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Funeral of ELLA VIOLA FRAKES Charge to _____ Account No. 605
 Ordered by _____ Guaranteed by _____ Serial No. 342
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1-31-60 Hour 2pm Annual No. 3
 Clergyman Lynn F. Atkins Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
ALTO Ruhnke
Roy Ruhnke
Wm Fulsche
Dwayne Cross
Wm Turpin
Ed Howland
 Singers
 Singers
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	365 00			
	Embalming.....		2-2-60	R.C. Fisher	446 88
	Outer Case or Vault..... wood	25 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.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... TAX	6 88			
				
				
				
				
	To Funeral Complete				

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Funeral of RICHARD STEWART Charge to..... Account No. 606
 Ordered by MRS Ina Smith Guaranteed by..... Serial No. 343
 Funeral at..... Residence..... Mortuary Church..... Date 1-31-60 Hour 3:30 pm Annual No. 4
 Clergyman Will Twombly Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services				
Place of Burial	Embalming..... <u>all services</u>	<u>40 00</u>	<u>1-31-60</u>		<u>20 00</u>
Cemetery	Outer Case or Vault.....		<u>4-27-60</u>		<u>10 00</u>
Grave No.	Washing and Dressing.....		<u>9-24-60</u>		<u>20 00</u>
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress.....				
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....				<u>PAID in full</u>
	Door Badge.....				
	Opening Grave..... <u>10 00</u>				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
Singers	Singers..... <u>Cemetery Paid 3-30-60</u>	<u>10 00</u>			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
Insurance Policies	.....			
				
				
				
	To Funeral Complete	<u>40 00</u>			
		<u>50 00</u>			

NAME OF DECEASED Richard Allen Stewart RESIDENCE Kansas City Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 1-31-60 HOUR 8:30p CLERGYMAN Will Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Kansas City Mo (Hospital)</u>
Casket No. _____ Style _____		Date of Death <u>1-29-60</u>
Interior _____ Covering _____		Cause of Death <u>Toxemia</u> Contributory _____
Manufacturer _____		Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket _____	DEBITS	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>1-11-60</u> Age, Years _____ Months _____ Days <u>18</u>
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death <u>18 days</u>
_____		Birthplace—City or County <u>Kansas City</u> State or Country <u>Mo</u>
_____		Name of Father <u>CARL STEWART</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>PATRICIA Smith</u>
_____		Birthplace of Mother _____
Total Cash Advances _____		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 _____
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.



1450



Funeral of Cornelius Culp Jr Charge to _____ Account No. 607
 Ordered by Mrs. Ida Culp Guaranteed by _____ Serial No. 344
 Funeral at _____ Residence _____ Mortuary Church _____ Date 2-13-60 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
Archie Fenley
Elwin Kiehnhoff
LeRoy ..
Victor Galt
Raymond ..
Walter Dittmore
 Singers
Mrs Ben
Williamson
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	685 00	3-13-60		859 28
	Embaling.....				
	Outer Case or Vault..... <u>Wilbert</u>	160 00			
	Washing and Dressing.....				
	Shaving..... <u>SALES TAX</u>	14 28			
	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	859 28			

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Funeral of ELda Sandy Charge to _____ Account No. 608
 Ordered by MRS Beulah Robertson Guaranteed by _____ Serial No. 345
 Funeral at _____ Residence _____ Mortuary Christian Church _____ Dates 2-17-60 Hour 2pm Annual No. 6
 Clergyman L.W. F. R. Kins Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Harold McClelland
CARL CAINE
Geo Bridgman
EARL WARD
John Malloy
ROBT SPARKS

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	365 00	2-17-60		500 00
	Embalming.....				
	Outer Case or Vault..... <u>CONCRETE Box</u>	50 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.....	20 50			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	_____ <u>Sales Tax</u>	6 73			

	To Funeral Complete	502 23			

NAME OF DECEASED ELda MARY Sandy RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 2-17-60 HOUR 2 pm CLERGYMAN L.W. FIRTINS
 SINGERS MRS Louise SALTman LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Youngs Rest Home - Wathens B.</u>
Casket No. _____ Style _____		Date of Death <u>2-15-60</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>6-22-1875</u> Age, Years <u>84</u> Months _____ Days _____
Embalming _____		Occupation <u>Housework</u>
Clothing _____		How Long at Place of Death <u>2 mths</u>
		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father <u>GASTON WARD</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>ELizabeth HALL</u>
		Birthplace of Mother _____
<u>Beech Robertson</u>		Signed <u>Emerson Gudea</u> M.D. _____ Coroner _____
<u>7530 Folk</u>		Address <u>Denton Ks.</u> Date _____
<u>Maplewood 17 mo</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.



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Funeral of Janette Snodgrass Charge to..... Account No. 609
 Ordered by Waite Snodgrass Guaranteed by..... Serial No. 346
MT Olive
 Funeral at..... Residence..... Mortuary..... Church..... Date 3-13-60 Hour 2:30 Annual No. 7
 Clergyman Chas Moore Lodge Affiliations..... Body Shipped to or from.....

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

 Singers

 Insurance Policies

Date		Description of Service	Amount	Date	V	Credits
		Casket and Services.....	<u>35 00</u>			
		Embalming..... <u>Ty</u>	<u>89</u>			
		Outer Case or Vault.....				
		Washing and Dressing.....				
		Shaving.....				
		Slumber Robe.....				
		Suit or Dress.....				
		Other Articles of Clothing.....				
		Transferring Body.....				
		Door Badge.....				
		Opening Grave.....				
		Newspaper Notices.....				
		Telegrams and Telephone Calls.....				
		Use of..... doz. Chairs.....				
		Flowers.....				
		Clergyman.....				
		Singers.....				
		Casket Coach.....				
		Use of..... Funeral Cars.....				
		Use of Flower Cars.....				
		Professional Supervision.....				
					
					
					
		To Funeral Complete	<u>35 89</u>			

NAME OF DECEASED Janette Kay Snodgrass RESIDENCE Hiawatha Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH MT. Olive DATE 3-13-60 HOUR 2:30 CLERGYMAN Chas Moore
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Hiawatha Hospital</u>
Casket No. _____ Style _____		Date of Death <u>3-11-60</u>
Interior _____ Covering _____		Cause of Death <u>Hydrocephalus</u> Contributory _____
Manufacturer _____		Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Fe</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____		Date of Birth <u>3-11-60</u> Age, Years _____ Months _____ Days <u>0</u>
Embalming _____		Occupation <u>infant</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>Hiawatha</u> State or Country <u>Kansas</u>
_____		Name of Father <u>WALTER Snodgrass</u>
_____		Birthplace of Father <u>WATHEN Ks.</u>
_____		Maiden Name of Mother <u>DARLENE Anslinger</u>
_____		Birthplace of Mother <u>Colo</u>
Total Cash Advances _____		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 Joseph Edw. BRASSFIELD Charge to _____ Account No. 610
 Ordered by MRS. PEARL BRASSFIELD Guaranteed by _____ Serial No. 547
 Funeral at _____ Residence _____ Mortuary Church _____ Date 3-15-60 Hour 2 pm Annual No. 8
 Clergyman Lee Dickey Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
HAYDEN ELDER
CHRIS CHRISTENSEN
ELMER ROSS JR.
LEON ERDLEY
ALVA RICKLEFS
JAMES OLSON
 Singers
LOUISE
SAITZMAN
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	585 00	5-28-60		724 48
	Embalming.....	55 00			
	Outer Case or Vault..... <u>Sectional</u>				
	Washing and Dressing.....				
	Shaving.....	25 00			
	Slumber Robe..... <u>SUIT</u>				
	Suit or Dress.....	3 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge..... <u>9</u>				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....	25 00			
	Flowers.....	10 00			
	Clergyman.....	10 00			
	Singers..... <u>+ Organist</u>				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars..... <u>79</u>	19 33			
	Professional Supervision..... <u>1 74</u>	11 48			

	To Funeral Complete	724 48			

NAME OF DECEASED Joseph Edw. Brass Field RESIDENCE Severance Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 3-15-60 HOUR 2pm CLERGYMAN Lee Dickey
 SINGERS Mrs. 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>Severance Kansas</u>
Casket No. _____	Style _____		Date of Death <u>3-13-60</u>
Interior _____	Covering _____		Cause of Death <u>Pulmonary Fibrosis & Emphysema</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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>8-13-1903</u> Age, Years <u>56</u> Months _____ Days _____
Embalming _____			Occupation <u>L.F.M.</u>
Clothing _____			How Long at Place of Death <u>11 yrs</u>
			Birthplace—City or County <u>GALT</u> State or Country <u>MO</u>
			Name of Father <u>Unknown</u>
			w. Fes. name <u>Mrs. Pearl Brass Field</u>
Total Cash Advances _____			Birthplace of Father _____
<u>Sons - Edward - Ronald - George</u>			Maiden Name of Mother <u>Unknown</u>
<u>Daughter - Mrs Mildred Adkins - Denton</u>			Birthplace of Mother _____
<u>Viola & Vinita</u>			Signed <u>Emerson Godee</u> M.D. _____ Coroner _____
<u>510-31-2203</u>			Address <u>Denton, Mo.</u> Date _____
			Interment at <u>MORAY</u>
			Lot or Grave No. _____ Section No. _____
Total Net Cost of Funeral _____			Shipped to _____
Gross Profit on Funeral _____			Arrived from _____
*Less Overhead Per Funeral _____			Via _____ R. R. Date _____
Net Profit Apparent _____			In Charge of _____
			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.



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Funeral of George M. SALLEE Charge to..... Account No. 611
 Ordered by Emmett SALLEE Guaranteed by..... Serial No. 348
 Funeral at..... Residence..... Mortuary..... BAPTIST Church..... Date 3-17-60 Hour 2 pm Annual No. 9
 Clergyman John EVANS Lodge Affiliations..... Body Shipped to or from.....

