

HARMAN FUNERAL HOME

1962 to 1965

Surname	given name	record no.	Surname	given name	record no.
ABBETT	CHARLES H	727	FAHEY	MARY ELLEN (NELL)	711
ABERLE	FRANK	693	FLETCHER	MARIE E	741
ANDRUS	LAURA	702	FORD	VASQUES LOGAN	801
ASHWORTH	WILLIAM EARL	721	FOSTER	FLORENCE	766
BAHR	ALCID H	698	FRAKES	CARL G	807
BEMBRICK	ANNA L	780	FRANKEN	ANDREW W	823
BLOSS	LILLIE ARMITTA	810	FRANKEN	WILLIAM A	820
BRASEL	CLAUDE	781	FULK	ORVILLE O	814
BRASSFIELD	RONALD EVERETT	802	GAUL	OTTO ADOLPH	783
BROWN	INFANT	699	GILLENWATER	JOHN L	763
BROWN	VERA N	791	GINGRICH	ALONZO F	732
BROWNLEE	FERN MARIE	740	HALDA	JOSEPH F	748
BYERS	HARRY H	738	HAMILTON	LAURA ANN	759
CALNAN	MARTHA ANN	808	HARRIS	ARNOLD FRANCIS	706
CAMPBELL	FRED W	809	HART	ELIZABETH E	777
CARNEY	DAN D	707	HOLZHEY	AMYE GLADYS	773
CARROLL	HARRY	822	HOWLAND	MINNIE	805
CARROLL	MARY A	800	INGRAM	WILLIAM G	755
CHAPPLE	THERESA MARIE	709	IVY	SANDRA KAY	694
CLARK	MARCELLA	739	JACKSON	IRVIN ROBERT	797
CORDONIER	EVA MYRTLE	786	JOHNSON	JAY ALLEN	795
CROSS	CORDELIA BELL	804	JOHNSON	MYRTLE N	691
CROSS	JASPER N	710	JONES	MARY E	742
CULP	IDA	760	KASTER	JESSIE LEORA	715
DANNEVIK	JOHN M	771	KAUFFMAN	JAMES W	720
DAVIES	WILLIAM CRAWFORD	712	KIEHNHOFF	FRANK B	775
DEAN	HAGAN LINDBERGH	756	KIRBY	LAWRENCE EDGAR	782
DISHON	JESSIE M	724	KOSTMAN	ALVIN	714
DISHON	RANDELL L	745	KUHNERT	HENRY T	737
DITTEMORE	CATHERINE AMELIA	734	LIBEL	EFFIE F	743
DRAKE	EMMA GLADYS	746	LIBEL	LEO HERMAN	784
EARHART	ADA M	749	LIEFFRING	EMMETT E	772
ELDER	MARK IAN	770			
ELLIS	BOYD B	723			
EMORY	HARVEY A	768			
EMORY	WILLIAM	758			
ESTABROOKS	MILDRED	726			

HARMAN FUNERAL HOME
1962 to 1965

Surname	given name	record no.	Surname	given name	record no.
MANYON	WILLIAM	813	SALTZMAN	CARL A	816
MARBLE	MINNIE I	817	SALTZMAN	MILTON	790
MARSH	MYRTLE MARGUERITE	792	SCARBROUGH	MARY ETHEL	798
MAYNARD	MABEL	704	SCHAUFFLER	EDWIN A	789
McCONNELL	ROSETTA	728	SCHMIDTKE	OTTO C	806
McDOWELL	MELVINA	774	SCOTT	JERRY LEE	764
MEEKS	CHARLES E	747	SEVERIN	MICHAEL SHAWN	719
MONROE	ANNA LOUISE	796	SHARP	KAREN ANN	776
MOSER	ALVA CURTIS	701	SIMPSON	BERTHA AGNES	812
MYERS	EDWARD A	692	SIMPSON	VIRGIL J H	753
			SLAUGHTER	PHYLLIS JUNE	718
NITZ	MAUDE ROSE	705	SMITH	BERNARD LEE	767
NOCKS	EMERY EBIN	785	SMITH	ELMER SR	700
NORMAN	CLARK W	761			
			STOTLAR	FLORA	787
OSBORN	SUSANNAH	769	STRICKER	MABEL ADELINE	788
			SURLES	GEORGE	815
PETERS	HALLIE M	821	SUTTON	ROY C	731
PHILLIPS	RICHARD J	736	SUTTON	VICTOR A	735
PIERCE	CARYL MAE	697			
POLLARD	THOMAS N	765	TAYLOR	WILLIAM RUSSELL	716
POPE	GEORGE T	803	THOMAS	ALEX	824
PORTERFIELD	MILDRED	819	THOMAS	HETTIE JANE	779
PRITCHETT	GEORGE	794	THORNTON	JOHN P	703
			TURNBULL	OPAL	695
QUICK	FLORENCE A	717	TURNER	JOSEPHINE	751
			TWOMBLY	GORDON DAVID	818
RAMSIER	ELIZABETH	754			
RANDALL	IRENE GERTRUDE	725	WHITTAKER	LOUIS	708
REDDICK	MINNIE	744	WILLMETH	GRACE RACHAEL	793
REDER	WALTER H	696	WILSON	NELLIE M	730
RICE	OTTO W	811	WINKEL	ELSIE MYRTLE	757
RICKLEFS	JOHN V	750	WINZER	RUBY	722
ROBERTON	MARY F	729	WORMAN	ANNA JANE	778
ROBERTS	SADIE B	752			
RUDEBAUGH	LESLIE L	733	ZIMMERMAN	LULU BELL	762
RUHNKE	LLOYD R	799	ZIMMERMAN	NELLIE	713

