

Funeral of Mabel R. Case Charge to \_\_\_\_\_ Account No. 556  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 293  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 12-10-58 Hour 2 pm Annual No. 49  
 Clergyman \_\_\_\_\_ Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services <u>Manuscript up</u>	185 00	12 10-58		325 13
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault <u>Wood (shipped)</u>				
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress.....				
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....	10 00			
	Door Badge.....				
	Opening Grave <u>Equipment</u>	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....	50 00			
	<del>Use of</del> <u>Use of</u> _____	10 00			
	Clergyman.....	4 63			
	Singers.....	15 00			
Singers	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	25 00			
	<u>Bards</u>	50			
Insurance Policies					
		325 13			
	To Funeral Complete				





Funeral of Leafie Parker Charge to \_\_\_\_\_ Account No. 557  
 Ordered by Nellie Zimmerman Guaranteed by \_\_\_\_\_ Serial No. 294  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 12-21-58 Hour 2pm Annual No. 50  
 Clergyman Wm. Twambley Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Evel Green  
F.H. Hagenbuch  
Ed Howland  
Ralph Klaus  
Kenneth Klaus  
Russell Hoveese  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	640 00			
	Embalming.....	50 00	4-19-59		791 09
	Outer Case or Vault..... <u>Sectional</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	29 50			
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00	Plays 2-9-59		
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	10 00			
	Clergyman.....	10 00			
	Singers..... <u>pd -</u>				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... <u>74</u>	11 59			
	_____				
	_____				
	_____				
	To Funeral Complete	791 09			













Funeral of Bessie E. Lake Charge to Avery Sherrer Account No. 560  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 297  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 1-23-59 Hour 2:30 Annual No. 2  
 Clergyman James J. Fisher Lodge Affiliations \_\_\_\_\_ Body Shipped to or from John W. Hill

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
ERVIN FRENCH  
EARL WILLIAMS  
WILL FRANKS  
GUEDEN THOMPSON  
MAX HERRING  
BEN NEELAY

Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....				
	Embalming.....				
	Outer Case or Vault <u>Mausoleum</u>	<u>285 00</u>	<u>2-16-59</u>		<u>512 13</u>
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body <u>135 to KC 415 to L.O.</u>	<u>50 00</u>			
	Door Badge.....				
	Opening Grave.....	<u>40 00</u>			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ dez. Chairs.....				
	Flowers.....	<u>10 00</u>			
	Clergyman.....	<u>20 00</u>			
	Singers <u>+ Organist</u>	<u>15 00</u>			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision <u>+ use of matings</u>	<u>75 00</u>			
	<u>crematory equipment</u>	<u>10 00</u>			
	<u>74</u>	<u>7 13</u>			
To Funeral Complete		<u>512 13</u>			

NAME OF DECEASED Bessie LAKE RESIDENCE OGden UTAh  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 1-23-59 HOUR 2:30 p CLERGYMAN Fickins + Twombly  
 SINGERS Louise SALTman GRACE SUTten LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Ogden Utah</u>
Casket No. _____ Style _____			Date of Death <u>1-18-59</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>1-15-1894</u> Age, Years <u>64</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>79 years</u>
<u>Body shipped by</u>			Birthplace—City or County <u>Katona</u> State or Country <u>Tenn</u>
<u>Myers Bros Chapel</u>			Name of Father <u>Joseph Barber</u>
<u>Ogden Utah</u>			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother _____
			Birthplace of Mother _____
			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Int Olin</u> <u>Lot # 124</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral _____			
Gross Profit on Funeral _____			
*Less Overhead Per Funeral _____			
Net Profit Apparent _____			
REMARKS:			Source of Call _____
			Insured in _____ Amount _____
			Beneficiary _____

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

Funeral of Albert Russell Charge to \_\_\_\_\_ Account No. 561  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 298  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 2-5-59 Hour 2 pm Annual No. 3  
 Clergyman L.W. FIRKINS Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	217 86	2-9-59		
	Embalmng.....				300 00
	Outer Case or Vault.....	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	25 00			
	Other Articles of Clothing.....	3 50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	15 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ dex. Chairs.....				
	Flowers.....				
	Clergyman.....	10 00			
	Singers.....				
	Casket Coach.....	3 64			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	_____				
	_____				
	_____				
	<b>To Funeral Complete</b>	<b>300 00</b>			

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

NAME OF DECEASED ALBERT RUSSELL RESIDENCE TROY KANSAS  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE Feb 5, '59 HOUR 2pm CLERGYMAN L.W. FIRKINS  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____			Place of Death <u>Douglas Nursing Home - Troy</u>
Casket No. <u>25</u> Style <u>Long oval top</u>			Date of Death <u>Feb 2 1959</u>
Interior <u>any wood</u> Covering <u>cashmere</u>			Cause of Death <u>Apoplexy</u> Contributory _____
Manufacturer: <u>Penn Bluff</u>			Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____			Sex <u>Male</u> Color or Race <u>White</u>
Outer Case <u>wood</u>			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>May 16 1878</u> Age, Years <u>80</u> Months _____ Days _____
Embalming _____			Occupation <u>Retired Farm Laborer</u>
Clothing _____			How Long at Place of Death <u>2 yrs</u>
			Birthplace—City or County <u>Council Bluffs</u> State or Country <u>Iowa</u>
			Name of Father <u>unknown</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>unknown</u>
			Birthplace of Mother _____
			Signed <u>A.E. Cordonick</u> M.D. _____ Coroner
			Address <u>Troy Kansas</u> Date _____
			Interment at <u>Mosquito Creek Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
			Source of Call _____
			Insured in _____ Amount _____
			Beneficiary _____

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

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

REMARKS:

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

Funeral of William I Simpson Charge to ..... Account No. 562  
 Ordered by WARREN CULP Guaranteed by ..... Serial No. 299  
 Funeral at ..... Residence ..... Mortuary ..... Church ..... Date ..... Hour ..... Annual No. 4  
Body removed to McPherson for service & BURIAL  
 Clergyman ..... Lodge Affiliations ..... Body Shipped to or from .....

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services.....	560 00	3-11 59	Warren Culp		568 40
	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.....	8 40				
	Clergyman.....					
	Singers..... <u>TC</u>					
	Casket Coach.....					
	Use of ..... Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	.....					
	.....					
	.....					
	To Funeral Complete	568 40				

**52**  
 NAME OF DECEASED William E Simpson RESIDENCE McPherson Kansas

FUNERAL AT RESIDENCE MORTUARY CHURCH DATE HOUR CLERGYMAN

SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Bendena Kansas</u>
Casket No. _____ Style <u>1 1/2 canopy</u>		Date of Death <u>MARCH 7 1959</u>
Interior <u>wool crepe</u> Covering <u>black sh. gasket</u>		Cause of Death <u>Cerebral Hemorrhage</u>
Manufacturer <u>Memphis Tenn</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>Dec 27 1872</u> Age, Years <u>86</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>11 months</u>
_____		Birthplace—City or County _____ State or Country <u>Illinois</u>
_____		Name of Father <u>William Simpson</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>unknown</u>
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Emerson Godee</u> M.D. _____ Coroner
_____		Address <u>Denton Kansas</u> Date _____
_____		Interment at <u>McPherson Cemetery</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		_____
*Less Overhead Per Funeral _____		Source of Call _____
Net Profit Apparent _____		_____
REMARKS:		Insured in _____ Amount _____
_____		Beneficiary _____

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

Funeral of Len D. Noyes Sr. Charge to..... Account No. 563  
 Ordered by Audrey M. Noyes Guaranteed by..... Serial No. 300  
 Funeral at..... Residence..... Mortuary  Church..... Date MAR 19 1959 Hour 2 pm Annual No. 5  
 Clergyman L. W. Firkins Lodge Affiliations..... Body Shipped to or from.....

Pall Bearers  
 Henry Eadce  
 Emmett Hayes  
 ARTHUR LOEFF  
 HARRY DAVIS  
 Robert Reeder  
 F.H. Hagenbuch

Date		Description of Service	Amount	Date		✓	Credits
		Casket and Services.....	689 00	3.30 59	Pl in ck by Audrey M. Noyes		872 14
		Embalming.....					
		Outer Case or Vault <u>outside Receptile</u>	91 00				
		Washing and Dressing.....					
		Shaving.....					
		Slumber Robe.....					
		Suit or Dress.....					
		Other Articles of Clothing.....					
		Transferring Body <u>Salo 74</u>	12 14				
		Door Badge.....					
		Opening Grave.....	40 00				
		Newspaper Notices.....					
		Telegrams and Telephone Calls.....					
		Use of..... doz. Chairs.....	25 00				
		Flowers.....	15 00				
		Clergyman <u>V. M. M. M.</u>					
		Singers.....					
		Casket Coach.....					
		Use of..... Funeral Cars.....					
		Use of Flower Cars.....					
		Professional Supervision.....					
			872	14			

Insurance Policies

To Funeral Complete

NAME OF DECEASED Leonard D. Noyes Jr RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE MAR 19 1959 HOUR 2 pm CLERGYMAN L. W. Firkins  
 SINGERS ORGANIST - MRS Lee Dickey LODGE AFFILIATIONS \_\_\_\_\_

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>1/2 casket</u>		Date of Death <u>MARCH 17 1959</u>
Interior <u>Silver Cup</u> Covering <u>Wagon blue</u>		Cause of Death <u>Cerebral Vascular Accident</u>
Manufacturer <u>W. J. Harris</u>	DEBITS	Duration <u>19 days</u> Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>Dec 27 1875</u> Age, Years <u>83</u> Months _____ Days _____
Embalming		Occupation <u>Retired SALESMAN</u>
Clothing		How Long at Place of Death <u>LIFETIME</u>
		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father <u>Leonard Dennison Noyes SR</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>ELLA MAE Gossin</u>
		<sup>WIFE'S NAME</sup> Birthplace of Mother <u>Audley M Noyes</u>
		Signed <u>Emerson Yobear</u> M.D. _____ Coroner
		Address <u>Denton KANSAS</u> Date <u>MAR 17 1959</u>
		Interment at <u>Mount Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____
REMARKS:		

\* 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 F. Mosee RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE MAR 24 '59 HOUR 2:30 CLERGYMAN John PARKER  
 SINGERS Louise SALTZMAN LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS</u>
Casket No. <u>Style <u>Grand Paul</u></u>		Date of Death <u>MARCH 22 1959</u>
Interior <u>Item <u>Stained</u> Covering <u>P.V. Alush</u></u>		Cause of Death <u>CARDIAC DECOMPENSATION</u>
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>JAN 24 1871</u> Age, Years <u>88</u> Months _____ Days _____
Embalming		Occupation <u>RETIRED FARMER</u>
Clothing		How Long at Place of Death <u>20 days</u>
		Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
		Name of Father <u>FRED S. MOSEE</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>MARY C DITTEMORE</u>
		Wife's name <u>SUSAN NIXON MOORE</u>
		Birthplace of Mother _____
		Signed <u>Emerson Yodee</u> M.D. _____ Coroner
		Address <u>Denton KANSAS</u> Date <u>MAR 23 1959</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.