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
WALTER Euler
URBAN MURPHY
OLIVER NITZ
JAMES LIVINGSTON
F. H. DILLENBACK
CHESTER TRANT
 Singers
MRS. DENTON
SALTZMAN
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	625 00	6-7 60		716 38
	Embalming..... Widow's	55 00			
	Outer Case or Vault..... <u>Sectional</u>	55 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body..... <u>T4</u>	10 75			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	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	716 38			

NAME OF DECEASED George Milton Sallee RESIDENCE Troy Kansas (RURAL)
 FUNERAL AT RESIDENCE MORTUARY CHURCH BAPTIST DATE 3-17-60 HOUR 2pm CLERGYMAN John Evans
 SINGERS Mrs Denton SALTzman LODGE AFFILIATIONS _____

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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>3-14-60</u>
Interior _____ Covering _____		Cause of Death <u>MITRAL STENOSIS Contributory RHEUMATIC FEVER</u>
Manufacturer _____	DEBITS	Duration <u>CARDIAC DECOMPENSATION</u> Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>6-2-1896</u> Age, Years <u>63</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>25 YRS</u>
_____		Birthplace—City or County _____ State or Country <u>KANSAS</u>
_____		Name of Father <u>Joseph Sallee</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>ELIZABETH MIDER</u>
Total Cash Advances _____		Birthplace of Mother _____
_____		Signed <u>ARCH BLAIR MD.</u> Coroner
_____		Address <u>TROY KANS</u> Date <u>3-17-60</u>
_____		Interment at <u>COURTNER CEMETARY</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.



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Funeral of Wm. G. STRAHAN Charge to..... Account No. 612
 Ordered by..... Guaranteed by..... Serial No. 349
 Funeral at..... Residence ST. CHARLES Mortuary..... Church..... Date 3-20-60 Hour 10 A.M. Annual No. 10
 Clergyman FR. LAWRENCE GRAHAM Lodge Affiliations..... Body Shipped to or from.....

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
 HAROLD EARHART
 CLARENCE BLAKE
 JOHN CLARY
 IKE CLARY
 P.C. CALHAN
 ART C. MCGANN
 Singers
 Church choir
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	650 00	3-25 60		154 50
	Embalming.....		4-7 60		725 13
	Outer Case or Vault..... <u>Wilbert</u>	170 00			Pd By Mrs MARGARET LYNCH
	Washing and Dressing.....				
	Shaving..... <u>SALEx TAX</u>	14 00			
	Slumber Robe.....				
	Suit or Dress.....				Leo Lynch 7611 Main K.C. Mo
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				Paid in Full
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	25 63			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>ambulance</u>	20 00			
				
				
				
To Funeral Complete					

NAME OF DECEASED Wm H. STRAHAN RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH ST CHARLES DATE 3-28-60 HOUR 10 AM CLERGYMAN FR. LAWRENCE GRAHAM
 SINGERS Church choir LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST Josephs Hospital</u>
Casket No. _____ Style _____		Date of Death <u>3-18-60</u>
Interior _____ Covering _____		Cause of Death <u>STROKE</u> Contributory _____
Manufacturer _____		Duration _____ Autopsy <u>Yes</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>7-26-1886</u> Age, Years <u>73</u> Months _____ Days _____
Embalming _____		Occupation <u>PROBATE Judge</u>
Clothing _____		How Long at Place of Death <u>7 days</u>
		Birthplace—City or County <u>Leona</u> State or Country <u>KANSAS</u>
		Name of Father <u>George STRAHAN</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>MARY Cullinan</u>
		Birthplace of Mother _____
Total Cash Advances		Signed _____ M.D. _____ Coroner _____
<u>SS. No. 511-34-1874</u>		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 Benjamin F. CARROLL JR. Charge to _____ Account No. 613
 Ordered by BROTHERS Guaranteed by _____ Serial No. 350
 Funeral at _____ Residence _____ Mortuary Church _____ Date 3-28-60 Hour 2 pm Annual No. 11
 Clergyman Lynn W. Fitties 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	275 00	3-27-60		100 00
	Embalming		4-5-60		87 75
	Outer Case or Vault <u>Decorated</u>	55 00	4-5-60		187 75
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge <u>74</u>	5 50			
	Opening Grave	40 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman <u>Cemetery Paid 3-30-60</u>				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
To Funeral Complete		375 50			375 50

NAME OF DECEASED Benjamin F. CARROLL Jr RESIDENCE Doniphan Kansas.
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 3-28-60 HOUR 2pm CLERGYMAN Lynn W Firtine
 SINGERS _____ LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral <u>acton</u>		
Casket No. _____ Style <u>H.P. Plaza square</u>		
Interior <u>very fancy</u> Covering <u>light oak</u>		
Manufacturer <u>Perfection Mfg Co</u>		
Total Net Cost of Casket _____		
Outer Case _____		
Vault _____		
Embalming _____		
Clothing _____		
Total Cash Advances _____		
<u>Sister -</u>		
<u>MRS. FRANCES CARROLL - Doniphan</u>		
<u>BRO.</u>		
<u>ARVY CARROLL - L.A. Calif</u>		
<u>HARRY " 708 Powell - ST Joe</u>		
<u>Thomas " ST Joe</u>		
Total Net Cost of Funeral _____		
Gross Profit on Funeral _____		
*Less Overhead Per Funeral _____		
Net Profit Apparent _____		

Place of Death Doniphan Kansas
 Date of Death 3-26-60
 Cause of Death CARCINOMA METASTASES Contributory
 Duration _____ Autopsy No
 Sex MALE Color or Race white
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth 6-30-1883 Age, Years 76 Months _____ Days _____
 Occupation FARMER
 How Long at Place of Death 5 years
 Birthplace—City or County ST Joe State or Country MO
 Name of Father BENJAMIN F CARROLL SR
 Birthplace of Father _____
 Maiden Name of Mother LAURA COSTIN
 Birthplace of Mother _____
 Signed A.E. Cordonice M.D. _____ Coroner
 Address TROY KANSAS 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:
S.S. no. 491-09-7337

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



NAME OF DECEASED John Elmer Simpson RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 3-29-60 HOUR 2pm CLERGYMAN Wm Twombly
 SINGERS Rev James Campbell LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral <u>act. w/flowers</u> <input checked="" type="checkbox"/>		Place of Death <u>TROY KANSAS (Blanton Rest Home)</u>
Casket No. _____ Style <u>plym</u>		Date of Death <u>3-27-60</u>
Interior <u>Very Small</u> Covering <u>light oak. pine</u>		Cause of Death <u>HTK; OSCLEROSIS</u> Contributory _____
Manufacturer <u>Ross Laff</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 _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>8-30-1861</u> Age, Years <u>98</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>4 years</u>
		Birthplace—City or County <u>Sparks</u> State or Country <u>Kansas</u>
		Name of Father <u>JAMES E. Simpson</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Nancy Hahn</u>
		Birthplace of Mother _____
		Signed <u>A.E. Cordonica</u> M.D. _____ Coroner
		Address <u>TROY KANSAS</u> Date _____
		Interment at <u>Fanning Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		
REMARKS:		

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

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Funeral of Della M. Middleton Charge to _____ Account No. 615
 Ordered by Children Guaranteed by _____ Serial No. 352
 Funeral at _____ Residence _____ Mortuary BAPTIST Church _____ Date 4-4-60 Hour 2 pm Annual No. 13
 Clergyman John H. Evans Lodge Affiliations _____ Body Shipped to or from _____

Pall Bearers
 Henry Lehman
 Isadore Ritter
 Louis Long
 Walter Euler
 Earl Euler
 Wm Abbett

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	625 00	7-2 60		719 97
	Embalming.....	55 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	25 00			
	Suit or Dress.....	3 50			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....	11 47			
	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.....				

		719 97			
To Funeral Complete					

NAME OF DECEASED Della Maude Middleton RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH BAPTIST DATE 4-4-60 HOUR 2pm CLERGYMAN John H Evans
 SINGERS MRS. Louise SALTZMAN LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TROY KANSAS</u> (<u>Emmett Sallee home</u>)
Casket No. _____ Style _____			Date of Death <u>4-2-60</u>
Interior _____ Covering _____			Cause of Death <u>Apoplexy (sudden)</u> Contributory <u>Hypertension</u> ^{few yr.}
Manufacturer _____	DEBITS		Duration <u>ARTERIO Sclerosis</u> ^{several} <u>years</u> Autopsy <u>NO</u>
Total Net Cost of Casket			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>4-29-1879</u> Age, Years <u>80</u> Months _____ Days _____
Embalming _____			Occupation <u>House wife</u>
Clothing _____			How Long at Place of Death <u>3 months</u>
_____			Birthplace—City or County <u>Agency</u> State or Country <u>Mo</u>
_____			Name of Father <u>Wm Bledsoe</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>MARY Tobin</u>
_____		Birthplace of Mother _____	
_____		Signed <u>A. E. Cordonice</u> M.D. _____ Coroner	
_____		Address <u>TROY KANSAS</u> Date <u>4-4-60</u>	
_____		Interment at <u>No 6 Cemetery - Agency</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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NAME OF DECEASED Sadie Bembrick RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE 5-4-60 HOUR 2pm CLERGYMAN L.W. Finkins
 SINGERS Rev James Campbell 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 Mo</u>
Casket No. _____ Style _____		Date of Death <u>May 2 1960</u>
Interior _____ Covering _____		Cause of Death <u>Cerebral Hemorrhage</u> <small>Contributory</small>
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 _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>7-31-1891</u> Age, Years <u>68</u> Months _____ Days _____
Embalming _____		Occupation <u>House wife</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>Ed Clady</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Lottie Young</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>DA Heeman</u> M.D. _____ Coroner _____
<u>S.S. No 515-05-1441</u>		Address <u>St Joseph</u> Date _____
		Interment at <u>MT Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		
*Less Overhead Per Funeral _____		Source of Call _____
Net Profit Apparent _____		
REMARKS: _____		Insured in _____ Amount _____
		Beneficiary _____

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



1005



Funeral of Lulu Money penny Charge to..... Account No. 617
 Ordered by EZRA Money penny Guaranteed by..... Serial No. 354
 Funeral at..... Residence..... Mortuary..... Church Baptist Date MAY 8 1960 Hour 2 pm Annual No. 15
 Clergyman John EVANS Lodge Affiliations..... Body Shipped ~~to~~ or from Oakland Cal.