310



Funeral of Myrtle N Johnson Charge to _____ Account No. 691
 Ordered by Knut Johnson Guaranteed by _____ Serial No. 428
 Funeral at _____ Residence _____ Mortuary St Johns Church Date 1-23-62 Hour 2 pm Annual No. 1
 Clergyman Carl N'Vebel Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Norman Johnson
Richard
Melvin
Chris
John H.
Byron

Singers
Donald Elder

Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	895 00	1-25-62		1195 15
	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.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....	20 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>SALES TAX</u>	20 55			
	..... <u>Disc 3540</u>				
		1230 55			
	To Funeral Complete	1195 15			

PAID in Full

NAME OF DECEASED Myrtle N Johnson RESIDENCE TROY KANSAS (RURAL)
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST Johns DATE 1-25-62 HOUR 2 pm CLERGYMAN CARL Nuebel
 SINGERS Donald Elder LODGE AFFILIATIONS _____

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

Charge for Complete Funeral	DEBITS	
Casket No. _____ Style _____		
Interior _____ Covering _____		
Manufacturer _____		
Total Net Cost of Casket _____		
Outer Case _____		
Vault _____		
Embalming _____		
Clothing _____		

Total Cash Advances _____		
DAU - MRS EARL COVERSTAN - EL Monte Calif		
MRS ROY SHROYCE JR. - ST. Joseph		
SONS - NORMAN - WILLIS TEXAS		
Melvin - ST Joe		
CHRIS - MANHATTEN		
Richard - TROY		
John H - ..		
Bjran - ..		
Total Net Cost of Funeral _____		
Gross Profit on Funeral _____		
*Less Overhead Per Funeral _____		
Net Profit Apparent _____		

Place of Death Meth Hosp ST Joseph
 Date of Death Jan 20 1962
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy yes
 Sex Female Color or Race white
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth 2-15-1901 Age, Years 60 Months _____ Days _____
 Occupation Housewife
 How Long at Place of Death 12 hrs.
 Birthplace—City or County Leona State or Country KANSAS
 Name of Father CHRIS MORTENSEN
 Birthplace of Father _____
 Maiden Name of Mother GENA MADISON
 Birthplace of Mother _____
 Signed E. Godee M.D. _____ Coroner _____
 Address Denton Kansas Date _____
 Interment at MORAY
 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.

312

Funeral of Edward A Myers Charge to..... Account No. 692
 Ordered by Lawrence Gilmore Guaranteed by..... Serial No. 429
 Funeral at..... Residence..... Mortuary Church..... Date 2-6-62 Hour 2 p.m. Annual No. 2
 Clergyman CARL Nuebel Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	650 00	3-3 62		764 98
	Embalming.....	55 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....	20 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Tax	11 13			
	CASH	764 98			
	NET	786 13			
	To Funeral Complete				

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

3.4



Funeral of FRANK ABERLE Charge to _____ Account No. 693
 Ordered by MRS ABERLE Guaranteed by _____ Serial No. 430
 Funeral at _____ Residence _____ Mortuary Church _____ Date 2-11-62 Hour 2:30 pm Annual No. 3
 Clergyman Chas Minsch Lodge Affiliations _____ Body Shipped to or from _____

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

 Singers

 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....		<u>2-3-62</u>		<u>934 63</u>
	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 FRANK Aberle RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 2-11-62 HOUR 2:30 CLERGYMAN Chas Miasch
 SINGERS Louise SALTZMAN LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hosp ST Joseph</u>
Casket No. <u>512</u> Style <u>1/2 couch</u>		Date of Death <u>Feb 9 1962</u>
Interior <u>Antique ivory</u> Covering <u>SILVER METAL</u>		Cause of Death _____ Contributory _____
Manufacturer <u>MAJOR</u> <u>copper tone TRUBBIS</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>10-2-1891</u> Age, Years <u>70</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired FARMER</u>
Clothing _____		How Long at Place of Death <u>21 days</u>
		Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
		Name of Father <u>John F Aberle</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Hannah Paden</u>
		Birthplace of Mother <u>wife ELsie FARBAUGH</u>
Total Cash Advances _____		Signed <u>M^r DANIEL</u> M.D. _____ Coroner _____
<u>S.S. No 515-05-4265</u>		Address <u>St Joseph</u> Date _____
<u>Son - John - Troy</u>		Interment at <u>MT Olive</u>
<u>DAU - Elizabeth Ann Mixzes</u>		Lot or Grave No. _____ Section No. _____
<u>4 Admore Okla.</u>		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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

