 45  
 Clergyman John Parker Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
Carl Cain  
Chester Teant  
Roy Horner  
Emmett Sallee  
Urban Murphy  
Claude Middleton  
 Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	690 00	11-25-58	OK By Mrs. Sharp	781 37
	Embalming	50 00			
	Outer Case or Vault <u>Sectional</u>				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing	4 77			
	Transferring Body				
	Door Badge				
	Opening Grave	25 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers <u>Tw</u>	11 60			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
<b>To Funeral Complete</b>		781 37			781 37

NAME OF DECEASED Wilson D. Sharp RESIDENCE TROY KANSAS  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH BAPTIST DATE 11-9-58 HOUR 2:30 p CLERGYMAN John Parker  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>ST Joseph Mo</u>
Casket No. _____ Style <u>1/2 duck metal</u>		Date of Death <u>November 4 1958</u>
Interior _____ Covering _____		Cause of Death <u>Pulmonary Embolism</u> Contributory <u>Colon dissection</u>
Manufacturer <u>Aurora</u>		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>4-20-1878</u> Age, Years <u>80</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Auctioneer</u>
Clothing _____		How Long at Place of Death <u>1 wk.</u>
		Birthplace—City or County <u>Severance</u> State or Country <u>KANSAS</u>
		Name of Father <u>Dennis Sharp</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Emily Turner</u>
		Birthplace of Mother <u>wife Anna E. Sharp</u>
		Signed <u>John</u> M.D. _____ Coroner _____
		Address <u>ST Joseph</u> Date <u>11-7-58</u>
		Interment at <u>OAK Hill - Severance</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____

Total Cash Advances \_\_\_\_\_

S.S. 487-12-2115

**Troy Auctioneer Dies in Hospital**

TROY, Kan.—Wilson D. Sharp, 80, died Tuesday at a hospital in St. Joseph. Mr. Sharp was a well-known retired auctioneer in the Troy community. He also had formerly operated a stable. He had lived most of his life in the Troy and Severance, Kan., communities.

Total Net Cost of [Survivors include his wife, Mrs. Anna Sharp of the home; two sons, Francis Sharp, St. Joseph, and Ernest Sharp, Eugene, Ore.; two daughters, Mrs. Bob Rife, Valley Falls, Kan., and Mrs. Myrtle Cook, Sioux City, Iowa; one sister, Mrs. William H. Meers, Atchison, Kan.; five grandchildren and three great-grandchildren.

REMARKS:

\* Be sure that all items not covered by direct charge properly proportioned to each and every case. The body is at the Tibbets mortuary.

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Funeral of William Dawe SR Charge to ..... Account No. 553  
 Ordered by Children Guaranteed by ..... Serial No. 290  
 Funeral at ..... Residence ..... Mortuary ST. CHARLES Church ST. CHARLES Date 11-26-1958 Hour 9 AM Annual No. 46  
 Clergyman FR. EGBERT HALL Lodge Affiliations ..... Body Shipped to or from .....

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
 Ed Crowski  
 Herman Libel  
 Jake Olson  
 Leo McIntyre  
 Charlie Striker  
 Geo Seidl

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	465 00	12-6-58		250 00
	Embalming.....		12-8-58		125 00
	Outer Case or Vault..... <u>Concrete Box</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	15 00			
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge..... <u>SALES TAX</u>	8 05			
	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.....				
		513 05			
		13 05	<u>plus</u>		
	To Funeral Complete				

500.00

54  
 NAME OF DECEASED William H. Dawe SR RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST. Charles DATE 11-26-58 HOUR 9am CLERGYMAN FATHER HALL  
 SINGERS J. Walton Smith LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Troy Kansas</u>
Casket No. _____ Style _____		Date of Death <u>November 25 1958</u>
Interior _____ Covering _____		Cause of Death <u>Cerebral Hemorrhage</u> Contributory
Manufacturer _____	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>4/5/1876</u> Age, Years <u>82</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>1 year</u>
_____		Birthplace—City or County <u>Troy</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>Thomas J. Dawe SR</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>Mary Alice Brownlee</u>
_____		Birthplace of Mother _____
_____		Signed <u>Emerson Yodee</u> M.D. _____ Coroner
_____		Address <u>Denton Kansas</u> Date <u>Nov 25 1958</u>
_____		Interment at <u>Mt. Olive</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
_____		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		_____