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
 Claude Middleton
 Urban Murphy
 Carl Cain
 Lloyd Moppin
 Adrian Boeh
 Chas Boeh
 Singers
 Mrs
 Calnan & Saltzman
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....		8-16-60		165 00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....	25 00			
	Door Badge.....	40 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	use of Grave Equip	25 00			
	.. .. MORTUARY	25 00			
	Staff Services	50 00			
	To Funeral Complete	165 00			

NAME OF DECEASED Lulu Money penny RESIDENCE OAKLAND CALIF
 FUNERAL AT RESIDENCE MORTUARY CHURCH Baptist DATE May 8 1960 HOUR 2pm CLERGYMAN John EVANS
 SINGERS Mrs SALTzman & Mrs CALMAN LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>OAKLAND CALIF</u>
Casket No. _____ Style _____		Date of Death <u>MAY 3 1960</u>
Interior _____ Covering _____		Cause of Death <u>Cerebral thrombosis</u> Contributory _____
Manufacturer _____	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Sept 6 1876</u> Age, Years <u>83</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County _____ State or Country <u>KANSAS</u>
_____		Name of Father <u>John T Bent</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>MARIA SUTTON</u>
Total Cash Advances _____		Birthplace of Mother _____
_____		Signed _____ M.D. _____ Coroner _____
<u>ERBA Money Penny</u>		Address _____ Date _____
<u>1717 High St</u>		Interment at <u>MT olive</u>
<u>OAKLAND Calif.</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 EVERETT RAMSEIER Charge to..... Account No. 618
 Ordered by..... Guaranteed by..... Serial No. 353
 Funeral at..... Residence..... Mortuary Church..... Date 5-11-60 Hour 2pm Annual No. 16
 Clergyman J. D. Dreyer Lodge Affiliations..... Body Shipped ~~to~~ from Reno Nev.

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
HARRY O'NEAL
ADRIAN BOEH
KENNETH PEDEN
Goss
John ABERLE
CLARENCE TRANT
 Singers
MES SAITZMAN
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....		<u>5-11-60</u>		<u>100 00</u>
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....	<u>25 00</u>			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....	<u>10 00</u>			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>STAFF SERVICES</u>	<u>50 00</u>			
	<u>USE OF MORTUARY</u>	<u>50 00</u>			
	<u>GRAVE EQUIP</u>	<u>25 00</u>			
	To Funeral Complete	<u>160 00</u>			

NAME OF DECEASED Everett Ramseier RESIDENCE Reno Nevada
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-11-60 HOUR 2pm CLERGYMAN _____
 SINGERS MRS Denton SALTZMAN LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death <u>Reno Nevada</u>	
Casket No. _____ Style _____			Date of Death <u>5-6-60</u>	
Interior _____ Covering _____			Cause of Death _____ Contributory _____	
Manufacturer _____			Duration _____ Autopsy _____	
Total Net Cost of Casket			Sex <u>MALE</u> Color or Race <u>white</u>	
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____	
Vault _____			Date of Birth <u>Dec 2 1896</u> Age, Years <u>63</u> Months _____ Days _____	
Embalming _____			Occupation <u>Ret. Farmer</u>	
Clothing _____			How Long at Place of Death <u>weeks</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 _____ M.D. _____ Coroner _____	
			Address _____ Date _____	
			Interment at <u>MT Olive</u>	
			Lot or Grave No. _____ Section No. _____	
			Shipped to _____	
			Arrived from <u>O'Brien-Rodgers-Reno Nev</u>	
			Via _____ R. R. Date _____	
Total Net Cost of Funeral _____			In Charge of _____	
Gross Profit on Funeral _____				
*Less Overhead Per Funeral _____			Source of Call _____	
Net Profit Apparent _____			Insured in _____ Amount _____	
REMARKS:			Beneficiary _____	

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



167



Funeral of Catherine Nixon Charge to..... Account No. 619
 Ordered by Russell Nixon Guaranteed by..... Serial No. 356
 Funeral at..... Residence..... Mortuary..... Christian Church Date May 20 1960 Hour 2 pm Annual No. 17
 Clergyman L.W. FARKINS Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	655.00	6-1-60		721.20
	Embalming.....	55			
	Outer Case or Vault..... <u>Sectional</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge..... <u>Tal</u>	11.20			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	721.20			

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
 LARRY ROBERTS
 JOHN M ROBERTS
 RAY LEE WHETSTONE
 WM. WHETSTONE
 KENNETH DISBEN
 WM CLARY
 Singers
 Insurance Policies

NAME OF DECEASED Catherine Mary Nixon RESIDENCE ST Joseph Mo 640 N 20th ST
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE MAY 20 1960 HOUR 2pm CLERGYMAN L W Firtins
 SINGERS Mrs Denton SALTZMAN LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>SALT LAKE CITY UTAH</u>
Casket No _____ Style <u>Metal Sealer</u>		Date of Death <u>MAY 16 1960</u>
Interior <u>R.T. cups</u> Covering _____		Cause of Death <u>HEART ATTACK</u> Contributory _____
Manufacturer <u>Crow + Bruel</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>FEMALE</u> Color or Race <u>WHITE</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Dec 8 1902</u> Age, Years <u>57</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>hours</u>
		Birthplace—City or County <u>ST Joseph</u> State or Country <u>Mo</u>
		Name of Father <u>William Robertson</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>MARTHA ETHERTON</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
<u>SS no. 487 14 5612</u>		Address _____ Date _____
		Interment at <u>MT Olive Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from <u>LARKIN Funeral Home - SALT LAKE CITY</u>
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		
REMARKS:		

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

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Funeral of SAMUEL RAMSEY Charge to _____ Account No. 620
 Ordered by DON CO. Guaranteed by _____ Serial No. 357
 Funeral at _____ Residence _____ Mortuary Church _____ Date 5-28-60 Hour 3:30 pm Annual No. 18
 Clergyman TOM WALL Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

FRANK BENN
~~Ed Howard~~
 F.H. Hagenbuch
 Leroy SANDY
 Bennie TAYLOR
 Hadley WEINBERG
 John THOMAS

Singers

Rev Campbell

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	200 00			200 00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
				
	To Funeral Complete				

NAME OF DECEASED Samuel Ramsey RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE MAY 28 '60 HOUR 5:30p CLERGYMAN TOM WALL
 SINGERS Rev Campbell LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>Black flat top</u>		
Interior <u>Covering</u>		
Manufacturer <u>Milly</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death Douglas Nursing Home - Troy
 Date of Death MAY 27 1960
 Cause of Death Apoplexy Contributory _____
 Duration _____ Autopsy No
 Sex Male Color or Race white
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Feb 21 1884 Age, Years 76 Months _____ Days _____
 Occupation LABORER
 How Long at Place of Death 2 YRS
 Birthplace—City or County _____ State or Country Illinois
 Name of Father _____
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed A.E. CORDONIER M.D. _____ Coroner
 Address TROY KANSAS Date MAY 28 1960
 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.



NAME OF DECEASED Flossie Blanton RESIDENCE TROY KANSAS Route 3
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE 6-3-60 HOUR 2pm CLERGYMAN L.W. Fiskins
 SINGERS Mrs Denton Saltzman LODGE AFFILIATIONS _____

021

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TROY KANSAS Route 3</u>
Casket No. _____ Style _____			Date of Death <u>5-31-60</u>
Interior _____ Covering _____			Cause of Death <u>Cancer</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>1-11-1894</u> Age, Years <u>66</u> Months _____ Days _____
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>35 years</u>
			Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
			Name of Father <u>W.O. Sharp</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Elizabeth Huss</u>
		Birthplace of Mother _____	
		Signed <u>CORDER</u> M.D. _____ Coroner	
		Address <u>Highland Ks</u> Date _____	
		Interment at <u>MORAN</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.



1722



Funeral of Viola Baldwin Charge to..... Account No. 622
 Ordered by..... Guaranteed by..... Serial No. 359
 Funeral at..... Residence..... Mortuary..... BAPTIST Church..... Date 6-2-60 Hour 2:30 pm Annual No. 20
 Clergyman John Evans 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.....		6-17-60		126 50
	Embalmng.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Reg bank</u>	<u>1 50</u>			
	<u>PROF SERV</u>	<u>50 00</u>			
	<u>Use of MORT.</u>	<u>35 00</u>			
	<u>Fun Coach</u>	<u>15 00</u>			
	<u>Grave equip</u>	<u>25 00</u>			
	To Funeral Complete	126 50			

NAME OF DECEASED Viola Baldwin RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH BAPTIST DATE 6-2-60 HOUR 2:30 CLERGYMAN John EVANS
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Hiawatha KANSAS</u>
Casket No. _____ Style _____		Date of Death <u>5-31-60</u>
Interior _____ Covering _____		Cause of Death <u>HEART FAILURE</u> Contributory _____
Manufacturer _____		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>1-17-1867</u> Age, Years <u>93</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>2 1/2 hrs</u>
		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father <u>Chas Augustus</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Jane Lichliter</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
<u>dau. Mrs C.V. GATES - HORTON</u>		Address _____ Date _____
<u>✓ Pearl Puffer K.C.</u>		Interment at <u>Mt Olive</u>
<u>✓ Imogene Senn - Valley Falls</u>		Lot or Grave No. _____ Section No. _____
<u>son - Chas - K.C.</u>		Shipped to _____
<u>Vern - Troy</u>		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.