213

318



Funeral of Sandra Kay Ivy Charge to _____ Account No. 694
 Ordered by Wm Ivy Guaranteed by _____ Serial No. 431
 Funeral at _____ Residence _____ Mortuary Church _____ Date 2-19-62 Hour 2 pm Annual No. 4
 Clergyman James Campbell Lodge Affiliations _____ Body Shipped to or from _____

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

Singers
James Campbell

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....		2-21-62		
	Embalming.....				50.00
	Outer Case or Vault.....		2-21-62		20.00
	Washing and Dressing.....				70.00
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....	15.00			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....	5.00			
	Casket Coach.....	15.00			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	25.00			
	_____ Staff Services.....	10.00			

	To Funeral Complete	70.00			

PAID in full

318

Funeral of Opal Turnbull Charge to _____ Account No. 695
 Ordered by _____ Guaranteed by _____ Serial No. 432
 Funeral at _____ Residence _____ Mortuary Church _____ Date 2-26-62 Hour 2 pm Annual No. 5
 Clergyman Anderson Lodge Affiliations _____ Body Shipped to from Michigan

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
F.H. Haglund
Earl Green
C.C. Calman
Roy Briggs
Harold Earhart
Maurice Bryan
 Singers _____
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....		2-26-62		
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....	25.00			
	Door Badge.....				
	Opening Grave..... (5 scooping shovel)	45.00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....	10.00			
	Singers.....	10.00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	25.00			
	..... use of MUST FAC.....	50.00			
	..... GRAVE Equip.....	30.00			
				
				
				
	To Funeral Complete	195.00			

NAME OF DECEASED OPAL TURNBULL RESIDENCE Three Rivers Michigan
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 2-26-62 HOUR 2pm CLERGYMAN Anderson
 SINGERS Louise SALTZMAN LODGE AFFILIATIONS _____

317

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Three Rivers Michigan</u>
Casket No. _____ Style _____			Date of Death <u>Feb 18 1962</u>
Interior _____ Covering _____			Cause of Death <u>Cerebral Hem.</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 <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>9-16-1890</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County <u>Douglas Co</u> State or Country <u>Kansas</u>
_____			Name of Father <u>S. B. CARPENTER</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>MARGARET BRITTON</u>
_____			Birthplace of Mother _____
_____			Signed _____ M.D. _____ Coroner _____
_____			Address _____ Date _____
_____			Interment at <u>mt Olive</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			Source of Call _____
*Less Overhead Per Funeral _____			Insured in _____ Amount _____
Net Profit Apparent _____			Beneficiary _____
REMARKS:			

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

320



Funeral of WALTER H Reder Charge to _____ Account No. 696
 Ordered by MRS Pauline Reder Guaranteed by _____ Serial No. 433
 Funeral at _____ Residence _____ Mortuary Christ Church Date 3-11-62 Hour 2 pm Annual No. 6
 Clergyman Bingenheimer Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Robbie Kuhnert
LARRY Reder
DWAYNE Reder
MARVIN Reder
Wm Ruhnke
 Singers _____
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	670 00	4-20-62		950 69
	Embalming.....	42 00			
	Outer Case or Vault..... <u>Wilbert</u>	170 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....	4 48			
	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.....				
	<u>SALES TAX</u>	14 41			
	<u>ambulance</u>	50 00			
	<u>Disc 25.20</u>				
	<u>Net</u>	975 89			
	<u>Cash</u>	975 69			
	<u>To Funeral Complete</u>	950 69			

322



Funeral of CAROL MAE PIERCE Charge to _____ Account No. 697
 Ordered by J. HARRY PIERCE SR Guaranteed by _____ Serial No. 434
 Funeral at _____ Residence _____ Mortuary BAPTIST Church _____ Date 3-12-62 Hour 2pm Annual No. 7
 Clergyman John EVANS Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Robt Behrand
Leo Schmitz
Oliver Belk
ARTHUR isabel
BERT Pierce
Joe Pierce
 Singers
Rebecca MRS
EVANS
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	590 00	4-4-62		701 10
	Embalming.....				
	Outer Case or Vault..... <u>cone sec</u>	55 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress. <u>(IRIS)</u>	29 50			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	35 88			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales TAX</u>	10 96			
	<u>Disc 20.24</u>				
	<u>Net</u>	721 34			
	<u>CASH</u>	701 10			
	To Funeral Complete				