Funeral of J. Z. Knight Charge to \_\_\_\_\_ Account No. 566  
 Ordered by Halah Knight Guaranteed by \_\_\_\_\_ Serial No. 392  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church CHRISTIAN Date 4-11-59 Hour 2:30 pm Annual No. 8  
 Clergyman L.W. Firkins Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

*Relatives*  
*Honorary*  
*Jack Garvin*  
*Geo. Bridgen*  
*" Blanton*  
*" McConaughy*  
*Kenneth Redge*  
*Glyceryl Singers*  
*Jim Guich*  
*James Saltzman*  
*Jo Ann Welch, Organ*  
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	585 00	4-11-59		797 78
	Embalming.....				
	Outer Case or Vault..... <u>WILBERT</u>	160 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>TAY</u>	12 78			
	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.....				
	.....				
	.....				
	.....				
	<b>To Funeral Complete</b>	<b>797 78</b>			

NAME OF DECEASED John Zachariah Knight RESIDENCE TROY KANSAS  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Christian DATE Apr 11 '59 HOUR 2:30p CLERGYMAN L.W. Firkins  
 SINGERS Louise Saltzman - Jim Quick LODGE AFFILIATIONS \_\_\_\_\_

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>1/2 casket</u>		Date of Death <u>April 7 1959</u>
Interior <u>B.T. Satin</u> Covering <u>B.T. Peruvia</u>		Cause of Death <u>PERNICIOUS ANEMIA</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>10-3-1873</u> Age, Years <u>85</u> Months _____ Days _____
Embalming _____		Occupation <u>RETIRED BRICK MASON &amp; CARPENTER</u>
Clothing _____		How Long at Place of Death <u>56 yrs</u>
		Birthplace—City or County <u>FT. SCOTT</u> State or Country <u>KANSAS</u>
		Name of Father <u>JAMES MINOR KNIGHT</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Missouri Ann MALONE</u>
		<del>NAME OF WIFE</del> <u>HALAH BLANTON</u>
		Signed <u>A.E. Cordonier</u> M.D. _____ Coroner _____
		Address <u>TROY KANSAS</u> Date _____
		Interment at <u>MT. OLIVE</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____

REMARKS:

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

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Funeral of MABLE DITTEMORE Charge to \_\_\_\_\_ Account No. 567  
 Ordered by ERNEST DITTEMORE Guaranteed by \_\_\_\_\_ Serial No. 304  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Apr 16 '59 Hour 2 pm Annual No. 9  
 Clergyman L.W. FIRKINS Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Ralph Moser  
Glen Howland  
Ed Howland  
Benny Thomas  
Wm. Turpin  
FRANK TURPIN  
 Singers \_\_\_\_\_  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services <i>+ 30/</i>	275 00				
	Embalming		4-18-59	Ernest Dittmore		200 00
	Outer Case or Vault		6-1-59			79 13
	Washing and Dressing					
	Shaving <i>74</i>	4 13				
	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					
		279 13				
	To Funeral Complete					279 13

*Paid in Full*

5  
NAME OF DECEASED Mable Ann Dittmore RESIDENCE TROY KANSAS (RURAL)  
FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE Apr 16 '59 HOUR 2pm CLERGYMAN L.W. FIRKINS  
SINGERS Louise SALTZMAN ORGANIST CAROL McKIRICK  
LOBBE AFFILIATIONS \_\_\_\_\_

## REVENUE ITEMS AND THEIR COST

## CREDITS

## PERSONAL AND STATISTICAL

## Charge for Complete Funeral

Casket No. \_\_\_\_\_

Style Floating Square H.P.Interior Wing TunnelCovering light blue

Manufacture \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

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

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

## REMARKS:

\* 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 TROY KANSAS (Her Home)Date of Death April 14, 1959Cause of Death Cancer of liver Contributory \_\_\_\_\_Duration 1 yr. Autopsy NOSex FEMALE Color or Race whiteSingle  Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_Date of Birth 10-11-1901 Age, Years 57 Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation \_\_\_\_\_

How Long at Place of Death Life TimeBirthplace—City or County TROY State or Country KANSASName of Father JONATHAN C. Dittmore

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother Catherine Gingrich

Birthplace of Mother \_\_\_\_\_

Signed A.J. Blair ~~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 \_\_\_\_\_



Funeral of Esther Mooney Charge to \_\_\_\_\_ Account No. 568  
 Ordered by Floyd Mooney Guaranteed by \_\_\_\_\_ Serial No. 308  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 4-19-59 Hour 2 pm Annual No. 10  
 Clergyman Will Twombly Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Bud Ross  
Martin Boersting  
Orville Jones  
James Ruddy  
Carl Saltzman  
Junioe Huss  
 Singers  
Louise Saltzman  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	585 00	4-20-59		680 41
	Embalming.....	50 00			
	Outer Case or Vault..... <u>Sectional</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body..... <u>TD</u>	1 53			
	Door Badge..... <u>??</u>				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	<del>Elaborate</del> <u>Flowers</u> <u>74</u>	9 78			
	Clergyman <u>Flowers</u> <u>74</u>	25 63			
	Singers <u>Organist</u>	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
To Funeral Complete					

NAME OF DECEASED Esther Jane Mooney RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE Apr 19 59 HOUR 2pm CLERGYMAN Will Twamblay  
 SINGERS Louise SAITZMAN ORGANIST Joanna Ulsch LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Troy (RURAL) Her Home</u>
Casket No. _____ Style <u>1/2 Couch</u>		Date of Death <u>April 16 1959</u>
Interior <u>R.T. Saitz</u> Covering <u>R.T. Revery</u>		Cause of Death <u>Hypertensive</u> <u>Cardiovascular Disease</u> Contributory
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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>12-24-1903</u> Age, Years <u>56</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>Denton</u> State or Country <u>KANSAS</u>
		Name of Father <u>E.C. STEWART</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Mary Cowley</u>
Total Cash Advances _____		Birthplace of Mother <u>Floyd Mooney</u>
		Signed <u>Corder</u> M.D. _____ Coroner
		Address <u>Highland St.</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.

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Funeral of <sup>Ney</sup> ~~Edward~~ Jackson Charge to \_\_\_\_\_ Account No. 569  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 306  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 4-20 Hour \_\_\_\_\_ Annual No. 11  
 Clergyman \_\_\_\_\_ Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services	585 00	4-21-59	Cruik Jackson		577 69
	Embalming		4-22-59	First Nat. Bank		71 25
	Outer Case or Vault <i>Wood</i>	25 00	7-22-59	First Nat. Bank		100 00
	Washing and Dressing					
	Shaving					
	Slumber Robe <i>25 + 150</i>	26 50				
	Suit or Dress					
	Other Articles of Clothing					
	Transferring Body <i>Tax</i>	9 70				
	Door Badge					
	Opening Grave	40 00				
	Newspaper Notices					
	Telegrams and Telephone Calls	2 64				
	Use of _____ doz. Chairs					
	Flowers					
	Clergyman					
	Singers					
	Casket Coach					
	Use of _____ Funeral Cars					
	Use of Flower Cars					
	Professional Supervision					
To Funeral Complete		688 84				

NAME OF DECEASED Edward A. Jackson RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 4-20-59 HOUR 2pm CLERGYMAN Wm. Twombly  
 SINGERS MRS. Lowce Colley Jr ORGANIST MRS. PAT Miller  
 LODGE AFFILIATIONS \_\_\_\_\_

6.6

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY (Douglas N. Home)</u>
Casket No _____ Style <u>1/2 Coach</u>		Date of Death <u>April 17 1959</u>
Interior <u>R.T. Satin covering</u> <u>Blue Tan Pavilion</u>		Cause of Death <u>Myocardial infarction</u>
Manufacturer <u>Miller</u>	DEBITS	Duration <u>5 APOPLEXY</u> Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>3-15-1870</u> Age, Years <u>89</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>1 year</u>
_____		Birthplace—City or County <u>Sparks</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>Charles Jackson</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>ELIZA MINOR</u>
Total Cash Advances _____		Birthplace of Mother _____
_____		Signed <u>A.E. Cordonice</u> M.D. _____ Coroner _____
_____		Address <u>TROY</u> Date <u>4-20-59</u>
_____		Interment at <u>MT. Olive</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____ Arrived from _____
_____		Via _____ R. R. Date _____
_____		In Charge of _____
_____		Source of Call _____
_____		Insured in _____ Amount _____
Total Net Cost of Funeral _____		Beneficiary _____
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.

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Funeral of Wm. A. Gurwell Charge to ..... Account No. 570  
 Ordered by Children Guaranteed by ..... Serial No. 307  
 Funeral at ..... Residence ..... Mortuary  Church ..... Date MAY 3 1927 Hour 2 pm Annual No. 12  
 Clergyman Wm. Twombly Lodge Affiliations ..... Body Shipped to or from .....