174



Funeral of CARRIE Howland Charge to _____ Account No. 623
 Ordered by _____ Guaranteed by _____ Serial No. 360
 Funeral at _____ Residence _____ Mortuary Church _____ Date 6-5-60 Hour 3:30 pm Annual No. 21
 Clergyman Will Twombly Lodge Affiliations _____ Body Shipped to or from _____

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

Pall Bearers
 IRA Chapple
 Bryan Chapple
 Benny Thomas
 WALT Meugniot
 WALT Ruhnke
 ERNOST Dittmann

Singers
 Louise SAITZMAN

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	687 00	8-18 60		450 00
	Embalming.....		10-21 60		367 31
	Outer Case or Vault..... <u>Concrete Sec.</u>	55 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	25 00			
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	30 00			
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	TAX	10 31			
		817 31			
To Funeral Complete					817 31

PAID in full

NAME OF DECEASED CARRIE Howland RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 6-5-60 HOUR 3:30 CLERGYMAN Will Twombly
 SINGERS MRS. 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 _____			Date of Death <u>June 5 1960</u>
Interior _____ Covering _____			Cause of Death <u>Congestive Heart Failure</u> ^{3 wks} contributory <u>ASCVD 10 yrs</u>
Manufacturer _____			Duration <u>Probable cancer of stomach</u> Autopsy <u>No</u>
Total Net Cost of Casket _____	DEBITS		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>JAN 3 1878</u> Age, Years <u>82</u> Months _____ Days _____
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>44 yrs.</u>
_____			Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
_____			Name of Father <u>Henry Jenkins</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>SARAH Rice</u>
_____			Birthplace of Mother _____
_____			Signed <u>Emerson Gader</u> M.D. _____ Coroner
_____			Address <u>Denton Kansas</u> Date <u>June 4 1960</u>
_____			Interment at <u>MORAY</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 _____

SS No. 509-42-5617

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

176



Funeral of NORA ALICE CLUCK Charge to..... Account No. 624
 Ordered by..... Guaranteed by..... Serial No. 361
 Funeral at..... Residence..... Mortuary..... Church Christian Date June 11 1960 Hour 2 pm Annual No. 22
 Clergyman Lynn W. Fittins Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	385 00	6.26.60		447 15
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.....	30 00			
Section	Suit or Dress.....				
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices..... <u>Tax</u>	7 15			
	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	447 15			

NAME OF DECEASED NOBA Alice Cluck RESIDENCE TROY Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE June 11 1960 HOUR 2 pm CLERGYMAN L.W. F. Atkins
 SINGERS Louise Saltzman LODGE AFFILIATIONS _____

175

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY Kansas</u>
Casket No. <u>220</u> Style <u>1/2 Couch</u>		Date of Death <u>June 8 1960</u>
Interior <u>2 1/2 Tray</u> Covering <u>light blue</u>		Cause of Death <u>Cerebral embolism</u> ^{1 day} Contributory <u>Coronary thrombosis</u> ^{4 yrs.}
Manufacturer <u>Milly</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>Nov 26 1882</u> Age, Years <u>77</u> Months _____ Days _____
Embalming		Occupation <u>House wife</u>
Clothing		How Long at Place of Death <u>8 mths</u>
		Birthplace—City or County <u>Allen Lake</u> State or Country <u>Mo</u>
		Name of Father <u>Wm. Neal</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>Elizabeth Sharp</u>
		Birthplace of Mother _____
		Signed <u>A.E. Cordonier</u> M.D. _____ Coroner _____
		Address <u>TROY Kansas</u> Date _____
		Interment at <u>OAK Hill</u> - <u>Severance</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____
REMARKS:		

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



Funeral of Jennie H. Taylor Charge to _____ Account No. 625
 Ordered by Richard Taylor Guaranteed by _____ Serial No. 362
 Funeral at _____ Residence _____ Mortuary _____ Christina Church _____ Date July 13 1960 Hour 2 p.m. Annual No. 23
 Clergyman L.W. Firkins Lodge Affiliations _____ Body Shipped to or from _____

Woman helped

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	892.00			
	Embalming.....	55.00	8.10.60		941.76
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of.....doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of.....Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		TAX 14.76			
	To Funeral Complete	961.76			

ins
 4RS.
 Thrombosis
 Coroner
 see

W.A. P.M.
 Zimmern
 Binter
 Goforth
 Thoenen
 Myers
 Singers
 James
 Campbell
 Insurance Policies

NAME OF DECEASED Jenny H. Taylor RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE July 13 '60 HOUR 2pm CLERGYMAN L W F. Atkins
 SINGERS Rev James Campbell LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. 302 Style Metal 1/2 Couch
 Interior P.T. Byrdal Satin Covering Capperton
 Manufacturer Superior Metal
 Total Net Cost of Casket _____
 Outer Case _____
 Vault _____
 Embalming _____
 Clothing _____

DEBITS

Total Cash Advances _____

S.S. No. 515-01-2453

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

REMARKS:

Place of Death Wathena Kansas
 Date of Death July 11 1960
 Cause of Death Cancer Contributory _____
 Duration _____ Autopsy No
 Sex FEMALE Color or Race White
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth MAY 14 1896 Age, Years 64 Months _____ Days _____
 Occupation Housewife
 How Long at Place of Death 3 wks
 Birthplace—City or County Troy State or Country KANSAS
 Name of Father James Gloss
 Birthplace of Father _____
 Maiden Name of Mother Ada Rice
 Birthplace of Mother _____
 Signed SWAITS M.D. _____ Coroner _____
 Address Wathena KS Date _____
 Interment at Mt. Olive
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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

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Haupt

Funeral of WARREN CULP Charge to..... Account No. 626
 Ordered by LENA CULP Guaranteed by..... Serial No. 363
 Funeral at..... Residence..... Mortuary Church..... Date July 15 1960 Hour 2 pm Annual No. 24
 Clergyman John EVANS Lodge Affiliations..... Body Shipped to or from.....

Pall Bearers
 Robt. Noyes
 Henry E Alder
 AAT Loroff
 Wilbur Copenhagen
 Leroy Sandy
 HARRY COFF

Date	Description of Service	Amount	Date	✓	Credits
	Place of Burial				
	Cemetery				
	Grave No.				
	Lot No.				
	Block No.				
	Section				
	Casket and Services.....	789 00	720 60		1183 84
	Embalming.....	285 00			
	Outer Case or Vault..... <u>Marble</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge..... <u>Sales Tax</u>	19 84			
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>Casket Pins</u>	35 00			
	Clergyman.....				
	Singers..... <u>4 Organist</u>	15 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
		40			
		1143 84			
	To Funeral Complete	1183 84			

Paid in full

NAME OF DECEASED WARREN Culp RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 7-15-60 HOUR 2pm CLERGYMAN John EVANS
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Meth Hosp ST Joe Mo</u>
Casket No. _____ Style <u>1/2 Coach</u>			Date of Death <u>July 13 1960</u>
Interior <u>Blue Cape</u> Covering <u>silver metal</u>			Cause of Death <u>Cancer of stomach</u> Contributory _____
Manufacturer <u>K.C. Casket Co</u>			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>8-16-1890</u> Age, Years <u>69</u> Months _____ Days _____
Embalming _____			Occupation <u>REALTOR REALTOR</u>
Clothing _____			How Long at Place of Death <u>13 days</u>
			Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
			Name of Father <u>COANELIOS Culp SR</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>ELIZABETH GRABLE</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>E. Jody</u> M.D. _____ Coroner _____
			Address _____ Date _____
<u>S.S. no. 493-38-9321</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 _____
<u>Donald - TROY</u>			Beneficiary _____
<u>Connie BALTEZOR - FAUCETT mo</u>			
<u>DORIS Bucher - Bushnell ill</u>			

* 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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Irish

Funeral of WARREN SAPP Charge to Daniphan Co. Account No. 627
 Ordered by _____ Guaranteed by _____ Serial No. 364
 Funeral at White Cloud Christian Residence _____ Mortuary _____ Church Date Aug 4 '60 Hour 2 pm Annual No. 25
 Clergyman Tom Blakely 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.....	200	00	9-1	60			
	Embalmng.....							
	Outer Case or Vault.....							
	Washing and Dressing.....							
	Shaving.....							
	Slumber Robe.....							
	Suit or Dress.....							
	Other Articles of Clothing.....							
	Transferring Body.....							
	Door Badge.....							
	Opening Grave.....	30	00					
	Newspaper Notices.....							
	Telegrams and Telephone Calls.....							
	Use of..... doz. Chairs.....							
	Flowers.....							
	Clergyman.....							
	Singers.....							
	Casket Coach.....							
	Use of..... Funeral Cars.....							
	Use of Flower Cars.....							
	Professional Supervision.....							
							
							
							
							
	To Funeral Complete	200	00					

NAME OF DECEASED WARREN SAPP RESIDENCE Severance Kansas
 FUNERAL AT RESIDENCE MORTUARY _____ CHURCH Wh. Cloud Christian DATE Aug 4 '60 HOUR 2pm CLERGYMAN Tom Blakely
 SINGERS _____ LODGE AFFILIATIONS _____

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

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

TOP

515-65-8512

Place of Death Severance Kansas
 Date of Death August 2 1960
 Cause of Death Diabetes Contributory _____
 Duration _____ Autopsy No
 Sex MALE Color or Race white
 Single _____ Married _____ Widowed _____ Divorced Child _____
 Date of Birth 2-22-1921 Age, Years 39 Months _____ Days _____
 Occupation TRUCK DRIVER
 How Long at Place of Death 1 year
 Birthplace—City or County SPARKS State or Country KANSAS
 Name of Father Charles SAPP
 Birthplace of Father _____
 Maiden Name of Mother Goldie Mink
 Birthplace of Mother _____
 Signed A. E. Cordonier M.D. _____ Coroner _____
 Address Troy Kansas Date Aug 3 1960
 Interment at Olive Branch
 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 Robert Deitrickson Charge to..... Account No. 628
 Ordered by..... Guaranteed by..... Serial No. 365
 Funeral at..... Residence..... Mortuary Church..... Date Aug 17 1960 Hour 2 pm Annual No. 26
 Clergyman Fred Schultz Lodge Affiliations..... Body Shipped to or from.....
Geo Stacey

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	<u>830 00</u>	<u>11-15-60</u>		<u>500 00</u>
	Embalming.....		<u>2-21-61</u>		<u>440 83</u>
	Outer Case or Vault..... <u>Sec Box</u>	<u>55 00</u>			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>Cleaning suit</u>	<u>1 25</u>		<u>PAID in full</u>	
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>+ TAX</u>	<u>30 76</u>			
	Clergyman.....				
	Singers.....	<u>10 00</u>			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		<u>13 83</u>			
		<u>940 53</u>			
		<u>940 83</u>			<u>940 83</u>
To Funeral Complete					

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
WARREN GRABLE
FRANKLIN Reibhut
ROY
JOE Culp
Eldon Buhnte
Robt Meng
 Singers
 Insurance Policies