324



Funeral of Alcid H Bahr Charge to _____ Account No. 698
 Ordered by _____ Guaranteed by _____ Serial No. 435
 Funeral at _____ Residence _____ Mortuary Church _____ Date 3-14-62 Hour 2 pm Annual No. 8
 Clergyman Bingenheimer 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.....	385 00	4-2-62	Pd. By L. Roberts		573 38
	Embalming.....					
	Outer Case or Vault..... <u>Wilbeer</u>	170 00				
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....					
	Suit or Dress.....					
	Other Articles of Clothing.....					
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....	25 00				
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of _____ doz. Chairs.....					
	Flowers.....					
	Clergyman.....					
	Singers.....					
	Casket Coach.....					
	Use of _____ Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	Tax	10 03				
	Net	590 03				
	Cash	573 38				
	<u>Disc 16.65</u>					
To Funeral Complete		573 38				573 38

PAID in FULL

NAME OF DECEASED ALCID H BARR RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-14-62 HOUR 2pm CLERGYMAN Roy Bingenheimer
 SINGERS Lawrence Loroff LODGE AFFILIATIONS _____

323

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Blanton Nursing Home - Troy</u>
Casket No. _____ Style <u>Woods oak</u>			Date of Death <u>MARCH 12 1962</u>
Interior <u>Woods oak</u> Covering <u>Silver</u>			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____			Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>5-23-1881</u> Age, Years <u>80</u> Months _____ Days _____
Embalming _____			Occupation <u>Retired Farmer</u>
Clothing _____			How Long at Place of Death <u>9 months</u>
_____			Birthplace—City or County <u>Troy</u> State or Country <u>KANSAS</u>
_____			Name of Father <u>Henry Barr</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Johanna Wollnick</u>
Total Cash Advances _____			Birthplace of Mother _____
_____			Signed <u>E Yabea</u> M.D. _____ Coroner _____
_____			Address <u>Denton KS</u> Date _____
_____			Interment at <u>Christ Lutheran Cemetery</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. Date _____
SS No <u>510-09-5878</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.



229



Funeral of Infant Brown Charge to _____ Account No. 1299
 Ordered by E. C. Brown Jr Guaranteed by _____ Serial No. 436
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date _____ Hour _____ Annual No. 9
 Clergyman Minsch 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.....	35 00	July 1 - 42		35 00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete				

NAME OF DECEASED Infant Brown RESIDENCE TROY KANSAS
 FUNERAL AT Bellmont RESIDENCE Cemetery MORTUARY Cemetery CHURCH Bellmont DATE 4-12-62 HOUR 10 AM CLERGYMAN Minch
 SINGERS _____ LODGE AFFILIATIONS _____

325

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Meth Hosp St Joe Mo</u>
Casket No. _____ Style _____			Date of Death <u>April 10 1962</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>Apr 10 1962</u> Age, Years <u>0</u> Months _____ Days _____
Embalming _____			Occupation <u>in Fant</u>
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County <u>St Joseph</u> State or Country <u>Mo</u>
_____			Name of Father <u>E. G. Brown Jr</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Dorothy Manville</u>
_____			Birthplace of Mother _____
Total Cash Advances			Signed <u>E. Yoder</u> M.D. _____ Coroner
_____			Address <u>Denton 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.

328



Funeral of Elmer Smith Sr Charge to _____ Account No. 700
 Ordered by _____ Guaranteed by _____ Serial No. 437
 Funeral at _____ Residence _____ Mortuary Baptist Church Date 4-17-62 Hour 2:30 Annual No. 10
 Clergyman EVANS + CAIN Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
 Elmer Murphy
 Riley Murphy
 Owen Koehler
 Archie Seiter
 Safford Guy
 Leo McIntyre
 Singers _____
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	690 00	5-12-62		734 03
	Embalming.....	55 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....	25 63			
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach <u>Sulstuf</u>	11 73			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				

	To Funeral Complete				

330

Funeral of A. Curtis Moser Charge to..... Account No. 701
 Ordered by Ralph Moser Guaranteed by..... Serial No. 438
 Funeral at..... Residence..... Mortuary..... Church Mt. Zion Date 5-8-62 Hour 2:30 Annual No. 11
 Clergyman Campbell + Anderson Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	650 00	5-6-62		890 55
	Embalming.....				
	Outer Case or Vault.....	170 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	20 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	35 + 15 + 1.25 = 51 25			
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....	20			
	.....	Salor. TAX			
	.....	14 50			
				
				
	.....	15 75			
	To Funeral Complete	890 55			

PAID IN FULL

Jan 25

305

H Aupt

Funeral of LAURA ANDRUS Charge to _____ Account No. 702
 Ordered by Loyd ANDRUS Guaranteed by _____ Serial No. 437
 Funeral at _____ Residence _____ Mortuary CHRISTIAN Church _____ Date 6-7-62 Hour 2 p.m. Annual No. 12
 Clergyman FIRKINS Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
ARchie MORRIS
HARRY "
Connie ANDRUS
Leon "
FRANK TURPIN
ERnest MYERS
 Singers _____
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	325 00	6/7/62		462 69
	Embalming.....				
	Outer Case or Vault.....	55 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.....	80			
	Use of _____ doz. Chairs.....				
	Flowers.....	25 64			
	Clergyman.....	15 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	6 25			
		462 69			
	Disc. 11.40 (7-6) Net	437 69			
	To Funeral Complete				