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
CARL Caine  
FRANCIS  
Schoenfelder  
Chas. Boeh  
CARL Haubee  
E. CLARY  
HARRY Loston  
 Singers

Date	Description of Service	Amount	Date		✓	Credits
	Casket and Services.....	570 00	5-2-27	MRS. Adeline Cobbe		325 00
	Embalming.....		" "	" Beulah Cox		100 00
	Outer Case or Vault..... <u>Concrete Box</u>	50 00	" "	" Ida Pingee		35 60
	Washing and Dressing.....		" "	Wm. Gurwell EST.		189 26
	Shaving.....		" "	By Ida Pingee		
	Slumber Robe.....		" "	CASH		10 33
	Suit or Dress.....					
	Other Articles of Clothing.....					
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....	40 00				
	Newspaper Notices.....					
	Telegrams and Telephone Calls..... <u>TAX</u>	9 55				
	Use of..... doz. Chairs.....					
	Flowers..... <u>Pressing 2 v. J.</u>	65				
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of..... Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	Insurance Policies.....					
	To Funeral Complete	670 20				670 21

*paid in full*

NAME OF DECEASED William A. Gurwell RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE MAY 3 '59 HOUR 2pm CLERGYMAN Wm. Twombly  
 SINGERS Jeschke Quartet LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>Detel 1/2 Cash</u>		Date of Death <u>MAY 11 1959</u>
Interior <u>A.T. Crisp</u> Covering <u>Bronze</u>		Cause of Death <u>Cerebral Hemorrhage</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>Aug 12 1879</u> Age, Years <u>79</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>3 days</u>
_____		Birthplace—City or County <u>Fanning</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>Wm. Gurwell</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>SARAH Kimball</u>
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>J. G. Swails 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 _____
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 Bertha Decker Charge to Rompha Co. Account No. 571  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 308  
 Funeral at MT Olive (Geleside) Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date MAY 5 '59 Hour 2 pm Annual No. 13  
 Clergyman L.W. Firkins Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Wm. Triplett  
 John McKinnick  
 Kenny Geckler  
 Homee Chessie

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	200 00	6-1-59		235 00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....	35 00			
	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	235 00			

NAME OF DECEASED Betha E. Decker RESIDENCE Topeka Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH MT. Olive DATE MAY 5 '59 HOUR 2pm CLERGYMAN L.W. Firkins  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Topeka Kansas</u>
Casket No. _____ Style <u>Flat Top</u>		Date of Death <u>MAY 2 1959</u>
Interior <u>Very Fine</u> Covering <u>Black Sat</u>		Cause of Death <u>Severe Ulceration - intestinal tract</u>
Manufacturer <u>Muller</u>		Duration _____ Autopsy <u>#</u>
Total Net Cost of Casket		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>MAY 9 1880</u> Age, Years <u>78</u> Months _____ Days _____
Embalming		Occupation _____
Clothing		How Long at Place of Death _____
		Birthplace—City or County <u>Amazonia</u> State or Country <u>Mo.</u>
		Name of Father <u>Walker</u>
		<del>Birthplace of Father</del> <u>Husband James Decker - Troy</u>
Total Cash Advances		Maiden Name of Mother _____
<u>2 DAV. MRS Edith Wilson (St Joe)</u>		Birthplace of Mother _____
<u>Berniece Edgler</u>		Signed _____ M.D. _____ Coroner _____
<u>son Lee Decker (Wash.)</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 FRANK A. CARTER Charge to..... Account No. 572  
 Ordered by MAE CARTER Guaranteed by..... Serial No. 309  
 Funeral at..... Residence..... Mortuary..... Church CHRISTIAN Date MAY 17 '59 Hour 2 pm Annual No. 14  
 Clergyman LYNN W. FIRKINS Lodge Affiliations..... Body Shipped to or from.....

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
 John Willmoth  
 John CASE JR  
 Richard Kirby  
 Theodore Smith  
 Veenon Whittaker  
 PERRY SYMS  
 Singers  
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	630 00	6-1-59		506 33
	Embalmng.....				
	Outer Case or Vault..... <u>CONCRETE</u>	50 00	7-1 '59		250 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.....	25 00			
	Clergyman.....				
	Singers.....				
	Casket Coach..... <u>TAX</u>	11 33			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		756 33			

To Funeral Complete

NAME OF DECEASED FRANK ALBERT CARTER RESIDENCE TRACY KANSAS  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH CHRISTIAN DATE MAY 17 '59 HOUR 2pm CLERGYMAN LYNN W FIRKINS  
 SINGERS MRS. GLEN BURKHART LODGE AFFILIATIONS MASONIC

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 w/ couch</u>		Date of Death <u>MAY 15 1959</u>
Interior <u>Very Satin</u> Covering <u>Silver</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Progrus</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>Sept 25, 1894</u> Age, Years <u>64</u> Months _____ Days _____
Embalming _____		Occupation <u>County Sheriff</u>
Clothing _____		How Long at Place of Death <u>8 wks</u>
_____		Birthplace—City or County <u>Lincoln</u> State or Country <u>Nebr</u>
_____		Name of Father <u>John CARTER</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Mornin Pennington</u>
_____		Name of wife <u>MARY MAE Aldridge</u>
_____		Birthplace of Mother _____
_____		Signed <u>John Mothershead M.D.</u> _____ Coroner
_____		Address <u>ST Joseph Mo</u> Date _____
_____		Interment at <u>MT Olive</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____

REMARKS:  
 S.S. NO - 512-18-6392

\* 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 Thomas Egge Charge to \_\_\_\_\_ Account No. 573  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 310  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date May 25 '59 Hour 2:30 Annual No. 15  
 Clergyman John Parker Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....		6-4-59		250 00
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault.....	50 00			
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress.....				
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....	15 00			
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls <u>PLUS TIK MARKS</u> .....	3 12			
	Use of _____ doz. Chairs.....				
	Flowers.....	25 00			
	Clergyman.....	15 00			
	Singers.....	15 00			
Singers	Casket Coach.....	10 00			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars <u>Sales Tax</u> .....	1 88			
	Professional Supervision.....	75 00			
Insurance Policies	.....				
	.....				
	.....				
	To Funeral Complete	250 00			





Funeral of CARRIE BLANTON Charge to \_\_\_\_\_ Account No. 574  
 Ordered by George Blanton Guaranteed by \_\_\_\_\_ Serial No. 311  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Christian Date May 26 '59 Hour 2:30 pm Annual No. 16  
 Clergyman L.W. Firkins Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Geo. M'Connaughy  
 Kenneth Peden  
 Gordon Mitchell  
 ERNIE MYERS  
 JACK GARREN  
 Lyle Gingling

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	385 00	6-6-59		200 00
	Embalming.....				
	Outer Case or Vault. <u>wood</u>	25 00	6-27-59		35 00
	Washing and Dressing.....		7-17		25 00
	Shaving.....				
	Slumber Robe.....		10-4-59		156 00
	Suit or Dress.....				
	Other Articles of Clothing <u>Tr</u>	6 40			<u>Pat in full</u>
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	_____				
	_____				
	_____				
	To Funeral Complete	416 40			

Handwritten calculations:  
~~15 00~~  
~~15 00~~  
 17 10/100

NAME OF DECEASED CARRIE Blanton RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE May 26 1959 HOUR 2:30 CLERGYMAN L.W. Firkins  
 SINGERS Louise SAITZman LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____ Casket No. _____ Style <u>1/2 Couch Detachable</u> Interior <u>Gray Satin</u> Covering <u>Silver Beaded</u> Manufacturer <u>Miller</u> Total Net Cost of Casket _____		Place of Death <u>TROY KANSAS (Her Home)</u> Date of Death <u>MAY 24 1959</u> Cause of Death _____ Contributory _____ Duration _____ Autopsy <u>No</u> Sex <u>Female</u> Color or Race <u>White</u> Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____ Date of Birth <u>Dec 1889</u> Age, Years <u>69</u> Months _____ Days _____ Occupation <u>Housewife</u> How Long at Place of Death <u>15 yrs</u> Birthplace—City or County <u>Anderson</u> State or Country <u>INDIANA</u> Name of Father <u>John Thumma</u> Birthplace of Father _____ Maiden Name of Mother <u>Unknown</u> Birthplace of Mother _____ Signed _____ M.D. _____ Coroner _____ Address _____ Date _____ Interment at <u>IOLA Cemetery</u> Lot or Grave No. _____ Section No. _____ Shipped to _____ Arrived from _____ Via _____ R. R. Date _____ In Charge of _____ Source of Call _____ Insured in _____ Amount _____ Beneficiary _____
Outer Case _____ Vault _____ Embalming _____ Clothing _____		
Total Cash Advances _____ _____ _____		
REMARKS:	<p style="text-align: center;"><b>CARRIE Blanton</b> <b>Mrs. Carrie F. Blanton</b></p> <p>TROY, Kan. — (Special) — Mrs. Carrie F. Blanton, 69, died Sunday afternoon at her home two miles north of Troy.</p> <p>Mrs. Blanton was born in Indiana and resided in Missouri and Colorado before moving to Doniphan county 25 years ago. She was a member of the Troy Christian Church.</p> <p>Survivors include her husband, George A. Blanton of the home; two sons, Robert V. DeGolyer, Hanover, Pa., and Dale E. DeGolyer, Troy; one daughter, Mrs. Vivian L. Smith, Highland, Kan.; four stepsons, George H. Blanton and John H. Blanton, both of Troy, Jesse J. Blanton, Highland, and Norman D. Blanton, Quincy, Ill.; three stepdaughters, Mrs. Mildred B. Wasson, Troy, Mrs. Ruby Corcoran, Elwood, Kan., and Mrs. Arlene M. Smith, Highland; seven grandchildren and one great-grandchild.</p> <p>The body is at the Tibbetts mortuary.</p>	