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NAME OF DECEASED Robert Deitrickson RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Aug 17 1960 HOUR 2pm CLERGYMAN Fred Schultz
 SINGERS Mrs Ben Williamson LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Troy Kansas</u>
Casket No. <u>1092</u> Style <u>EVERSEAL STEEL KP</u>		Date of Death <u>Aug 15 1960</u>
Interior <u>ROSEYAN LUANN</u> Covering <u>New Rose Gold H</u> <u>4 Glass</u>		Cause of Death <u>myocardial infarction</u> <u>CORONARY</u> Contributory <u>occluded</u>
Manufacturer <u>CRANE & BAIRD</u>	DEBITS	Duration <u>Few min.</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>MAR 2 1887</u> Age, Years <u>73</u> Months _____ Days _____
Embalming		Occupation <u>RETIRED FARMER</u>
Clothing		How Long at Place of Death <u>18 years</u>
		Birthplace—City or County <u>Bendona</u> State or Country <u>KANSAS</u>
		Name of Father <u>Peter Deitrickson</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>MATILDA Johnson</u>
		Birthplace of Mother _____
		Signed <u>Emerson Yoder M.D.</u> Coroner
<u>SS no 509-38-293</u>		Address <u>Denton Kansas</u> Date <u>Aug 16 1960</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		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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NAME OF DECEASED Mary Alice Kibler RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE Sept 1 1960 HOUR 2 pm CLERGYMAN L.W. Fierkins
 SINGERS MRS MAE WILLIAMSON LODGE AFFILIATIONS _____

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>metal 1/2 canopy</u>			Date of Death <u>Aug 30 1960</u>
Interior <u>silver cup</u> Covering <u>silver granite</u>			Cause of Death <u>Apoplexy</u> Contributory _____
Manufacturer <u>Ke Radert Co</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 <u>Wilbert</u>			Date of Birth <u>11-15-1875</u> Age, Years <u>86</u> Months _____ Days _____
Embalming _____			Occupation <u>Housewife</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>HORACE SEELEY</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>ELIZABETH CONAWAY</u>
			Birthplace of Mother _____
			Signed <u>Emerson Yoder</u> M.D. _____ Coroner
			Address <u>Denton KS</u> Date <u>8-31-60</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.



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Funeral of Wm. BARNETT Charge to _____ Account No. 630
 Ordered by BERTHA BARNETT Guaranteed by _____ Serial No. 367
 Funeral at _____ Residence _____ Mortuary Church _____ Date Sept 3 '60 Hour 2:30 pm Annual No. 28
 Clergyman EVANS & Dillon Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

LEONARD MARTIN
 WALT MEUGNIOT
 Ed Howland
 Bill Triplett
 HARRY MORRIS
 Floyd Swearingen

Singers

MRS MAE
 Wmson.

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	765 00	9-13-60		300 00
	Embalming		9-15-60		217 85
	Outer Case or Vault <u>Wood</u>	25 00			
	Washing and Dressing				
	Shaving <u>Tax</u>	7 60			
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>+ TAX</u>	10 25			
	Clergyman				
	Singers	10 00			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		517 85			
	To Funeral Complete	517 85			517 85

PAID in FULL

NAME OF DECEASED Wm. Thomas Barnett RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 9-3-60 HOUR 2:30 CLERGYMAN Evans & Dillon
 SINGERS Mac Williamson LODGE AFFILIATIONS _____

151

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY KANSAS</u>
Casket No. _____		Date of Death <u>Sept 1 1960</u>
Interior <u>King Tut</u> Style <u>Sts H. P. Malcolm & End Hall</u>		Cause of Death <u>Apo phery</u> Contributory _____
Manufacture _____ Covering <u>dark</u>		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>3-10-1885</u> Age, Years <u>75</u> Months <u>5</u> Days <u>22</u>
Embalming _____		Occupation <u>Retired Orchard Worker & Truck driver</u>
Clothing _____		How Long at Place of Death <u>34 yr</u>
_____		Birthplace—City or County <u>Pacific</u> State or Country <u>MO</u>
_____		Name of Father <u>Charles Thomas Barnett</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>MARGARET FARBAIR</u>
<u>S.S. No. 512-20-0661</u>		Birthplace of Mother _____
_____		Signed <u>A.E. Cordonier M.D.</u> Coroner _____
_____		Address <u>TROY KANSAS</u> Date <u>Sept 2 1960</u>
_____		Interment at <u>COURTIER</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 IVA C. GARTNER RESIDENCE KANSAS CITY
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 9-9-60 HOUR 2pm CLERGYMAN Wm Twombly
 SINGERS Lloyd Dawson LODGE AFFILIATIONS _____

1891

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>KANSAS CITY (His Home)</u>
Casket No. _____ Style <u>Crown + Bud</u>			Date of Death <u>Sept 7 1960</u>
Interior _____ Covering <u>Sisal</u>			Cause of Death <u>Self inflicted</u> Contributory _____
Manufacturer _____			Duration <u>Gun shot wound</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>9-26-1901</u> Age, Years <u>58</u> Months _____ Days _____
Embalming _____			Occupation <u>Wire Chief - Rock Island RR</u>
Clothing _____			How Long at Place of Death <u>15 yrs</u>
			Birthplace—City or County <u>Brookfield</u> State or Country <u>MO</u>
			Name of Father <u>John GARTNER</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Dollie</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
<u>Mildred GARTNER</u>			Address _____ Date _____
<u>4121 Kenwood Ave</u>			Interment at <u>IOLA Cemetery</u>
			Lot or Grave No. _____ Section No. _____
<u>S.S. no.</u>			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.



192



Funeral of Mabel G. Walton Charge to Account No. 632
 Ordered by Howard Walton Guaranteed by Serial No. 367
 Funeral at Residence Mortuary Church Date 9-19-60 Hour 2 pm Annual No. 30
 Clergyman Harrell Humber Lodge Affiliations Body Shipped to or from

Date	Description of Service	Amount	Date		✓	Credits
	Casket and Services.....	520 00	9-22-60	By Howard W.		250 00
	Embalming.....	170 00	10-10-60	" " "		100 00
	Outer Case or Vault..... <u>walnut</u>		10-10-61	" " "		100 00
	Washing and Dressing.....		5-10-62	" " "		13 47
	Shaving.....		11-10-62	" " "		27 70
	Slumber Robe <u>(35.00 paid on 2nd 7.30 rd to bed)</u>		8-8-63	" " "		10 00
	Suit or Dress.....		1-19-64	" " "		45 00
	Other Articles of Clothing.....		8-8-64	" " "		5 00
	Transferring Body.....		9-5-64	" " "		10 00
	Door Badge..... <u>organist</u>	5 00	10-3-64	" " "		10 00
	Opening Grave.....					
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of doz. Chairs.....					
	Flowers.....					
	Clergyman.....					
	Singers..... <u>74</u>	12 05				
	Casket Coach.....					
	Use of Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
Insurance Policies	<u>paid 15.40 - 17.03 - 9.03 - 13.47 - 11.10/14</u>					
	To Funeral Complete	707 05				

NAME OF DECEASED Mabel G. WALTON RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 9-19-60 HOUR 2pm CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

191

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth. Hosp ST Joseph Mo</u>
Casket No. _____ Style <u>Starts K launch</u>		Date of Death <u>Sept 16 1960</u>
Interior <u>ivory Tuxid</u> Covering <u>light emb. lace</u>		Cause of Death <u>HEART ATTACK</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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>7-7-1882</u> Age, Years <u>78</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>2 days</u>
		Birthplace—City or County <u>Denton</u> State or Country <u>KANSAS</u>
		Name of Father <u>Henry Hinchliff</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Molly Adams</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 _____
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.



104



Funeral of CLARA L. FULLER Charge to _____ Account No. 633
 Ordered by Children Guaranteed by _____ Serial No. 370
 Funeral at _____ Residence _____ Mortuary Church _____ Date _____ Hour _____ Annual No. 31
 Clergyman V. Dillon Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

OSCAR PRY
 SAM PRAWL
 Lloyd Blanton
 WALT GUTEMAN
 Albert Shay
 Leon Erdley

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	830 00			
	Embalming.....				
	Outer Case or Vault..... <u>CONCRETE SEC.</u>	55 00			
	Washing and Dressing.....				
	Shaving..... <u>SALOS TAX</u>	13 83			
	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..... <u>+ TAX</u>	35 88			
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		949 70			
		949 70			
To Funeral Complete					

*Philbyms after
 19-10-160
 in full.*

949 70

949 70

949 70

NAME OF DECEASED CLARA L. Fuller RESIDENCE Severance Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE OCT 8 '60 HOUR 2pm CLERGYMAN V. Dillon
 SINGERS MRS MAE Williams LODGE AFFILIATIONS _____

193

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. _____ Style <u>EVER SEAL Steel</u>		
Interior <u>ROSE TAN</u> <u>CRope</u> Covering <u>High Gloss Gold</u>		
Manufacturer <u>CRANE & BREED</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death Severance Kansas
 Date of Death OCTOBER 5 1960
 Cause of Death COARONARY occlusion Contributory
 Duration _____ Autopsy NO
 Sex Fe Color or Race white
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth 7-26-1874 Age, Years 86 Months _____ Days _____
 Occupation House wife
 How Long at Place of Death 40 yrs
 Birthplace—City or County _____ State or Country Pennsylvania
 Name of Father Mose Keckler
 Birthplace of Father _____
 Maiden Name of Mother KATE Zeigler
 Birthplace of Mother _____
 Signed EMERSON Yoder M.D. _____ Coroner
 Address Denton Kansas Date OCT 7 1960
 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.

NAME OF DECEASED Joseph Franklin Losson RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 11-6-60 HOUR 1:30p CLERGYMAN L W FIRKIN
 SINGERS Rev James Campbell LODGE AFFILIATIONS _____

591

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	DEBITS
Charge for Complete Funeral	
Casket No. _____ Style <u>1/2 Coach</u>	
Interior <u>Long Cape</u> Covering <u>Philp Wood</u>	
Manufacturer <u>mc ginnis</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
<u>SS. no 509-36-9740</u>	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death Wathena Ks (1 mi EAST on 36 Hwy)
 Date of Death 11-5-60
 Cause of Death CRUSHED CHEST ^{multiple injuries} Contributory car accident
 Duration INSTANTANEOUS Autopsy NO
 Sex MALE Color or Race White
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth 6-4-1922 Age, Years 38 Months _____ Days _____
 Occupation FARMER & TRUCK DRIVER (BEATY)
 How Long at Place of Death _____
 Birthplace—City or County TROY State or Country KANSAS
 Name of Father HARRY LOSSON
 Birthplace of Father _____
 Maiden Name of Mother ANNA BLAKELY
 Birthplace of Mother _____
 Signed EVAN PETERSON M.D. _____ Coroner
 Address Wathena Kansas Date 11-5-60
 Interment at MT Olive
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from Wife - ALMA TAYLOR LOSSON
 Via SON ROGER LEE 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.