NAME OF DECEASED LAURA Bell ANDRUS RESIDENCE BLAIR KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 6-7-62 HOUR 2pm CLERGYMAN L.W. FARRINS
 SINGERS MRS Denton SALTzman LODGE AFFILIATIONS _____

331

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>BLAIR KANSAS (Her Home)</u>
Casket No. _____ Style <u>1/ Couch Act.</u>		Date of Death <u>June 5 1962</u>
Interior <u>gray Tulle</u> Covering <u>Silvery Sat</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Smiller</u>		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket	DEBITS	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>7-23-1898</u> Age, Years <u>62</u> Months _____ Days _____
Embalming		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>14 years</u>
		Birthplace—City or County <u>Mendota</u> State or Country <u>Mo</u>
		Name of Father <u>VAL R Smith</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>ALMA A Albright</u>
		Birthplace of Mother _____
Son <u>FORREST Hamilton</u>		Signed <u>PETERSON</u> M.D. _____ Coroner _____
<u>216 No 35 N.C.K</u>		Address <u>WATHENA Kansas</u> Date _____
Bro <u>JAMES R Smith</u>		Interment at <u>BURBELL Cemetery (W. of Tru)</u>
<u>1411 White N.C.Mo.</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.

W
36

Funeral of MABLE MAYNARD Charge to _____ Account No. 704
 Ordered by _____ Guaranteed by _____ Serial No. 441
 Funeral at _____ Residence _____ Mortuary Church _____ Date 7-4-62 Hour 10 AM Annual No. 14
 Clergyman R. G. Andersen Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Jim Olson
Bud Ross
Hayden Elder
Emmett Hayes
Bob Williamson
CARL SALTMAN
 Singers
Mrs Haupt
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....				
	Embalming.....	55 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....	40 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....	25 62			
	Flowers.....	15 00			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Use of Mortuary & Facilities</u>	50 00			
	<u>GRAVE Equipment</u>	15 00			
	<u>SALES Tax</u>	1 39			
	<u>STAFF Service</u>	25 00			
	To Funeral Complete	247 01			

NAME OF DECEASED MABLE MAYNARD RESIDENCE BURKE So DAKOTA
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 7-4-62 HOUR 10 AM CLERGYMAN Anderson
 SINGERS MRS Evelyn Haupt LODGE AFFILIATIONS _____

335

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>BURKE So DAKOTA</u>
Casket No. _____ Style _____			Date of Death <u>June 30 1962</u>
Interior _____ Covering _____			Cause of Death <u>B Broncho pneumonia</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 <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>2-29-1868</u> Age, Years <u>94</u> Months <u>4</u> Days <u>1</u>
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County <u>Daniphan</u> State or Country <u>KANSAS</u>
_____			Name of Father _____
_____			Birthplace of Father _____
_____			Maiden Name of Mother _____
_____			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
_____			Address _____ Date _____
_____			Interment at <u>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.

340

Funeral of Arnold F HARRIS Charge to _____ Account No. 706
 Ordered by Mellic HARRIS Guaranteed by _____ Serial No. 443
 Funeral at _____ Residence _____ Mortuary Church _____ Date 7-26-62 Hour 2 pm Annual No. 16
 Clergyman L. C. CAIN Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
FRANK WARRAN
CHAS MARTIN
HAROLD SCHUMAN
FRANK ENGEMAN
CARL CAIN
LAWRENCE WALTER
 Singers
Songs
in the Garden
Just a closer
WALK WITH THEE
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	895 00	7-30-62		
	Embalming				1241 03
	Outer Case or Vault <u>Mausoleum</u>	285 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	35 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sales Tax</u>	21 43			
		1276 43			
	<u>Cash Discount</u>	35 40			
		1241 03			
	To Funeral Complete				1241 03

PAID in full

NAME OF DECEASED Arnold Francis Harris RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 7-26-62 HOUR 2pm CLERGYMAN L. G. Cain
 SINGERS Don Elder (Soloist) Leata Elden LODGE AFFILIATIONS UBA # 117

339

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral <u>modernistic</u>		Place of Death <u>3 mile East of Troy (His Home)</u>
Casket No. <u>304</u> Style <u>Metal 1/2 Couch</u>		Date of Death <u>July 24 1962 (8pm)</u>
Interior <u>B.T. Baidal</u> Covering <u>Copper tone</u>		Cause of Death <u>Cerebral Arteriosclerosis</u>
Manufacturer <u>Superior Metallic</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>1-24-1886</u> Age, Years <u>76</u> Months <u>6</u> Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>70 YRS</u>
		Birthplace—City or County <u>Troy</u> State or Country <u>KANSAS</u>
		Name of Father <u>Wm Bucklin Harris</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Emma Cundy</u>
<u>Son MARVIN K. - Troy</u>		Birthplace of Mother _____
<u>DAU MRS CHAS CLAUSER - (Louise)</u>		Signed <u>E. Yodea</u> M.D. _____ Coroner _____
		Address <u>Denton 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 <u>MARRIED Nellie Batchiff</u>
Gross Profit on Funeral _____		<u>at ST Joe 1-29-1910</u>
*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.