\* 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 BARRY Joe Smith RESIDENCE TROY KANSAS  
 FUNERAL AT GRAVESIDE - Fanning Cemetery RESIDENCE MORTUARY CHURCH DATE MAY 28 '59 HOUR \_\_\_\_\_ CLERGYMAN Will Twombly  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>ST Joseph Hospital</u>
Casket No. _____ Style _____			Date of Death <u>MAY 27-1959</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____			Date of Birth <u>MAY 26 '59</u> Age, Years _____ Months _____ Days <u>1</u>
Embalming _____			Occupation <u>infant</u>
Clothing _____			How Long at Place of Death <u>27 hours</u>
_____			Birthplace—City or County <u>ST Joseph</u> State or Country <u>MO</u>
_____			Name of Father <u>Virgil Smith</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Olive BRUNS</u>
_____			Birthplace of Mother _____
_____			Signed <u>A. J. BLAIR M.D.</u> Coroner
_____			Address <u>TROY KS.</u> Date <u>MAY 27 '59</u>
_____			Interment at <u>FANNING</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 MARTHA M. Elder RESIDENCE TROY Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST. Johns DATE 6-11-59 HOUR 2pm CLERGYMAN CARL Neubel  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY Ks. (Her Home)</u>
Casket No. _____ Style <u>Wood 1/2 Casket</u>		Date of Death <u>June 9 1959</u>
Interior <u>R.T. Satin</u> Covering <u>R.T. Ribbon</u>		Cause of Death <u>Cerebral Hemorrhage</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 <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>9-15-1886</u> Age, Years <u>72</u> Months _____ Days _____
Embalming _____		Occupation <u>Home</u>
Clothing _____		How Long at Place of Death <u>7 years</u>
		Birthplace—City or County _____ State or Country <u>Missouri</u>
		Name of Father <u>James E. Elder</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Janet Robertson</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>Arch Blair</u> <sup>D.O.</sup> <u>M.D.</u> _____ Coroner
P.B. <u>Ronald Elder</u>		Address <u>TROY Ks</u> Date <u>6-10-59</u>
Ralph <u>son</u>		Interment at <u>MT Olive</u>
Harold <u>son</u>		Lot or Grave No. _____ Section No. _____
Lloyd <u>son</u>		Shipped to _____
James <u>son</u>		Arrived from _____
R. G. Ross Jr.		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 Adolph Rubnke Charge to \_\_\_\_\_ Account No. 577  
 Ordered by Viola Rubnke Guaranteed by \_\_\_\_\_ Serial No. 314  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 6-18-59 Hour 2 pm Annual No. 19  
 Clergyman Fred Stein Lodge Affiliations \_\_\_\_\_ Body Shipped ~~from~~ from CALIF

Pall Bearers  
 Leroy Kichhofer  
 Archie Seiter  
 Victor Gaul  
 Walter Lee  
 Dittmer  
 A. P. Lorol Jr.  
 Kenneth Rubnke

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services				
	Embalming		8-19-59		243.75
	Outer Case or Vault <u>Heaven</u>	150.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body	15.00			
	Door Badge				
	Opening Grave	40.00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman <u>Tray</u>	3.75			
	Singers				
	Casket Coach	10.00			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision	25.00			
	<u>Use of Mortuary Facilities</u>	50			
	<u>" " Resembling Equipment</u>	10.00			
	<u>Boy Chaperone</u>	<del>20.00</del>			
		70.00			
		293.75			303.75
	To Funeral Complete				





Funeral of FOREST FOSTER Charge to..... Account No. 578  
 Ordered by..... Guaranteed by..... Serial No. 315  
 Funeral at..... Residence Severance Methodist Mortuary..... Church..... Date 6-21-59 Hour 2:30 p.m. Annual No. 20  
 Clergyman Lee Dickey Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount		Date		V	Credits
	Casket and Services.....	200	00	6-21	59	Cash Mrs Blanton	42 00
	Embalming.....			7-1	59	Ch. Longman Co	155 00
	Outer Case or Vault.....						
	Washing and Dressing.....						
	Shaving.....						
	Slumber Robe.....						
	Suit or Dress.....						
	Other Articles of Clothing.....						
	Transferring Body.....						
	Door Badge.....						
	Opening Grave.....						
	Newspaper Notices.....						
	Telegrams and Telephone Calls.....						
	Use of..... doz. Chairs.....						
	Flowers.....						
	Clergyman.....						
	Singers.....						
	Casket Coach.....						
	Use of..... Funeral Cars.....						
	Use of Flower Cars.....						
	Professional Supervision.....						
	.....						
	.....						
	.....						
	.....						
	To Funeral Complete						

Insurance Policies

NAME OF DECEASED Forest Foster RESIDENCE Severance Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Methodist DATE 6-21-59 HOUR 2:30 CLERGYMAN Lee Dickey  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____			Place of Death <u>Park View Home - St. Joseph</u>
Casket No. _____	Style <u>Flat Top</u>		Date of Death <u>June 19 1959</u>
Interior <u>Family</u>	Covering <u>Black/Silver</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Milly</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 _____ Divorced <input checked="" type="checkbox"/> Child _____
Vault _____			Date of Birth <u>Jan 20 1887</u> Age, Years <u>77</u> Months _____ Days _____
Embalming _____			Occupation <u>STONE WORK</u>
Clothing _____			How Long at Place of Death <u>3 wks</u>
			Birthplace—City or County <u>Dearborn</u> State or Country <u>MO</u>
			Name of Father <u>John B Foster</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>MARY K. WALTERS</u>
			Birthplace of Mother _____
			Signed <u>Emerson Yoder M.D.</u> _____ Coroner
			Address <u>Denton, KS</u> _____ Date _____
			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 _____			
*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.

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Funeral of Barbara A. Berger Charge to \_\_\_\_\_ Account No. 579  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 316  
 Funeral at \_\_\_\_\_ Residence Wathena Methodist Church Mortuary ~~to~~ \_\_\_\_\_ Date 6-22-59 Hour \_\_\_\_\_ Annual No. 21  
 Clergyman Wm DeLaughdee Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Fred L Meng  
Bernard Meng  
Ted Meng  
Milton Berger  
Henry Newton  
Orean Bird  
Milton Haetman  
Leslie Collins  
 Singers

Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	650 00	11-10-59		771 88
	Embalming				
	Outer Case or Vault <u>Concrete Sec</u>	50 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	25 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of <u>doz. Chairs</u>				
	Flowers <u>35.00</u>	35 00	Pd		
	Clergyman				
	Singers				
	Casket Coach				
	Use of <u>Funeral Cars</u>				
	Use of Flower Cars <u>Salusty</u>	11 88			
	Professional Supervision				
		771 88			
	To Funeral Complete				

NAME OF DECEASED Barbara A. Beegee RESIDENCE Wathena Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Methodist DATE 6-22-59 HOUR 2pm CLERGYMAN Wm. Delaughder  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

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REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Wathena Kansas</u>
Casket No. _____ Style <u>Metal Army</u>			Date of Death <u>6-18-59</u>
Interior _____ Covering <u>Seal</u>			Cause of Death <u>SHOCK</u> Contributory <u>Accident</u>
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>Apr 20 1887</u> Age, Years <u>72</u> Months _____ Days _____
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County <u>Wathena</u> State or Country <u>Kansas</u>
_____			Name of Father <u>Andrew Meng</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>BARBARA Oswald</u>
_____			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ M.D. <u>EVAN Peterson</u> Coroner
_____			Address <u>Wathena KS.</u> Date _____
_____			Interment at <u>Bellmont Cemetery</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			Source of Call _____
*Less Overhead Per Funeral _____			Insured in _____ Amount _____
Net Profit Apparent _____			Beneficiary _____
REMARKS:			

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





Funeral of Minnie May Brown Charge to..... Account No. 580  
 Ordered by Milton Brown Guaranteed by..... Serial No. 317  
 Funeral at..... Residence..... Mortuary  Church..... Date June 28 '59 Hour 2:30 pm Annual No. 22  
 Clergyman Will 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	V	Credits
	Casket and Services.....	525 00			
	Embalming.....		<u>6-29-59</u>		<u>659 06</u>
	Outer Case or Vault..... <u>Sectional</u>	50 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	22 50			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....	25 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....	25 00			
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach..... <u>FH</u>	11 56			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		659 06			
	To Funeral Complete				



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Funeral of Charles Triplett Charge to Sons Account No. 581  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 318  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Methodist Date 7-3-59 Hour 2 Pm. Annual No. 23  
 Clergyman Rev. Lee Richey Lodge Affiliations None Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	685 00			943 15
	Embalming.....				
	Outer Case or Vault. <u>Steel</u>	195 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..... <u>74</u>	15 15			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Stoney Ambulance Service</u>	8 00			
		943 15			
	To Funeral Complete				

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

NAME OF DECEASED CHARLES TRIPLETT RESIDENCE ST Joseph Mo  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Meth DATE 7-3-59 HOUR 2pm CLERGYMAN Lee Dickey  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>St Joseph</u>
Casket No. _____ Style <u>metal 6 cases</u>		Date of Death <u>7-1-59</u>
Interior <u>silver case</u> Covering <u>light mist silver</u>		Cause of Death <u>Coronary</u> Contributory _____
Manufacturer <u>Wagon</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>male</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ <u>child</u>
Vault <u>Clark 12 gr</u>		Date of Birth <u>2-4-1871</u> Age, Years <u>87</u> Months _____ Days _____
Embalming _____		Occupation <u>Household Commission</u> <u>Salvage</u>
Clothing _____		How Long at Place of Death _____
Total Cash Advances		Birthplace—City or County <u>Tray</u> State or Country <u>Kans</u>
<u>Carl Hagler</u>		Name of Father <u>Thos Triplett</u>
<u>Ralph Gleason</u>		Birthplace of Father _____
<u>Bud Schmitt</u>		Maiden Name of Mother <u>Matilda Abbott</u>
<u>Fanny Moore</u>		Birthplace of Mother _____
<u>Dale Caudle</u>		Signed <u>W. Mathias</u> M.D. _____ Coroner _____
<u>Tray Kichinsky</u>		Address <u>St Joseph</u> Date _____
SS. 512-28-6769		Interment at <u>St. Alons</u> <u>Tray</u>
Total Net Cost of Funeral		Lot or Grave No. _____ Section No. _____
Gross Profit on Funeral		Shipped to _____
*Less Overhead Per Funeral		Arrived from _____
Net Profit Apparent		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____