108



Funeral of Louis M. MORRIS Charge to _____ Account No. 635
 Ordered by Floyd D. Bate Guaranteed by _____ Serial No. 372
 Funeral at _____ Residence _____ Mortuary _____ Church ST. CHARLES Date 11-11-60 Hour 10 AM Annual No. 33
 Clergyman FR. E. HALL Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	385 00	12-9-60		274 00
	Embalming	50 00			
	Outer Case or Vault	55 00	4-21-61		225 00
	Washing and Dressing				22 00
	Shaving	22 00			
	Slumber Robe				
	Suit or Dress	2 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls	778			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
		521 78			

paid in full

To Funeral Complete

NAME OF DECEASED Louis M MORRIS RESIDENCE OREGON MO
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST CHARLES DATE 11-11-60 HOUR 10 AM CLERGYMAN FATHER HALL
 SINGERS CHURCH CHOIR LODGE AFFILIATIONS _____

191

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____

Casket No. _____ Style 1/2 couch

Interior VORY TWILL Covering DOE SKIN

Manufacturer MILLER

Total Net Cost of Casket _____

Outer Case _____

Vault _____

Embalming _____

Clothing _____

Total Cash Advances _____

S.S. no 490-44-8434

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 VETERANS HOSPITAL WADSWORTH ST

Date of Death NOV 8 1960

Cause of Death BRONCHOPNEUMONIA Contributory CAR WRECK

Duration _____ Autopsy YES

Sex MALE Color or Race WHITE

Single Married _____ Widowed _____ Divorced _____ Child _____

Date of Birth 11-24-1935 Age, Years 24 Months _____ Days _____

Occupation TELEPHONE COMPANY (CONSTRUCTION)

How Long at Place of Death 2 WKS

Birthplace—City or County FORTESQUE State or Country MO

Name of Father CLARENCE M MORRIS

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed _____ M.D. _____ Coroner _____

Address _____ Date _____

Interment at ST CHARLES 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 _____

200



Funeral of Abner K Hamm Charge to..... Account No. 636
 Ordered by Mrs Earl Hughes Guaranteed by..... Serial No. 373
 Funeral at..... Residence..... Mortuary..... Church CHRISTIAN Date 11-26-60 Hour 1:30 pm Annual No. 34
 Clergyman Dawson & Fixton Lodge Affiliations..... Body Shipped to or from.....

FRANK Dowden
 C. C. CALMAN
 Ed Howland
 CLARENCE BLAKE
 DR Yoder
 Geo PRIDGEON

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	5 50 00			
	Embalming.....	57 00	5-4-61		158 33
	Outer Case or Vault..... <u>Sectional</u>	55 00	5-12-61		200 00
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....	3 50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>T&F</u>	9 71			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
		675 21			
To Funeral Complete					

NAME OF DECEASED Abner Kramer Hamm RESIDENCE Denton Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 11-26-60 HOUR 1:30p CLERGYMAN DAWSON & F. R. HINS
 SINGERS _____ LODGE AFFILIATIONS _____

151

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Maple Hill Kansas</u>
Casket No. _____ Style <u>Slats 1/2 Curved</u>			Date of Death <u>Nov 22 1960</u>
Interior <u>Wagon</u> Covering <u>lt. Emb. R</u>			Cause of Death <u>CORONARY OCCLUSION</u> contributory
Manufacturer <u>Wills</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>2-14-1864</u> Age, Years <u>96</u> Months <u>9</u> Days <u>8</u>
Embalming			Occupation <u>Township maintenance man</u>
Clothing			How Long at Place of Death <u>7 Wks.</u>
			Birthplace—City or County <u>Yellow Creek</u> State or Country <u>PA.</u>
			Name of Father <u>JACOB HAMM</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>ELIZA LAMISON</u>
			Birthplace of Mother _____
			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Blakeley Cemetery</u>
			Lot or Grave No. <u>San Antonio</u> Section No. <u>Mo.</u>
			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.



202



Funeral of Amanda Bullock Charge to..... Account No. 637
 Ordered by Julius Bullock Guaranteed by..... Serial No. 374
 Funeral at..... Residence..... Mortuary Church..... Date 12-1-60 Hour 2 pm Annual No. 35
 Clergyman Carl Nuebel Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	590 00	8-7-64		900 00
	Embalming.....				
	Outer Case or Vault..... <u>Wilbert</u>	170 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	25 00			
	Other Articles of Clothing.....	3 50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>SALES TAX</u>	13 81			
				
				
				
	To Funeral Complete	802 31			

NAME OF DECEASED Amanda Bullock RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 12-1-60 HOUR 2pm CLERGYMAN CARL Nuebel
 SINGERS _____ LODGE AFFILIATIONS _____

20

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 casket metal</u>		Date of Death <u>11-29-1960</u>
Interior <u>Wing Family</u> Covering <u>Grey dull finish</u>		Cause of Death <u>CORONARY OCCLUSION</u> <small>Contributory</small>
Manufacturer <u>Boyd & Clark Co</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>1-13-1882</u> Age, Years <u>78</u> Months _____ Days _____
Embalming _____		Occupation <u>Home</u>
Clothing _____		How Long at Place of Death <u>17 yrs</u>
		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father <u>Richards</u>
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
		Signed <u>E. Peterson</u> M.D. _____ Coroner
		Address <u>WATHENA KANSAS</u> Date <u>12-1-60</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.

204



Funeral of Janie Lynn Smith Charge to..... Account No. 638
 Ordered by Virgil Smith Guaranteed by..... Serial No. 375
 Funeral at..... Residence Fanning Cemetery Mortuary..... Church..... Date..... Hour..... Annual No. 36
 Clergyman Sam Twombly Lodge Affiliations..... Body Shipped to or from.....

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	26 50			
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing..... <u>Blanket</u>	65			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave..... <u>TAV</u>	68			
	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	27 83			

NAME OF DECEASED Lanie Lynn Smith RESIDENCE TROY KANSAS
 FUNERAL AT Fanning cemeeteey MORTUARY CHURCH DATE 12-2-60 HOUR 3:30 CLERGYMAN SAM Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

203

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>General Ostapathic - ST Joseph</u>
Casket No. _____ Style _____			Date of Death <u>12-2-60</u>
Interior _____ Covering _____			Cause of Death <u>Still born</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 _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____			Date of Birth <u>12-2-60</u> Age, Years <u>0</u> Months _____ Days _____
Embalming _____			Occupation <u>infant</u>
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County <u>ST Joseph</u> State or Country <u>Mo</u>
_____			Name of Father <u>Virgil Smith</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Berniece BRUNS</u>
Total Cash Advances _____		Birthplace of Mother _____	
_____		Signed <u>A. J. Blair</u> <u>R.D.</u> _____ Coroner	
_____		Address <u>TROY KANSAS</u> Date <u>12-2-60</u>	
_____		Interment at <u>Fanning Cemeeteey</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.



206



Funeral of MARY ESTELLA HANLAN Charge to..... Account No. 639
 Ordered by children Guaranteed by..... Serial No. 376
 Funeral at..... Residence..... Mortuary..... Church St Charles Date 12-10-60 Hour 9:30 AM Annual No. 37
 Clergyman Father E. Geert Hall Lodge Affiliations..... Body Shipped to or from.....

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
 Gene Speaks
 Mike Speaks
 Leo McIntyre
 FRANCIS McIntyre
 Milton Brown
 W.A. Franken
 Singers
 choir
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	590 00	1-16-61		655 22
	Embalming.....	55 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	25			
	Clergyman.....	10			
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	TAX	10 22			
To Funeral Complete		655 22			

NAME OF DECEASED MARY Estella HANLAN RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST CHARLES DATE 12-10-60 HOUR 9:30 AM CLERGYMAN FR HALL
 SINGERS Church choir LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral <u>silver</u>		Place of Death <u>TROY KANSAS - Her Home</u>
Casket No. _____ Style <u>1/2 couch metal</u>		Date of Death <u>12-5-60</u>
Interior <u>IVORY FR. CREEP</u> Covering		Cause of Death <u>Cancer - Lungs</u> Contributory
Manufacturer <u>MAJOR</u>		Duration <u>8 mths</u> Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>FEMALE</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>7-22-1896</u> Age, Years <u>64</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>19 yrs</u>
_____		Birthplace—City or County <u>Fanning</u> State or Country <u>Kansas</u>
_____		Name of Father <u>Jesse BLANTON</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>ELIZABETH THOMAS</u>
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Emerson Yadee M.D.</u> _____ Coroner
_____		Address <u>Denton KANSAS</u> Date <u>12-6-60</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.

505

208



Funeral of HALAH P Knight Charge to..... Account No. 640
 Ordered by..... Guaranteed by..... Serial No. 377
 Funeral at..... Residence..... Mortuary..... CHRISTIAN Church..... Date 12-17-60 Hour 2 pm Annual No. 38
 Clergyman L.W.F. Atkins Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	585 00	12 17 60		532 00
	Embalming.....		12 17 60		26 00
	Outer Case or Vault..... <u>Wilbert</u>	170 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.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>SALES TAX</u>	13 03			
				
				
				
	To Funeral Complete	808 03			

NAME OF DECEASED HALAH Pauline Knight RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE 12-17-60 HOUR 2pm CLERGYMAN L.W. FARRIS
 SINGERS Loise SALTERMAN LODGE AFFILIATIONS _____

207

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____

Casket No. _____ Style 1/2 bunch stls

Interior R.T. Satin covering R.T. Nipona

Manufacturer Miller

Total Net Cost of Casket _____

Outer Case _____

Vault _____

Embalming _____

Clothing _____

Total Cash Advances _____

DEBITS

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

REMARKS:

Place of Death Meth Hosp ST Joseph Mo

Date of Death Dec 14 1960

Cause of Death Cerebral Hemorrhage

Duration _____ Autopsy No

Sex FEMALE Color or Race White

Single _____ Married _____ Widowed Divorced _____ Child _____

Date of Birth 2-4-1878 Age, Years 82 Months _____ Days _____

Occupation Housewife

How Long at Place of Death 48 HRS.