NAME OF DECEASED DAN D CARNEY RESIDENCE TROY And WADSWORTH
 FUNERAL AT RESIDENCE MORTUARY CHURCH MT Olive DATE 8-1-62 HOUR 2pm CLERGYMAN James Campbell
 SINGERS _____ LODGE AFFILIATIONS Veteran WW II

146

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Wadsworth VA Hospital</u>
Casket No. <u>450</u> Style <u>Stet 1/2 Couch</u>		Date of Death <u>7-30-62</u>
Interior <u>Wing Sator</u> Covering <u>Satan Plush</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Child _____
Vault _____		Date of Birth <u>5-29-1899</u> Age, Years <u>63</u> Months <u>2</u> Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>Terrellia</u> State or Country <u>KANSAS</u>
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
<u>DAU MRS ROBT WALTER - Troy</u>		Address _____ Date _____
<u>MRS JOE HANZ LICK - Belle Hill</u>		Interment at <u>MT Olive</u>
<u>SISTER MRS R H MACKAY - Troy</u>		Lot or Grave No. _____ Section No. _____
<u>MRS DAVE BACKMAN - Topeka</u>		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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

274



Funeral of Louis Whittaker Charge to..... Account No. 708
 Ordered by Bowena Whittaker Guaranteed by..... Serial No. 445
 Funeral at..... Residence..... Mortuary..... Church Meth Date 8-8-62 Hour..... Annual No. 18
 Clergyman L. G. Cain Lodge Affiliations..... Body Shipped to or from.....

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

Pall Bearers
Russell Spencer
Ralph Linsey
Edw. Elyar
WALT Meunier
Francis Simpson
Maynard Scholz

Singers
Louise
SALTZMAN

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	695 00	8-26-62		824 98
	Embalming.....	55 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	25 00			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	12 48			
	CASH	824 98			
	Net	847 48			
	To Funeral Complete				

less 22.50

NAME OF DECEASED Louis Julian Whitaker RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Meth DATE 8-8-62 HOUR 2pm CLERGYMAN L. G. Cain
 SINGERS Louise Saltzman - Pianist LODGE AFFILIATIONS Joyce Bennett

343

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Wayne Township (Home of son)</u>
Casket No. <u>2100</u> Style <u>H. Coon, Cedar Lake</u>		Date of Death <u>Aug 6 1962</u>
Interior <u>gold Samoyez covering</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Progress</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>10-9-1894</u> Age, Years <u>67</u> Months _____ Days _____
Embalming _____		Occupation <u>FAARMER</u>
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>Denigton Co</u> State or Country <u>Ks.</u>
		Name of Father <u>FRANK Whitaker</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Lottie PAUL</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>A. J. Blair M.D.</u> Coroner _____
Sons - <u>VERNON Atchison, RTN</u>		Address <u>Troy Kans</u> Date _____
<u>PAUL</u>		Interment at <u>Mt Olive</u>
BRO - <u>FRANK</u>		Lot or Grave No. _____ Section No. _____
<u>WREN SACRAMENTO</u>		Shipped to _____
SIS - <u>GRACE Bennett - New Orleans</u>		Arrived from _____
<u>ETHA Willmeth - Troy</u>		Via _____ R. R. Date _____
<u>4 Grand children</u>		In Charge of <u>Wife - Rowena Taylor</u>
<u>dad died in infancy</u>		Source of Call _____
Total Net Cost of Funeral _____		Insured in _____ Amount _____
Gross Profit on Funeral _____		Beneficiary _____
*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.

NAME OF DECEASED Theresa Marie Chapple RESIDENCE Manhattan Kansas
 FUNERAL AT ST CHARLES Cemetery RESIDENCE ST CHARLES MORTUARY ST CHARLES CHURCH ST CHARLES DATE 8-17-62 HOUR 10 AM CLERGYMAN FATHER HALL OSS
 SINGERS _____ LODGE AFFILIATIONS _____

345

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Atchison Kansas (Hospital)</u>
Casket No. _____ Style _____			Date of Death <u>Aug 16 1962</u>
Interior _____ Covering _____			Cause of Death <u>Still born</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>Aug 16 1962</u> Age, Years <u>0</u> Months _____ Days _____
Embalming _____			Occupation <u>infant</u>
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County <u>Atchison</u> State or Country <u>Kansas</u>
_____			Name of Father <u>Thomas Chapple</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>PATRICIA Thompson</u>
_____		Birthplace of Mother _____	
_____		Signed <u>DR BROWN M.D.</u> Coroner _____	
_____		Address <u>Atchison</u> Date _____	
_____		Interment at <u>ST CHARLES</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.