REMARKS:

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

Funeral of ELLA CROWLEY Charge to..... Account No. 582  
 Ordered by..... Guaranteed by..... Serial No. 219  
 Funeral at..... Residence..... Mortuary..... Church ST. CHARLES Date 7-11-59 Hour 9 AM Annual No. 24  
 Clergyman FR. EGBERT HALL Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....		7-11-59		354.25
	Embalming.....	195.00			
	Outer Case or Vault.....				
	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.....	15.00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....	10.00			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	25.00			
	Use of MORTUARY TAX.....	40.00			
		4.25			
To Funeral Complete		354.25			

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

Singers

Insurance Policies





Funeral of EVA B. RICHARD Charge to \_\_\_\_\_ Account No. 583  
 Ordered by Donipha, County Guaranteed by \_\_\_\_\_ Serial No. 320  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary SPARKS BAPTIST Church \_\_\_\_\_ Date 7-15-59 Hour 10 AM Annual No. 25  
 Clergyman L. G. Cain 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.....	200 00	7-29-59		20 40
	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 EVA B. Richard RESIDENCE SPARKS KANSAS  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH SPARKS DATE 7-15-59 HOUR 10AM CLERGYMAN L. G. CAIN  
 SINGERS Lloyd Dawson LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST. Joseph Mo (Sunnyslope)</u>
Casket No. _____ Style _____		Date of Death <u>7-12-59</u>
Interior _____ Covering _____		Cause of Death <u>CARCINOMA OF OESOPHAGUS</u> <small>Contributory</small>
Manufacturer _____		Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>9-26-1889</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>FREDONIA</u> State or Country <u>KANSAS</u>
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>E. Yoder</u> M.D. _____ Coroner _____
<u>Mrs. Ruby Waddell Sparks</u>		Address <u>2101 N. JOLA</u> Date _____
<u>PAUL BRANNAN - OTTAWA MS.</u>		Interment at <u>MARTIN CEMETERY</u>
<u>ARTHUR .. FAIRPLAINS MO.</u>		Lot or Grave No. _____ Section No. _____
<u>CHAS .. EVERETT WASH.</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.

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Funeral of MARY W Edgerton Charge to \_\_\_\_\_ Account No. 584  
 Ordered by Glenn Edgerton Guaranteed by \_\_\_\_\_ Serial No. 321  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary Christian Church \_\_\_\_\_ Date 7-24-59 Hour 2 pm Annual No. 26  
 Clergyman L.W. Perkins Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	350 00	2-7-61		80 00
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>T&amp;J</u>	5 88			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers <u>ambulance service</u> .....	64 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
To Funeral Complete		444 88			

NAME OF DECEASED MARY W. Edgerton RESIDENCE TROY KANSAS  
 FUNERAL AT MARGARIE MITCHELL RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 7-24-59 HOUR 2pm CLERGYMAN L.W. FIRKINS  
 SINGERS LOUISE SALTMAN Rev Campbell LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>Oct. N. P. No. Cannon</u>		Date of Death <u>July 22, 1959</u>
Interior <u>Heavy Tulle</u> Covering <u>Dark Green. Lace</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>		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>7-6-1910</u> Age, Years <u>49</u> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father <u>John P. HART</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>MATTIE DERO</u>
		Birthplace of Mother _____
		Signed <u>A.E. Cordenier</u> M.D. _____ Coroner _____
		Address <u>TROY KS</u> Date _____
		Interment at <u>MT. Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____
Total Cash Advances _____		
<u>S.S. NO. 488-14-5044</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.



Funeral of Timothy Masters Charge to \_\_\_\_\_ Account No. 585  
 Ordered by G. A. Masters Guaranteed by \_\_\_\_\_ Serial No. 322  
 Funeral at \_\_\_\_\_ Residence Graveside Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 7-30-59 Hour 10:30 AM Annual No. 27  
 Clergyman Rev Tom Wall Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services <u>Advanced To</u>		<u>8-18-59</u>		<u>79.90</u>
	Embalming <u>Boulevard Mortuary</u>	<u>59.90</u>			
	Outer Case or Vault <u>Dexter</u>				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>All charges here including</u>				
	<u>MARKEAD Phone Calls</u>	<u>20.00</u>			
To Funeral Complete		<u>79.90</u>			

PAID IN FULL

NAME OF DECEASED Timothy Allen Masters RESIDENCE TROY KANSAS  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH MT. Olive DATE 7-30-59 HOUR 10:30 A CLERGYMAN Tom Wall  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

1959  
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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	

Place of Death Denver Colo  
 Date of Death 7-25-59  
 Cause of Death Prematurity Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex Male Color or Race white  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child   
 Date of Birth 7-24-59 <sup>20 Hrs</sup> Age, Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation infant  
 How Long at Place of Death Hours  
 Birthplace—City or County Idaho Springs, State or Country Colo  
 Name of Father G. A. Masters  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birthplace of Mother \_\_\_\_\_  
 Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 Interment at MT Olive  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from Denver Colo  
 Via Ozark Airlines 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 Julia Ann Cooper RESIDENCE Severance Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Sev. Meth DATE 8-23-59 HOUR 2pm CLERGYMAN Lee Dickey  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_  
 Casket No. 116 Style Welded 11 No. 1-eh  
 Interior Blue Cup Covering \_\_\_\_\_  
 Mannequin Frank  
 Total Net Cost of Casket \_\_\_\_\_  
 Outer Case \_\_\_\_\_  
 Vault \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Clothing Mrs. Melba  
2124 7e  
Jarrell La  
 Total Cash Advances 46  
Thomas T

**MRS FRANK COOPER**  
**Funeral Services Were Held Sunday**  
**Afternoon at Methodist Church**

Julia Ann Cooper passed away at her home in Severance, Thursday afternoon, Aug. 20, 1959, following a long illness. She was born in Iowa Point, Kansas, Mar. 12, 1893, the daughter of William and Loutisha Sharp Neal. Her parents and a son, Glen Franklin Cooper, preceded her in death. One brother, William B. Neal, passed away the following day, Aug. 21, 1959. She is also survived by her husband, Frank, of the home, 3 daughters, Mrs. Lela Gutzman of Livonia, Mich., Mrs. Goldia Huss of St. Joseph, and Mrs. Wilma LaFavers of Kansas City by four sisters, Mrs. Nora Cluck and Mrs. Gertrude Meeks of Troy, Mrs. Josephine Turner of St. Joseph, and Mrs. Florence Faherty of Salina, by 8 grandchildren and 10 great-grandchildren. Funeral services were held Sunday at the Methodist church in Severance of which she was a member, with burial in Oak Hill cemetery. The Rev. Lee Dickey officiated. Pallbearers were Leon Erdley, Lloyd Blanton, John Libel, Oscar and Harry Fry, and Vinton Courtin. Music was furnished by Mrs. Helen Foster, Marilise Foster, and Leroy Drake.

REMARKS: Mr. and Mrs. Cooper observed their 50th anniversary

Place of Death Severance Kansas  
 Date of Death August 20 1959  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex Female Color or Race White  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth May 12 1893 Age, Years 66 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation Housewife  
 How Long at Place of Death 45 yrs  
 Birthplace—City or County Iowa Point State or Country Kansas  
 Name of Father Wm Neal  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother Lou Tisha Sharp  
 Birthplace of Mother \_\_\_\_\_  
 Signed Emerson Yoder M.D. \_\_\_\_\_ Coroner  
 Address Denton Kansas Date \_\_\_\_\_  
 Interment at OAK Hill  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call Lincoln & Vln.  
 Insured in Lincoln Benefit life Amount \_\_\_\_\_  
 Beneficiary Frank Cooper

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

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Funeral of Wilbert H. Miller Charge to ..... Account No. 587  
 Ordered by ..... Guaranteed by ..... Serial No. 324  
 Funeral at Residence ..... Mortuary ..... Church St. John's Date 9-7-59 Hour 2pm Annual No. 29  
 Clergyman CARL Nuebel Lodge Affiliations ..... Body Shipped to or from .....

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
 Wm H Miller  
 Melvin ..  
 Chas ..  
 Bud ..  
 NORMAN ..  
 MAX ..  
 Singers  
 Don Pope  
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	275 00	8-14-59		R. A. Ruby
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing..... <u>shirt</u>	3 05			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of ..... doz. Chairs.....				
	Flowers..... <u>TW</u>	4 76			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of ..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
<b>To Funeral Complete</b>		<b>307 81</b>			

NAME OF DECEASED Wilbert H. Miller RESIDENCE Bendena Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH ST Johns DATE 9-7-59 HOUR 2pm CLERGYMAN Carl Nuebel  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Bendena Kansas</u>
Casket No. _____ Style <u>Oak Kinged Panel</u>		Date of Death <u>Sept 3 1959</u>
Interior <u>my travel</u> Covering <u>light tan</u>		Cause of Death <u>Cerebral Hemorrhage</u> Contributory
Manufacturer <u>Pine Bluff</u>	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Child
Vault _____		Date of Birth <u>8/2/1877</u> Age, Years <u>82</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>5 days</u>
		Birthplace—City or County <u>Monroe</u> State or Country <u>W. Virginia</u>
		Name of Father <u>George Miller</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Mary Pennington</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Emerson Yoder M.D.</u> Coroner
		Address <u>Denton Kansas</u> Date _____
		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 _____		
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.