Birthplace—City or County TROY State or Country KANSAS

Name of Father LOUIS BLANTON

Birthplace of Father _____

Maiden Name of Mother BARBARA HELM

Birthplace of Mother _____

Signed Emerson Yoder M.D. _____ Coroner

Address Denton ks Date 12-14-60

Interment at MT Olive

Lot or Grave No. _____ Section No. _____

Shipped to _____

Arrived from _____

Via _____ R. R. Date _____

In Charge of _____

Source of Call _____

Insured in _____ Amount _____

Beneficiary _____

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

210



Funeral of Jed F Denton Charge to..... Account No. 641
 Ordered by Fannie Denton Guaranteed by..... Serial No. 378
 Funeral at..... Residence..... Mortuary..... Church Denton Methodist Date 12-19-60 Hour 9 p.m. Annual No. 39
 Clergyman Russell Dawson Lodge Affiliations..... Body Shipped to or from.....

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
Cecil Denton
Alvin Denton
Dick Myke
Vernon Winchester
Venie Bruning
John Joyce
 Singers
O.L. HAZEN
 +
TRIO
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	830 00			
	Embalming.....				585
	Outer Case or Vault..... <u>Ruins</u>	160 00	1-11-61		532 13
	Washing and Dressing.....		2-10-61	✓	255 00
	Shaving.....		2-26-61	✓	250 00
	Slumber Robe.....				
	Suit or Dress.....	45 00			
	Other Articles of Clothing.....	25 00			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices..... <u>TAX</u>	17 63			
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers..... <u>certified copies</u>	2 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		1057 13			
To Funeral Complete					

NAME OF DECEASED Jed Friend Denton RESIDENCE Denton Kansas
 FUNERAL AT RESIDENCE MORTUARY _____ CHURCH Methodist DATE 12-19-60 HOUR 2 pm CLERGYMAN R. Dawson
 SINGERS ORVILLE HAZEN and T A U LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>1092</u> Style <u>Emerson (Crown & Arch)</u>	
Interior <u>R. F. Friend</u> Covering <u>Boysen High Gl</u>	
Manufacturer <u>Crown & Arch</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
<u>S.S. No. 509-01-0572</u>	
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.

PERSONAL AND STATISTICAL	
Place of Death	<u>Denton Kansas (His Home)</u>
Date of Death	<u>12-16-60</u>
Cause of Death	<u>myocardial infarction</u> ^{due to} <u>coronary occlusion</u>
Duration	<u>minutes</u> Autopsy <u>No</u>
Sex	<u>MALE</u> Color or Race <u>White</u>
Single	Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Date of Birth	<u>4-30-1907</u> Age, Years <u>53</u> Months _____ Days _____
Occupation	<u>FARMER</u>
How Long at Place of Death	<u>12 years</u>
Birthplace—City or County	<u>Denton</u> State or Country <u>Kansas</u>
Name of Father	<u>FRANK J Denton</u>
Birthplace of Father	
Maiden Name of Mother	<u>ELIZABETH Friend</u>
Birthplace of Mother	
Signed	<u>Emerson Yodel</u> M.D. _____ Coroner
Address	<u>Denton Kansas</u> Date _____
Interment at	<u>OAK Hill - Severeance</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	

212



Funeral of ALVA M Ricklefs Charge to _____ Account No. 642
 Ordered by Mildred Ricklefs Guaranteed by _____ Serial No. 379
 Funeral at _____ Residence _____ Mortuary St. John's Church ✓ Date 12-21-60 Hour 2 p.m. Annual No. 40
 Clergyman CARL Nebel Lodge Affiliations Masonic at Indiana Body Shipped to or from _____

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
Dick Myke
CHAS SHORT
Geo Johnson
John Libal
Kenneth Bottiger
Leslie Frankli
 Singers

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	875 00	5-4-61		1101 21
	Embalming.....	160 00			
	Outer Case or Vault <u>None</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing <u>11.00 + 2.50</u>	6 58			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices <u>TW</u>	17 63			
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers <u>Central Cypis</u>	2 00			
	Casket Coach.....	50			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Ambulance</u>	15 00			
		1086 21			
	To Funeral Complete	1101 21			

PAID in FULL

NAME OF DECEASED ALVA M Ricklets RESIDENCE Severance KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH ST. Johns DATE 12-21-60 HOUR 2pm CLERGYMAN CARL Nuebel
 ORGANIST MRS Leota Elder SINGERS _____ LODGE AFFILIATIONS MASONIC - Bendena

112

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hosp ST Joseph Mo</u>
Casket No. _____ Style <u>metal 1/2 casket</u>		Date of Death <u>Dec 18 1960</u>
Interior <u>Ray French</u> Covering <u>silken brushed finish</u>		Cause of Death <u>myocardial infarction</u>
Manufacturer <u>Ray French</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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>1-14-1913</u> Age, Years <u>47</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER & MANAGER of A. S. C. office - TR</u>
Clothing _____		How Long at Place of Death <u>2 wks</u>
		Birthplace—City or County <u>Bendena</u> State or Country <u>KANSAS</u>
		Name of Father <u>John Ricklets</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Nellie Schwab</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Emerson Yoder M.D.</u> _____ Coroner
<u>SS no 509-36-9682</u>		Address <u>Denton Kansas</u> Date <u>12-19-60</u>
		Interment at <u>MORAY</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.



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Haug

Funeral of Daisy C Weil Charge to..... Account No. 643
 Ordered by Hallid Petees Guaranteed by..... Serial No. 380
 Funeral at..... Residence..... Mortuary sev methodist Church..... Date 1-2-61 Hour 2:30 pm Annual No. 1
 Clergyman Vernon Dillon Lodge Affiliations..... Body Shipped to or from.....

Leo Zeltner
 John Libel
 HARRY PEY
 OSCAR PEY
 Leon Beatty
 Lloyd Foster

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services + Box	325.00	6-24-61		300.00
	Embalming	hc	8-31-61		61.00
	Outer Case or Vault Wood Box	hc			
	Washing and Dressing				
	Shaving	hc			
	Slumber Robe	hc			
	Suit or Dress hc	hc			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	35.00			
	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		360.00			

NAME OF DECEASED Daisy Christine Weil RESIDENCE Sevance Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Sev Methodist DATE 1-2-61 HOUR 2:30 CLERGYMAN V. Dillon
 SINGERS Dr Anderson LODGE AFFILIATIONS G. A. R.

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Troy Kansas (Rest Home)</u>
Casket No. <u>100</u> Style <u>Def. H. Panel</u>		Date of Death <u>1-1-61</u>
Interior <u>Wynne</u> Covering <u>Dark Blue</u>		Cause of Death <u>Apoplexy</u> Contributory _____
Manufacturer <u>Muller</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>9-20-1880</u> Age, Years <u>80</u> Months _____ Days _____
Embalmg _____		Occupation <u>Home</u>
Clothing _____		How Long at Place of Death <u>1 yr</u>
_____		Birthplace—City or County <u>Sevance</u> State or Country <u>Kansas</u>
_____		Name of Father <u>George Robb</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>ELLEN PRY</u>
_____		Birthplace of Mother _____
_____		Signed <u>A. E. Cardonice</u> M.D. Coroner _____
_____		Address <u>Troy Kansas</u> Date <u>1-2-61</u>
_____		Interment at <u>OAK Hill</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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

216



Funeral of James L Decker Charge to Daniphan County Account No. 644
 Ordered by daughters Guaranteed by _____ Serial No. 386
 Funeral at _____ Residence mt olive cem. Mortuary _____ Church _____ Date 1-3-61 Hour 11 AM Annual No. 2
 Clergyman L.W. Figgins Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
F.H. Haganbuch
John Speaks
Kenneth Glecther
John McKittrick
 Singers _____
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	200 00	2-1-61	✓	200 00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	200 00			

NAME OF DECEASED James Linville Decker RESIDENCE TROY Kansas
 FUNERAL AT Graveside (PRIVATE) MORTUARY MT. Olive CHURCH rem. DATE 1-3-61 HOUR 11AM CLERGYMAN L.W. Figgins
 SINGERS _____ LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY Kansas (His Home)</u>
Casket No. _____ Style <u>FLAT TOP</u>		Date of Death <u>1-1-61</u>
Interior _____ Covering <u>BLACK</u>		Cause of Death <u>CORONARY Embolism</u> Contributory _____
Manufacturer <u>Miller</u>		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>OCT 15 1878</u> Age, Years <u>82</u> Months _____ Days _____
Embalming _____		Occupation <u>Book keeper (Retired)</u>
Clothing _____		How Long at Place of Death <u>50 yrs</u>
		Birthplace—City or County <u>MORGAN</u> State or Country <u>MO</u>
		Name of Father <u>DAVID Decker</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>SUSAN MURRAY</u>
		Birthplace of Mother _____
		Signed <u>A. E. Cordanier</u> M.D. _____ Coroner _____
<u>SS no 512-10-0293</u>		Address <u>TROY Kansas</u> Date <u>1-2-61</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 _____		
REMARKS:		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____

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

218

Funeral of Fred A Smith Charge to..... Account No. 645
 Ordered by Lola Smith Guaranteed by..... Serial No. 382
 Funeral at..... Residence..... Mortuary Church..... Date 1-6-61 Hour 9 pm Annual No. 3
 Clergyman James Campbell Lodge Affiliations..... Body Shipped to or from.....