848

Funeral of Jasper N Cross Charge to _____ Account No. 710
 Ordered by Lloyd Cross Guaranteed by _____ Serial No. 447
 Funeral at _____ Residence _____ Mortuary Church _____ Date 8-31-62 Hour 2 pm Annual No. 20
 Clergyman L. G. Cain Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Dwayne Cross
 Max Cross
 Merle Reno
 Henry Keling
 Clancy Keling
 Jack Page

Singers

Lela Scott

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	465 00	9-4-62		579 11
	Embalming.....	55 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	25 00			
	Other Articles of Clothing.....	1 50			
	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.....				
	TAX	9 01			
		595 51			
	Discount	16 40			
	To Funeral Complete	579 11			

350



Funeral of MARY Ellen (Nell) Fahey Charge to..... Account No. 711
 Ordered by..... Guaranteed by..... Serial No. 448
 Funeral at..... Residence ST CHARLES Mortuary..... Church..... Date 9-13-62 Hour 10 AM Annual No. 21
 Clergyman F. Egbert Hall Lodge Affiliations..... Body Shipped to or from.....

August Gronniger Sr
 Bernard Bailey
 Francis Foley
 Julian Nelson
 W.A. Franken
 Leo McIntyre

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	788 00	11-23-62		1024 32
	Embalming.....				
	Outer Case or Vault <u>W. Walnut</u>	180 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe..... <u>74</u>	16 32			
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Funeral Home</u>	2 00			
		1024 32			
		29 34			
	<u>Miss</u> 29.34				
	To Funeral Complete <u>net</u>	994 98			

NAME OF DECEASED MARY ELLEN (NEIL) FAHEY RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST CHARLES DATE 9-13-62 HOUR 10 AM CLERGYMAN FATHER EGBERT HALL OSB.
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST Josephs Hospital</u>
Casket No. _____ Style <u>metal Slates</u>		Date of Death <u>Sept 11, 1962</u>
Interior <u>Wing Cape</u> Covering <u>Silver Blue</u>		Cause of Death <u>Myocardial Infarction</u> Contributory _____
Manufacturer <u>M.A. Peterson</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>1-7-1891</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired School Teacher</u>
Clothing _____		How Long at Place of Death <u>11 days</u>
		Birthplace—City or County <u>Ogden</u> State or Country <u>UTAH</u>
		Name of Father <u>JAMES FAHEY</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>FANNIE HARRINGTON</u>
<u>Josephine - Troy</u>		Birthplace of Mother _____
<u>MARIE FITZPATRICK ST JOE</u>		Signed <u>J.L. Mothershead</u> Coroner
<u>Ted - Troy</u>		Address <u>ST Joe mo</u> Date _____
<u>CHARLES - Troy</u>		Interment at <u>MT Olive</u>
<u>Lee - K.C.</u>		Lot or Grave No. _____ Section No. _____
<u>ROBT - ST JOE</u>		Shipped to _____
<u>BERNARD - YERMO CAL.</u>		Arrived from _____
<u>WM - PICO RIVERA CAL.</u>		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.

352



Funeral of Wm. C. DAVIES Charge to..... Account No. 712
 Ordered by..... Guaranteed by..... Serial No. 449
 Funeral at..... Residence..... Mortuary Church..... Date 9-17-62 Hour 2 pm Annual No. 22
 Clergyman Wm Twombly Lodge Affiliations..... Body Shipped to or from.....

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

*Descant
 up 10-15-62*

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	620 00	10-15-62		685 68
	Embalming.....				34 72
	Outer Case or Vault <u>Sectional</u>	60 00	11-10-62		
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars <u>Sale 74</u>	10 80			
	Use of Flower Cars.....	740 80			
	Professional Supervision <u>fix</u>	20 40			
	not <u>fix</u>	720 40			
				
				
				
	To Funeral Complete				

354



Funeral of Nellie Zimmerman Charge to..... Account No. 713
 Ordered by Russell Haversen Guaranteed by..... Serial No. 450
Halp Hlaus
 Funeral at..... Residence..... Mortuary Church..... Date 9-19-62 Hour 2 pm Annual No. 23
 Clergyman Wm Twambly Lodge Affiliations..... Body Shipped to or from.....
Robt Anderson

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.....	940 00	11-23-62		1266 34
	Embalming.....				
	Outer Case or Vault..... <u>Walnut</u>	180 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	29 50			
	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.....	25 00			
	Singers.....	10 00			
	Casket Coach..... <u>Arrival 15. 9/19 2.50</u>	17 50			
	Use of..... Funeral Cars.....				
	Use of Flower Cars..... <u>John T. H.</u>	19 34			
	Professional Supervision.....	1266 34			
				