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NAME OF DECEASED FRANK COURTIN RESIDENCE Severance Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Methodist DATE 9-7-59 HOUR 10:30 A CLERGYMAN RE DAWSON  
 SINGERS \_\_\_\_\_ 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 <u>State Burial Parl</u>		Date of Death <u>SEPT 4 1959</u>
Interior <u>any time</u> covering <u>dark blue cloth</u>		Cause of Death <u>HEART ATTACK</u> Contributory
Manufacturer <u>Smith</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>8-10-59</u> Age, Years <u>63</u> Months _____ Days _____
Embalming _____		Occupation <u>LABORER</u>
Clothing _____		How Long at Place of Death <u>Life</u>
_____		Birthplace—City or County <u>TRAY</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>CHARLES COURTIN</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>MARY CAULEY</u>
Total Cash Advances _____		Birthplace of Mother <u>CLARA COURTIN</u>
_____		Signed <u>Emerson Yoder M.D.</u> _____ Coroner
<u>S.S. No. 712-01-9937</u>		Address <u>Denton Kansas</u> Date _____
<u>Children</u>		Interment at <u>OAK HILL</u>
<u>MRS Lois Wells - Hutchinson KS</u>		Lot or Grave No. _____ Section No. _____
<u>RT 3</u>		Shipped to _____
<u>MRS CLARA MORRIS - Wichita</u>		Arrived from _____
<u>FRANKLIN - University City Mo</u>		Via _____ R. R. Date _____
<u>Kenneth - K.C. Mo</u>		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 OSCAR PERRY BELL Charge to \_\_\_\_\_ Account No. 589  
 Ordered by Edith Bell (Wife) Guaranteed by \_\_\_\_\_ Serial No. 326  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 9-10-59 Hour 2 pm Annual No. 31  
 Clergyman J.W. Campbell Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Jimmie Jessip  
Louis Hickach  
Bob Walters  
Ed Howland  
Oscar Mayer  
L.F. Holcomb  
 Singers  
Rev Campbell  
Mrs Bob Sparr  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	58 5 00	9-12-59		670 00
	Embalming.....	50 00			
	Outer Case or Vault <u>Sectional</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	22 50			
	Suit or Dress.....	2 32			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers <u>TW</u> .....	10 59			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	<b>To Funeral Complete</b>	<b>670 41</b>			

NAME OF DECEASED Oscar Perry Bell RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH  DATE 9-10-59 HOUR 2pm CLERGYMAN J.W. Campbell  
 SINGERS Campbell + Mrs. <sup>Robt</sup> Sparks LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>State 1/2 Coach</u>			Date of Death <u>Sept 8 1959</u>
Interior <u>R.T. Cup</u> Covering <u>R.T. Brinsley</u>			Cause of Death <u>Apoplexy</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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>6-9-1880</u> Age, Years <u>79</u> Months _____ Days _____
Embalming _____			Occupation <u>Retired Photographer</u>
Clothing _____			How Long at Place of Death <u>8 yrs</u>
			Birthplace—City or County <u>SLAUGHTERVILLE</u> State or Country <u>Kentucky</u>
			Name of Father <u>MARCUS C Bell</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Alice (Unknown)</u>
Total Cash Advances _____			Birthplace of Mother <u>WIFE Edith CARPENTER</u>
			Signed <u>A.E. CORDONICA</u> M.D. _____ Coroner _____
			Address <u>TROY KANSAS</u> Date _____
			Interment at <u>MT Olive</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral			
*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 SAMUEL SIBLES Charge to \_\_\_\_\_ Account No. 590  
 Ordered by CATHERINE CLAY Guaranteed by \_\_\_\_\_ Serial No. 227  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 9-15-59 Hour 2pm Annual No. 32  
 Clergyman James Campbell Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
E. G. Brown  
HARVEY BOUGE  
Richard Taylor  
Alfred Zimmerman  
Ed Dubach  
Bill Triplett  
 Singers  
Campbell and  
MRS ROBT SPARKS  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	255 00	9-15-59	<input checked="" type="checkbox"/>	274 80
	Embalmg.....				
	Outer Case or Vault..... <u>Wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	10 00			
	Clergyman.....				
	Singers..... <u>Sales Tax</u>	4 40			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	<b>To Funeral Complete</b>	<b>274 40</b>			

NAME OF DECEASED SAMUEL NATHAN SURLES RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 9-15-59 HOUR 9pm CLERGYMAN James W Campbell  
 SINGERS Campbell and Mrs Robt Sparks LODGE AFFILIATIONS

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REVENUE ITEMS AND THEIR COST      CREDITS      PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		
Casket No. <u>200</u> Style <u>Ch. Angel Paul</u>		
Interior <u>Very Small</u> Covering <u>light blue</u>		
Manufacturer <u>Prestige Builders</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
SS. No. <u>510-30-1190</u>		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death ST Joseph MO (Hospital)  
 Date of Death 9-13-59  
 Cause of Death Chronic Occlusion Contributory Pulmonary Failure  
 Duration \_\_\_\_\_ Autopsy NO  
 Sex MALE Color or Race white  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced  Child \_\_\_\_\_  
 Date of Birth 7-31-1886 Age, Years 73 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation Retired Farmer  
 How Long at Place of Death 4 days  
 Birthplace—City or County ST Joseph State or Country MO  
 Name of Father George SURLES  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother Amanda Croshaw  
 Birthplace of Mother \_\_\_\_\_  
 Signed C.A. Potter M.D. \_\_\_\_\_ Coroner  
 Address ST Joseph MO Date \_\_\_\_\_  
 Interment at Courter 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 \_\_\_\_\_

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 FRANK H. COOPER RESIDENCE SEVERANCE KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Methodist DATE 9-20-59 HOUR 2:30p CLERGYMAN Lee Dickey  
 SINGERS Mrs. Foster - Leroy Drake LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Severance Kansas (His Home)</u>
Casket No. <u>116</u> Style <u>Metal beech</u>		Date of Death <u>Sept 17 1959</u>
Interior <u>Wing Cape</u> Covering <u>Silver Satin</u>		Cause of Death <u>Self inflicted Gunshot wounds</u>
Manufacturer <u>Miller</u>	DEBITS	Contributory _____
Total Net Cost of Casket _____		Duration _____ Autopsy <u>No</u>
Outer Case _____		Sex <u>MALE</u> Color or Race <u>White</u>
Vault _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Embalming _____		Date of Birth <u>10-27-1882</u> Age, Years <u>76</u> Months _____ Days _____
Clothing _____		Occupation <u>Retired Laborer</u>
_____		How Long at Place of Death _____
_____		Birthplace—City or County <u>Champaign</u> State or Country <u>Ill</u>
_____		Name of Father <u>George Cooper SR</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>FRANCES PANKAU</u>
_____		Birthplace of Mother _____
_____		Signed _____ M.D. <u>E.A. Peterson</u> Coroner
_____		Address <u>Wathena KS</u> Date _____
_____		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:		

SS No. 512-286748

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



113



Funeral of JANET Kay LARSON Charge to \_\_\_\_\_ Account No. 592  
 Ordered by STANLEY LARSON Guaranteed by \_\_\_\_\_ Serial No. 329  
 Funeral at Zion Lutheran Cemetery Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 10-2-59 Hour 2:30 p.m. Annual No. 94  
 Clergyman Rev. Anderson Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

	Date	Description of Service	Amount	Date	✓	Credits
Place of Burial		Casket and Services	50.00			58.24
Cemetery		Embalming..... SALOs TAX	1.25			
Grave No.		Outer Case or Vault.....				
Lot No.		Washing and Dressing.....				
Block No.		Shaving.....				
Section		Slumber Robe.....				
Pall Bearers		Suit or Dress.....				
		Other Articles of Clothing.....	1.99			
		Transferring Body.....				
		Door Badge.....				
		Opening Grave.....				
		Newspaper Notices.....				
		Telegrams and Telephone Calls.....				
		Use of _____ doz. Chairs.....				
		Flowers.....	5.00			
		Clergyman.....				
Singers		Singers.....				
		Casket Coach.....				
		Use of _____ Funeral Cars.....				
		Use of Flower Cars.....				
		Professional Supervision.....				
Insurance Policies		.....				
		.....				
		.....				
		.....				
		To Funeral Complete	58.24			

NAME OF DECEASED JANET Kay LARSON RESIDENCE TROY KANSAS  
 FUNERAL AT Zion Lutheran Cemetery RESIDENCE MORTUARY CHURCH DATE 10-2-59 HOUR 2:30p CLERGYMAN Anderson  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

115

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>ST. Joseph Missouri Hospital</u>
Casket No. _____ Style _____			Date of Death <u>10-1-59</u>
Interior _____ Covering _____			Cause of Death <u>PREMATURITY</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 _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____			Date of Birth <u>10-1-59</u> Age, Years <u>0</u> Months _____ Days _____
Embalming _____			Occupation <u>None</u>
Clothing _____			How Long at Place of Death <u>9 hrs.</u>
_____			Birthplace—City or County <u>ST. Joseph</u> State or Country <u>MO</u>
_____			Name of Father <u>STANLEY LARSON</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>CAROL JACOBSON</u>
Total Cash Advances _____		Birthplace of Mother _____	
_____		Signed <u>Emerson Lyder</u> M.D. _____ Coroner	
_____		Address <u>Denton Texas</u> Date <u>10-2-59</u>	
_____		Interment at <u>Zion Lutheran Cemetery</u>	
_____		Lot or Grave No. _____ Section No. _____	
_____		Shipped to _____	
_____		Arrived from _____	
_____		Via _____ R. R. Date _____	
Total Net Cost of Funeral _____		In Charge of _____	
Gross Profit on Funeral _____		Source of Call _____	
*Less Overhead Per Funeral _____		Insured in _____ Amount _____	
Net Profit Apparent _____		Beneficiary _____	

REMARKS:

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



115



Funeral of CARL F.W. Schmult Charge to \_\_\_\_\_ Account No. 593  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 330  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church CHRIST LUTHERAN ✓ Date 10-12-59 Hour 2:30 pm Annual No. 35  
 Clergyman Roy Bingheim Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Bud Schmidke  
Wm Anslinger  
OSCAR Benitz  
CHAS Ruhnke  
Jess HARR  
Geo. SALTER  
 Singers  
CAROL McKITTRICK  
 Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	465 00	10-19 59		660 98
	Embalming.....				
	Outer Case or Vault <u>Wickert</u> .....	160 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe <u>Tax</u> .....	10 98			
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	.....				
	To Funeral Complete	660 98			



117



Funeral of Annie C. Sutton Charge to ..... Account No. 594  
 Ordered by Nellie Clary & Bessie Sutton Guaranteed by ..... Serial No. 331  
 Funeral at ..... Residence ..... Mortuary  Church ..... Date 10-15-59 Hour 2:30 p.m. Annual No. 36  
 Clergyman L.W. Firkins Lodge Affiliations ..... Body Shipped to or from .....