REMARKS:

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



Funeral of Robert Culp Charge to \_\_\_\_\_ Account No. 554  
 Ordered by wife Guaranteed by \_\_\_\_\_ Serial No. 291  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Nov 30, 1958 Hour 2:30 p.m. Annual No. 47  
 Clergyman L.W. Firtkins Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Howard Bruns  
Eddie Rathbun  
Ralph Bruns  
Joe Culp  
Don Culp  
Pete Reiplinger  
Edw. Tucker  
 Singers  
Louise Saltzman  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	540 00	2-11-58		798 03
	Embalming.....				
	Outer Case or Vault..... <u>Wulbert</u>	160 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	70 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	75 00			
	Clergyman.....				
	Singers.....				
	Casket Coach..... <u>741</u>	13 03			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
To Funeral Complete		798 03			



NAME OF DECEASED Robert Culp RESIDENCE Troy KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 11-30-58 HOUR 2:30p CLERGYMAN L.W. FIRKINS  
 SINGERS Louise SALTZMAN LODGE AFFILIATIONS \_\_\_\_\_

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Methodist Hospital St Joe</u>
Casket No. <u>4000</u> Style <u>1/2 Lamb</u>		Date of Death <u>November 28 1958</u>
Interior <u>R.T. Satin</u> Covering <u>Cedar Calay</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Feb 6 1880</u> Age, Years <u>78</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Rural Carrier &amp; Farmer</u>
Clothing _____		How Long at Place of Death <u>12 days</u>
		Birthplace—City or County <u>Daniphan</u> State or Country <u>KANSAS</u>
		Name of Father <u>CORNELIUS Culp</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>ELIZABETH GRABLE</u>
		Birthplace of Mother <u>Wife - Blanche Tucker Culp</u>
		Signed _____ 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.



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Funeral of Edward B. Monroe Charge to..... Account No. 555  
Ordered by Miss Katic Hargis Guaranteed by..... Serial No. 292  
Funeral at..... Residence..... Mortuary  Church..... Date 12-4-58 Hour 2 pm Annual No. 48  
Clergyman L.W. F. FIKINS Lodge Affiliations..... Body Shipped to or from.....

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

Pall Bearers  
Bill Turpin  
Jack Rollman  
Dick Rollman  
John Hargis  
HARRY HARGIS  
Donald HARGIS

Singers  
Louise  
SAITZMAN

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	<u>695 00</u>			
	Embalming.....		<u>1-10 58</u>		<u>756 93</u>
	Outer Case or Vault <u>CONCRETE SEC.</u> .....	<u>50 00</u>			<u>40 00</u>
	Washing and Dressing.....				<u>796 93</u>
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge <u>SALES TY</u> .....	<u>11 93</u>			
	Opening Grave.....				
	Newspaper Notices <u>Certified Copies</u> .....	<u>00 00</u>			
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		<u>756 93</u>			
	To Funeral Complete	<u>761 93</u>			<u>796 93</u>

**NAME OF DECEASED** Edward B. Monroe **RESIDENCE** Troy KANSAS  
**FUNERAL AT RESIDENCE** MORTUARY  CHURCH DATE 12-4-58 HOUR 2pm CLERGYMAN L.W. Fickins  
**SINGERS** Mrs. Louise Saltzman **LODGE AFFILIATIONS**

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death Troy KANSAS
Casket No. _____ Style <u>Columbian</u>		Date of Death Dec. 2, 1958
Interior <u>any</u> Covering <u>Other</u>		Cause of Death <u>Metastases of Bone</u> Contributory
Manufacturer _____		Duration _____ 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>11-19-1875</u> Age, Years <u>85</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Rural Mail Carrier and Veterinarian</u>
Clothing _____		How Long at Place of Death <u>over 60 years</u>
		Birthplace—City or County <u>Troy</u> State or Country <u>KANSAS</u>
		Name of Father <u>Elijah Monroe</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Delilah Berry</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>A.E. Cordonier</u> M.D. _____ Coroner
		Address <u>Troy KANSAS</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 _____		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.