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

WALT Meugniet
 John Thornton
 Goo PRidgeon
 Robt Goss
 Ralph Winzer
 Hillman Hull

Louise
 SALTMAN

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	275 00	3-27-61		168 00
	Embalming.....				
	Outer Case or Vault..... <u>Wood</u>	25 00			
	Washing and Dressing.....		9-7-61		136 75
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body..... <u>Tax</u>	4 75			
	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		304 75			

220



Funeral of VICTORIA Ann CLARY Charge to Account No. 646
 Ordered by VINCENT, Bob & HAL CLARY Guaranteed by Serial No. 383
 Funeral at Residence Mortuary Church Date 1-16-61 Hour 2 pm Annual No. 4
 Clergyman JAMES CAMPBELL Lodge Affiliations Body Shipped to or from

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
LAWRENCE CLARY
BUD CLARY
BOYD CLARY
CYRUS E CLARY

 Singers
LOUISE
SALTMAN

 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	250 00	2-20 61		Funeral Home \$ 200 00
	Embalming.....	25 00	5-11 61		Vincent Clary Adm. 125 00
	Outer Case or Vault..... <u>wood</u>				325 00
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge..... <u>SALTMAN</u>	5 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of doz. Chairs.....				
	Flowers..... <u>12,500 + TAX</u>	12 82	5-7-61		PAID in FULL
	Clergyman.....	8 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		337 86			

To Funeral Complete

922

Funeral of Elizabeth Webber Charge to _____ Account No. 647
 Ordered by Hazel Schwabe Guaranteed by _____ Serial No. 384
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1-19-61 Hour 2pm Annual No. 5
 Clergyman John Krivo Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	730 00	2-7-61		857 00
	Embalming.....				
	Outer Case or Vault..... <u>SECTIONAL</u>	55 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.....	10 00			
	Singers..... <u>10 Organist</u>	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>SALES TAX</u>	12 32			
To Funeral Complete		857 32			

PAID IN FULL
 2-3-61

NAME OF DECEASED Elizabeth Webber RESIDENCE ST Joseph Mo
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 1-19-61 HOUR 2pm CLERGYMAN John KRIVO
 SINGERS Mrs Louise Saltzman LODGE AFFILIATIONS _____

221

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Wilson Nursing Home - ST Jo.</u>
Casket No. <u>Co. Lincoln</u> Style <u>1/2 Co. Hamawappetone</u>			Date of Death <u>Jan 17 1961</u>
Interior <u>Major</u>			Cause of Death _____ Contributory _____
Manufactured <u>MAJOR</u>			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>2-5-1875</u> Age, Years <u>84</u> Months _____ Days _____
Embalming			Occupation <u>House wife</u>
Clothing			How Long at Place of Death <u>6 months</u>
			Birthplace—City or County <u>Kassel</u> State or Country <u>Germany</u>
			Name of Father <u>John Leimbach</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Katharine Fiedler</u>
			Birthplace of Mother _____
Total Cash Advances			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 _____
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.



224



Funeral of Florence Godfrey Charge to _____ Account No. 648
 Ordered by PAUL Godfrey Guaranteed by _____ Serial No. 385
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1-20-61 Hour 2pm Annual No. 6
 Clergyman LW F. Atkins Lodge Affiliations _____ Body Shipped to or from _____

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

Singers
Donald Pope

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	<u>628 00</u>	<u>2-17-61</u>		<u>482 67</u>
	Embalming.....		<u>2-17-61</u>		<u>211 13</u>
	Outer Case or Vault..... <u>Sectional</u>	<u>55 00</u>			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>MF</u>	<u>12 80</u>			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		<u>693 80</u>			

To Funeral Complete

NAME OF DECEASED HAzell Royall RESIDENCE Bendena Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 1-30-61 HOUR _____ CLERGYMAN FIRKins
 SINGERS Don Pope LODGE AFFILIATIONS _____

225

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hosp ST Joe Mo</u>
Casket No. <u>150</u> Style <u>Regard Paul</u>		Date of Death <u>Jan 27 1961</u>
Interior <u>Wing Trunk</u> Covering <u>dark emb. blue</u>		Cause of Death _____ Contributory _____
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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>8-25-1880</u> Age, Years <u>80</u> Months _____ Days _____
Embalming		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>11 days</u>
		Birthplace—City or County <u>Concordia</u> State or Country <u>KANSAS</u>
		Name of Father <u>John Dewaid</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>unknown</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>Emerson Yoder</u> M.D. _____ Coroner _____
		Address <u>Denton KANSAS</u> Date <u>1-30-61</u>
		Interment at <u>MORAY</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.

228



Funeral of EMORY F MARSH Charge to _____ Account No. 650
 Ordered by MRS Glen Tilbury Guaranteed by _____ Serial No. 387
 Funeral at _____ Residence _____ Mortuary Church _____ Date 2-12-61 Hour 2:30 pm Annual No. 8
 Clergyman John EVANS Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Chas Cluck
Don CLARK
Chas Miller
PAUL Myers
Wm DAWE
Russell Brooks
 Singers
Don Pope
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	628 00	2-11-61		957 22
	Embalming.....				
	Outer Case or Vault..... <u>Mausoleum</u>	285 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>Shirt + Tie</u>	25 00			
	Other Articles of Clothing <u>underwear</u>	2 00			
	Transferring Body..... <u>+ Rose</u>				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers..... <u>Tay</u>	17 22			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
		957 22			
	To Funeral Complete				

NAME OF DECEASED Emory F MARSH RESIDENCE Bendena KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 2-12-61 HOUR 2:30p CLERGYMAN John EVANS
 SINGERS Don Pope LODGE AFFILIATIONS _____

227

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>BLANTONS NURSING Home-Troy</u>
Casket No. _____ Style <u>mitel 1/2 laurel</u>		Date of Death <u>Feb 10 1961</u>
Interior <u>R.T. Cripe</u> covering <u>tan mitel</u>		Cause of Death <u>CARDIAC FAILURE</u> Contributory <u>ASCVD</u>
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>male</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>12-25-1875</u> Age, Years <u>85</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>6 years</u>
		Birthplace—City or County <u>Parkersburg</u> State or Country <u>W. VA.</u>
		Name of Father <u>John MARSH</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Abigail</u> _____
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>E. Yoder</u> M.D. _____ Coroner
		Address <u>Denton KANSAS</u> Date _____
		Interment at <u>St Benedicts</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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101

G.

Funeral of Nellie Miller Charge to Account No. 651
 Ordered by Guaranteed by Serial No. 388
 Funeral at Residence Mortuary Church RLDS Date 2-14-61 Hour 2 pm Annual No. 9
 Clergyman Wm Twombly Lodge Affiliations Body Shipped to or from

*MILTON BLOU
 I-H HAGENBUCH
 DALE WHEATSTONE
 R. B. WHEATSTONE
 ELMER MURPHY
 BOUD CLADY*

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	585 00	2-15 61	✓	135 20
	Embalming		2-16 61	✓	135 20
	Outer Case or Vault <i>Section</i>	55 00	2-16 61	✓	135 20
	Washing and Dressing		2-16 61	✓	135 20
	Shaving		2-18 61	✓	135 20
	Slumber Robe				
	Suit or Dress				676 00
	Other Articles of Clothing				
	Transferring Body <i>Tax</i>	10 40			
	Door Badge				PAID in full
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of doz. Chairs				
	Flowers <i>+ TAX</i>	25 63			
	Clergyman				
	Singers				
	Casket Coach				
	Use of Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
		676 00			
	To Funeral Complete				676 00

NAME OF DECEASED NELLIE MILLER RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH RLDS DATE 2-14-61 HOUR 2 pm CLERGYMAN Wm Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

229

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hosp - ST Joseph</u>
Casket No. _____ Style <u>Wood & Camb.</u>		Date of Death <u>Feb 11 1961</u>
Interior <u>2 way tuft</u> Covering <u>silver Brussels</u>		Cause of Death <u>Cerebrovascular Accident</u>
Manufacturer <u>Buck</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>6-17-1883</u> Age, Years <u>77</u> Months _____ Days _____
Embalming		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>2 days</u>
		Birthplace—City or County _____ State or Country <u>Iowa</u>
		Name of Father <u>Wm Blunt</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>MARY GUSTIN</u>
		Birthplace of Mother _____
		Signed <u>E.A. Peterson M.D.</u> _____ Coroner _____
		Address <u>Wathena Kansas</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 _____
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.



2330



PT

Funeral of BERTHA J ABBOTT Charge to Account No. 652
 Ordered by Guaranteed by Serial No. 389
 Funeral at Residence Mortuary Church Date: 2-18-61 Hour: 3:30 pm Annual No. 10
 Clergyman Eppinger Lodge Affiliations Body Shipped to or from

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	389 00	3-23-61		200 00
	Embalming.....		3-24-61		379 09
	Outer Case or Vault..... <u>WILBERT</u>	170 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.....	10 00			
	Casket Coach.....				
	Use of Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>SALOS TAX</u>	10 09			
				
				
				
	To Funeral Complete	579 09			579 09

paid in full

NAME OF DECEASED Bertha J ABBETT RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 2-15-61 HOUR 3:30 CLERGYMAN Eppinger
 SINGERS Rev Campbell LODGE AFFILIATIONS _____

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>J. B. Kennedy home - TROY</u>
Casket No. _____ Style <u>Act - 1/2 casket</u>		Date of Death <u>Feb 12 1961</u>
Interior <u>Ray Smith covering light blue</u>		Cause of Death <u>HEART FAILURE</u> Contributory
Manufacturer <u>Smiley</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>3-25-1886</u> Age, Years <u>75</u> Months _____ Days _____
Embalming		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>2 years</u>
		Birthplace—City or County <u>Rulo</u> State or Country <u>Nebr</u>
		Name of Father <u>Wm SUTTON</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>Rose WALTERS</u>
		Birthplace of Mother _____
		Signed <u>E. Yoder</u> M.D. _____ Coroner
		Address <u>Denton Ks.</u> Date <u>2-11-61</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		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 Roxie A Frump RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 2-18-61 HOUR 2pm CLERGYMAN L W Firtkins
 SINGERS Louise SALTzman LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Wathena Kansas (Billups home)</u>
Casket No. _____ Style <u>metal 1/2 czech</u>		Date of Death <u>Feb 16 1961</u>
Interment <u>Byrd Ave</u> Covering <u>gold-silver</u>		Cause of Death <u>Apoplexy</u> Contributory _____
Manufacturer <u>MAJOR</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 <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>9-14-1870</u> Age, Years <u>90</u> Months _____ Days _____
Embalming _____		Occupation <u>Home</u>
Clothing _____		How Long at Place of Death <u>weeks</u>
_____		Birthplace—City or County <u>LoWA Point</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>ELISHA FRUMP</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>MARTHA Wymore</u>
Total Cash Advances _____		Birthplace of Mother _____
_____		Signed <u>A. E. CORDON</u> M.D. _____ Coroner
_____		Address <u>TROY KANSAS</u> Date _____
_____		Interment at <u>MARTIN 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.

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