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
  
 Grandsons  
  
 Singers  
 Rev. James  
 Campbell  
  
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	440 00	10-28-59		460 00
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe..... <u>ny</u>	7 23			
	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.....				
		512 23			

To Funeral Complete

NAME OF DECEASED Annie C. Sutton RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH  DATE 10-15-59 HOUR 2:30pm CLERGYMAN L.W. Firkins  
 SINGERS Rev James Campbell LODGE AFFILIATIONS \_\_\_\_\_

116

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Douglas Nursing Home - Troy</u>
Casket No. <u>350</u> Style <u>ect. 1/2 coach</u>		Date of Death <u>10-12-59</u>
Interior <u>R-T Satin</u> Covering <u>R-T jacquard</u>		Cause of Death <u>Cerebral Thrombosis</u> Contributory <u>Arteria Sclerosis</u>
Manufacturer <u>Miller</u>	DEBITS	Duration <u>Sudden</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>10-10-1869</u> Age, Years <u>90</u> Months _____ Days <u>2</u>
Embalming		Occupation <u>House wife</u>
Clothing		How Long at Place of Death <u>7 years</u>
_____		Birthplace—City or County _____ State or Country <u>Alabama</u>
_____		Name of Father <u>Peter Malone</u>
_____		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>Alice Brantley</u>
_____		Birthplace of Mother _____
_____		Signed <u>A. E. Cordonier</u> M.D. _____ Coroner
_____		Address <u>Troy Ks.</u> Date <u>10-14-59</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.



119

Funeral of Ben E. Heaston Charge to \_\_\_\_\_ Account No. 595  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 332  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church sev. Methodist Date 10-25-59 Hour 2pm Annual No. 37  
 Clergyman R. E. Dawson Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	350 00	10-25-59		95 22
	Embalming.....		10-23-59		95 00
	Outer Case or Vault..... <u>wood</u>	25 00	10-23-59		95 00
	Washing and Dressing.....		10-27-59		95 00
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>741</u>	5 88			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete	380 88			380 88

NAME OF DECEASED Benjamin E. Heaston RESIDENCE Leona Kansas  
 FUNERAL AT RESIDENCE MORTUARY sev. Methodist CHURCH DATE 10-25-59 HOUR 2 pm CLERGYMAN R.E. Dawson  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST Joseph Mo</u>
Casket No. <u>200</u> Style <u>Oak H. P.</u>		Date of Death <u>OCT. 22 1959</u>
Interior <u>any Tunk</u> Covering <u>light tan</u>		Cause of Death <u>CARCINOMA OF PROSTATE</u> Contributory
Manufacturer <u>Melby</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>Aug 15 1882</u> Age, Years <u>77</u> Months _____ Days _____
Embalming		Occupation <u>FARMER</u>
Clothing		How Long at Place of Death <u>3 months</u>
		Birthplace—City or County <u>Leona</u> State or Country <u>Kansas</u>
		Name of Father <u>Benjamin Heaston</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother _____
		<u>wife</u> Birthplace of Mother <u>Mabel Ann Gulickson</u>
<u>515.05 - 97.55</u>		Signed <u>J.L. Mothershead</u> M.D. _____ Coroner
		Address <u>ST Joseph Mo</u> Date _____
		Interment at <u>Belview Cemetery - Leona</u>
		Lot or Grave No. <u>234</u> 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.

811



121



Funeral of DALE MARK HARDWICK Charge to \_\_\_\_\_ Account No. 596  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 333  
 Funeral at \_\_\_\_\_ Residence MT. OLIVE Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 10-31-59 Hour 3:30 pm Annual No. 38  
 Clergyman Lee Dickey Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

F. Hagenbuch  
 Robt. Noyes  
 F. H. Dillenback  
 IRA Chapple  
 O. O. Fulk  
 Ralph Winzer

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services		1-5-60		387.13
	Embalming				
	Outer Case or Vault <u>MAUSOLEUM</u>	285.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <u>frank</u>	35.00			
	Door Badge				
	Opening Grave	40.00			
	Newspaper Notices				
	Telegrams and Telephone Calls <u>Kassidy</u>	7.13			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers <u>Grand Equipment</u>	10.00			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision <u>call other</u>				
	<u>Charges including flower to cemetery</u>	25.00			
		402.13			
		15.00			
	<u>less 15.00 for Box</u>				
	<u>net</u>	387.13			
	To Funeral Complete				

051

NAME OF DECEASED Dale Clark Hardwick RESIDENCE Antlers OKLA  
 FUNERAL AT MT. Olive RESIDENCE MT. Olive MORTUARY CHURCH DATE 10-31-59 HOUR 3:30p CLERGYMAN Lee Dickey  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
<b>Charge for Complete Funeral</b>		Place of Death <u>Antlers OKLA</u>
Casket No. _____ Style _____		Date of Death <u>OCT 28 1959</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer _____	<b>DEBITS</b>	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>9-12-1897</u> Age, Years <u>63</u> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>St Joe</u> State or Country <u>Mo</u>
_____		Name of Father <u>Willis Clark</u>
_____		Birthplace of Father _____
_____		<del>Maiden</del> Name of Mother <u>Mary Clark</u>
Total Cash Advances _____		Birthplace of Mother _____
_____		Signed _____ M.D. _____ Coroner _____
<u>daughter Miss Mary Hardwick</u>		Address _____ Date _____
<u>1 Pittsburg</u>		Interment at <u>MT. Olive</u>
<u>son Lt. Willis Hardwick</u>		Lot or Grave No. <u>Coffey J.H.</u> Section No. _____
<u>FT. Rueker Sta</u>		Shipped to <u>Antlers OKLA</u> Arrived from <u>Frank R. Lewis</u>
_____		Via _____ R. R. Date <u>OCT 30 1959</u>
_____		In Charge _____
<b>Total Net Cost of Funeral</b> _____		
Gross Profit on Funeral _____		
*Less Overhead Per Funeral _____		
Net Profit Apparent _____		

MARY HARDWICK  
 5721 STANTON  
 PITTSBURGH MO

REMARKS:

Dale Clark Hardwick  
 1896 - 1959

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

123



Funeral of Emmett A. Hoffman Charge to ..... Account No. 597  
 Ordered by ETA Hoffman Guaranteed by ..... Serial No. 334  
 Funeral at ..... Residence ..... Mortuary Met Church ..... Date 11-23-59 Hour 2 pm Annual No. 39  
 Clergyman Lee Dickey Lodge Affiliations ..... Body Shipped to or from .....

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
Alfred Zimmerman  
Wilber Copenhagen  
Ray Patton  
Ronald Warren  
Jay West  
Glen Burkhardt  
 Singers  
Mrs Glenn Burkhardt  
 Insurance Policies

Date	Description of Service	Amount		Date		✓	Credits	
	Casket and Services.....	500	00	12-17-59			726	50
	Embalming.....	160	00					
	Outer Case or Vault..... <u>Washed</u>							
	Washing and Dressing.....							
	Shaving.....	11	50					
	Slumber Robe..... <u>fy</u>							
	Suit or Dress.....							
	Other Articles of Clothing.....							
	Transferring Body.....							
	Door Badge.....	55	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.....							
To Funeral Complete		726	50					

NAME OF DECEASED Emmett A. Hoffman RESIDENCE TROY KANSAS  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Methodist DATE 11-23-59 HOUR 2pm CLERGYMAN Lee Dickey  
 SINGERS MRS Glenn Burkhaet LODGE AFFILIATIONS \_\_\_\_\_

122

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. _____ Style <u>metal &amp; leather</u>	
Interior <u>heavy plush</u> Covering <u>deluxe shoddy green material</u>	
Manufacturer <u>Emerson Casket</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
S.S. No. <u>491-09-7973</u>	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death TROY KANSAS  
 Date of Death Nov 19 1959  
 Cause of Death Emerson Unity Club Contributory \_\_\_\_\_  
 Duration 1yr + Autopsy No  
 Sex MALE Color or Race White  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth 2-26-1899 Age, Years 60 Months \_\_\_\_\_ Days \_\_\_\_\_  
 Occupation TANK WAGON DRIVER  
 How Long at Place of Death 18 years  
 Birthplace—City or County Doniphan State or Country KANSAS  
 Name of Father John Hoffman  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother Caroline King  
 Name of Wife ETTA HOFFMAN  
 Birthplace of Mother \_\_\_\_\_  
 Signed Emerson M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 Interment at Int. Oakwood St Joe  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. \_\_\_\_\_ Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

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 Charles F. GAUL RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRIST LUTHERAN DATE 11-24-59 HOUR 2pm CLERGYMAN Roy Bingenheimer  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST Joseph Mo</u>
Casket No. <u>302</u> Style <u>by Casch Metal</u>		Date of Death <u>11-22-59</u>
Interior <u>R.T. Siting</u> Covering <u>Coffin</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Superior</u>		Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>9-26-1880</u> Age, Years <u>79</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>6 days</u>
_____		Birthplace—City or County _____ State or Country <u>Germany</u>
_____		Name of Father <u>CARL GAUL</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>CAROLINE Wollnich</u>
_____		Birthplace of Mother _____
Total Cash Advances		Signed _____ M.D. _____ Coroner _____
_____		Address _____ Date _____
<u>SS No 510-36-8324</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 Lou TRILLA Ann Lewis RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY TRoy Baptist CHURCH DATE 12-3-59 HOUR 2pm CLERGYMAN Chas Moore  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

951

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Topeka Kansas (Hospital)</u>
Casket No. _____ Style _____			Date of Death <u>Dec 1 1959</u>
Interior _____ Covering _____			Cause of Death <u>Pulmonary edema</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>yes</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>7-15-1935</u> Age, Years <u>24</u> Months _____ Days _____
Embalming _____			Occupation <u>invalid</u>
Clothing _____			How Long at Place of Death <u>4 years</u>
_____			Birthplace—City or County <u>TROY (RURAL)</u> State or Country <u>KANSAS</u>
_____			Name of Father <u>Chester V Lewis</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>DORA Murphy Lewis</u>
Total Cash Advances _____		Birthplace of Mother _____	
_____		Signed _____ M.D. _____ Coroner _____	
_____		Address _____ Date _____	
_____		Interment at <u>COURTEE Cemetery</u>	
_____		Lot or Grave No. _____ Section No. _____	
_____		Shipped to _____	
_____		Arrived from _____	
_____		Via _____ R. R. Date _____	
Total Net Cost of Funeral _____		In Charge of _____	
Gross Profit on Funeral _____		Source of Call _____	
*Less Overhead Per Funeral _____		Insured in _____ Amount _____	
Net Profit Apparent _____		Beneficiary _____	
REMARKS:			

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



129



Funeral of Anna Daisy Denton Charge to \_\_\_\_\_ Account No. 600  
 Ordered by Mrs. WALT Triplett & Mrs. Clara Alvin Denton Guaranteed by Graves Denton Serial No. 337  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Meth. Date 12-7-59 Hour 2 pm Annual No. 42  
 Clergyman R. E. Dawson Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	715 00	12-29-59		1042 96
	Embalming.....				
	Outer Case or Vault <u>Mausoleum</u> .....	285 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe <u>dress</u> .....	24 50			
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls <u>79</u> .....	18 46			
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	<b>To Funeral Complete</b>	<b>1042 96</b>			



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Funeral of Lottie CLARY Charge to..... Account No. 601  
 Ordered by..... Guaranteed by..... Serial No. 338  
 Funeral at..... Residence..... Mortuary..... Church Baptist Date 12-11-59 Hour 2 pm Annual No. 43  
 Clergyman John Parker 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.....	635 00	12-10-59		734 65
	Embalming..... Wood Box	25 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				PAID IN FULL
	Suit or Dress.....	21 00			
	Other Articles of Clothing.....	3 50			
	Transferring Body.....				
	Door Badge..... SALES TAX	10 15			
	Opening Grave.....				
	Newspaper Notices..... GRAVE opening	40 00			
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
To Funeral Complete		734 65			

NAME OF DECEASED Lottie CLARY RESIDENCE TROY KANSAS  
FUNERAL AT RESIDENCE MORTUARY CHURCH Baptist DATE 12-11-59 HOUR 2pm CLERGYMAN John Parker  
SINGERS Rev James Campbell LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS</u> ( <sup>DOUGLAS</sup> REST HOME)
Casket No. _____ Style <u>Metal 2/3 Couch</u>		Date of Death <u>12-9-59</u>
Interior <u>PT Satin</u> Covering <u>Cuppalms</u>		Cause of Death <u>Apoplexy</u> Contributory _____
Manufacturer <u>Progress</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>3-31-1872</u> Age, Years <u>87</u> Months _____ Days _____
Embalming _____		Occupation <u>House wife</u>
Clothing _____		How Long at Place of Death <u>5 1/2 yrs</u>
		Birthplace—City or County <u>Riley</u> State or Country <u>KANSAS</u>
		Name of Father <u>Charles Young</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Elizabeth Merritt</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>A.F. Cordonica</u> M.D. _____ Coroner
		Address <u>TROY</u> Date <u>12-10-59</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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NAME OF DECEASED Noah A. Rittenhouse RESIDENCE TRoy KANSAS (RURAL)  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Lutheran DATE 1-2-60 HOUR 2pm CLERGYMAN Roy Bingenheimer  
 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 (RURAL)</u>
Casket No. _____ Style <u>Metal 1/2 Couch</u>			Date of Death <u>12-31-59</u>
Interior <u>R.T. F. Cape</u> Covering <u>Coffin</u>			Cause of Death <u>Coronary thrombosis</u> Contributory _____
Manufacturer <u>Mayer</u>	DEBITS		Autopsy <u>No</u>
Total Net Cost of Casket _____			Duration _____
Outer Case _____			Sex <u>MALE</u> Color or Race <u>white</u>
Vault _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Embalming _____			Date of Birth <u>12-31-1881</u> Age, Years <u>78</u> Months _____ Days _____
Clothing _____			Occupation <u>Retired Farmer</u>
			How Long at Place of Death <u>10 YRS</u>
			Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
			Name of Father <u>NOAH RITTENHOUSE</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>CASSANDRA WARE</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>A.E. Cordance</u> M.D. _____ Coroner
<u>S.S.No. 513-36-9645</u>			Address <u>TRoy</u> Date _____
Wife - <u>MARY</u>			Interment at <u>1 mt. Olive</u>
DAU. <u>MRS. Imez CRYSTAL KCK</u>			Lot or Grave No. _____ Section No. _____
<u>Ruby CROSS WAYNOKA OKLA</u>			Shipped to _____
<u>MARY RUTH FOLEY SHAWNEE KS</u>			Arrived from _____
son <u>ROBT R. KCK</u>			Via _____ R. R. Date _____
<u>Virgil R. K.C.Mo</u>			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 ELda J. RUTHER FORD Charge to \_\_\_\_\_ Account No. 603  
 Ordered by GORDON RUTHER FORD Guaranteed by \_\_\_\_\_ Serial No. 340  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 1-6-60 Hour 1 pm Annual No. 1  
 Clergyman Lee Dickey Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial \_\_\_\_\_  
 Cemetery \_\_\_\_\_  
 Grave No. \_\_\_\_\_  
 Lot No. \_\_\_\_\_  
 Block No. \_\_\_\_\_  
 Section \_\_\_\_\_  
 Pall Bearers  
Rex Judd  
Ray Callahan  
Emmett McLelland  
P.E. Sullivan  
W.B. Taylor  
Mr. Cherry

Singers  
MAE Wmson

Insurance Policies \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	585 00	1-21-60		798 78
	Embalming.....	160 00			
	Outer Case or Vault <u>Willcut</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>TC</u>	13 78			
	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.....				
	_____				
	_____				
	_____				
	To Funeral Complete	798 78			

NAME OF DECEASED ELDA J. RUTHER FORD RESIDENCE TROY KANSAS  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH  DATE 1-6-60 HOUR 1pm CLERGYMAN Lee Dickey  
 SINGERS MAE WILLIAMSON 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 - WATHENA KS</u>
Casket No _____ Style <u>Art - Premier</u>		Date of Death <u>1-4-60</u>
Interior <u>R.T. Sate</u> Covering _____		Cause of Death <u>FRACTURED VERTEBRAE</u> Contributory _____
Manufacturer <u>Miller</u>		Duration <u>3 wks</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>Nov 5 1872</u> Age, Years <u>87</u> Months _____ Days _____
Embalming _____		Occupation <u>House wife</u>
Clothing _____		How Long at Place of Death <u>11 days</u>
		Birthplace—City or County <u>Andrew Co</u> State or Country <u>MO.</u>
		Name of Father <u>Noah Sipes</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>SARAH CARTER</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>A. E. CORDONIER</u> M.D. _____ Coroner
<u>Gordon E RUTHER FORD</u>		Address <u>TROY KS.</u> Date _____
<u>2975 South MADISON</u>		Interment at <u>SAVANNAH MO.</u>
<u>DENVER 10 MO. CO.</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 Sophia Zimmerman Charge to..... Account No. 604  
 Ordered by..... Guaranteed by..... Serial No. 341  
ST. Johns Lutheran  
 Funeral at..... Residence..... Mortuary..... Church..... Date 1-16-60 Hour 2 pm Annual No. 2  
 Clergyman CARL NEUBEL Lodge Affiliations..... Body Shipped to or from.....

Place of Burial  
 Cemetery  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers  
Louis Stolp  
DALE CAUDLE  
Robert Elder  
Emil Elder  
Geo. Albers  
HERBERT ALBERS  
 Singers  
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	660 00	3-30-59		949 67
	Embalming.....				
	Outer Case or Vault..... <u>Heisee VAULT</u>	150 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>DBess</u>	28 00			
	Other Articles of Clothing.....	4 67			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	50 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls..... <u>to friend</u>	2 00			
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....	20 00			
	Singers.....	20 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Ambulance 10-31-59</u>	15 00			
	<u>Cemetery Paid 3-30-60</u>				
		949 67			
	To Funeral Complete				

NAME OF DECEASED Sophia Zimmerman RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST. Johns DATE 1-16-60 HOUR 2pm CLERGYMAN CARL Noubel  
 SINGERS MRS Joseph Bullock LODGE AFFILIATIONS \_\_\_\_\_

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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST. Joseph Mo. (Hospital)</u> <small>Gen. Ost.</small>
Casket No. _____ Style <u>Column Corner Wood 1/2 cove</u>		Date of Death <u>1-14-60</u>
Interior <u>Silver Crepe</u> Covering <u>Silver Feltan</u>		Cause of Death <u>Hypostatic Pn<sup>u</sup>romia</u> <small>Contributory</small>
Manufacturer <u>PROGRESS</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>FEMALE</u> Color or Race <u>white</u>
Outer Case <u>Cover. Black &amp; white Column</u>		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>4-6-1868</u> Age, Years <u>91</u> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death <u>10 weeks</u>
		Birthplace—City or County <u>MORAY</u> State or Country <u>KANSAS</u>
		Name of Father <u>John Zimmerman</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Katherine Lee</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>DR. A. J. Blair M.D.</u> <small>Coroner</small>
<u>A. C. Zimmerman</u>		Address <u>Troy</u> Date <u>1-15-60</u>
<u>605 VERNON ST</u>		Interment at <u>Mt Olive</u>
<u>OAKLAND 10 CALIF</u>		Lot or Grave No. _____ Section No. _____
<u>MRS. MAUD HASELWOOD</u>		Shipped to _____
<u>539 RIVERSIDE DRIVE</u>		Arrived from _____
<u>REDDING CALIF</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.