	..... <u>2.00 34 49</u>				
	..... <u>5.00</u>				
	To Funeral Complete				

NAME OF DECEASED Nellie Zimmerman RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 9-19-62 HOUR 2pm CLERGYMAN Wm Twombly
 SINGERS Mae Williamson - Joyce Bennett ^{organist} LODGE AFFILIATIONS Robt Anderson

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Sisters Hospital - ST-Joe Mo</u>
Casket No. <u>900 G</u> Style <u>1/2 Couch - silver</u>		Date of Death <u>Sept 16 1962</u>
Interior <u>Silver crepe</u> Covering <u>Shaded GUMMETAL</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller (Plated Hardware)</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>5-27-1887</u> Age, Years <u>75</u> Months _____ Days _____
Embalming		Occupation <u>None</u>
Clothing		How Long at Place of Death <u>2 months</u>
		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father <u>W. F. Zimmerman</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Nellie PARKER</u>
		Birthplace of Mother _____
Total Cash Advances		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>MT Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
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.

53

356

Funeral of ALVIN KOSTMAN Charge to..... Account No. 714
 Ordered by Esther Kostman Guaranteed by..... Serial No. 451
 Funeral at..... Residence..... Mortuary Baptist Church Date 9-28-62 Hour 2 p.m. Annual No. 24
 Clergyman John Parker Lodge Affiliations..... Body Shipped to or from.....

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
Geo Wasson
Jerry Thomas
Glenn Gardner
DALE CLUCK
B. H. Fleet
Phil Triplet
 Singers
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	710 00	10-18-62		
	Embalming.....				600 00
	Outer Case or Vault.....	60 00	11-14-62		46 15
	Washing and Dressing.....				250 00
	Shaving.....		1-4-63		
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave..... <u>+ 2 GRAVES</u>	90 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	20 00			
	Clergyman..... <u>Flowers in full</u>				
	Singers..... <u>Fun to U.G. 874.15</u>				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>CERTIFIED COPY</u>	2 00			
	<u>SALES TAX</u>	12 15			
	<u>DISCOUNT</u> 23.10				
		571 00			
To Funeral Complete					

358



Funeral of Jessie Leora KASTER Charge to _____ Account No. 715
 Ordered by Sidney KASTER Guaranteed by _____ Serial No. 452
 Funeral at _____ Residence _____ Mortuary Church _____ Date 9-30-62 Hour 2 p.m. Annual No. 25
 Clergyman L D Dreyer Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	750 00	10 30		1053 38
	Embalming.....	285 00	13 44		
	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.....				
	Sales Tax	18 38			
	Discount in 30 days	31 05			
	NET	1053 38			
	CASH	1092 33			
	To Funeral Complete				

Ins det
10-24
 Insurance Policies

Paid in full

369



Funeral of Phyllis June Slaughter Charge to _____ Account No. 718
 Ordered by CARL Slaughter Guaranteed by _____ Serial No. 452
 Funeral at _____ Residence _____ Mortuary TRoy BAPTIST Church _____ Date 10-26-62 Hour 2 pm Annual No. 28
 Clergyman PAUL DRUM Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	490.00			
	Embalming.....		11-30-62		542.35
	Outer Case or Vault..... <u>Sectional</u>	60.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge..... <u>TY</u>	8.85			
	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>Recd 16.50 by 10-24-62</u>				
To Funeral Complete		558.85			

366

Funeral of Michael Shawn Severin Charge to..... Account No. 719
 Ordered by Jerry Severin Guaranteed by..... Serial No. 436
 Funeral at..... Residence..... Mortuary St Benedict's Church Date 10-26-62 Hour 10 Am Annual No. 29
 Clergyman Fr Walter Volmer Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....		<u>rd 11-9-62 by Korman - dy</u>		<u>56 31</u>
	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.....	<u>12 81</u>			
	Clergyman.....				
	Singers.....				
	Casket Coach.....	<u>10 00</u>			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	<u>12 50</u>			
	<u>using materials</u>	<u>12 50</u>			
	<u>from Equip</u>	<u>5 00</u>			
	<u>unuff</u>	<u>1 00</u>			
	<u>Cards & Book</u>	<u>1 50</u>			
	<u>marker</u>	<u>1 00</u>			
	To Funeral Complete	<u>56 31</u>			

NAME OF DECEASED James W KAUFFMAN RESIDENCE TROY KANSAS (RURAL)
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 11-6-62 HOUR 10 AM CLERGYMAN L. G. CAIN
 SINGERS Louise SALTZMAN - Joyce Bennett LODGE AFFILIATIONS _____
Organist

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>10 mi N.E. of Troy (Home)</u>
Casket No. <u>250</u> Style <u>Oct. H.P.</u>		Date of Death <u>Nov 2 1962</u>
Interior <u>Juny Truitt</u> Covering <u>light blue</u>		Cause of Death <u>Coronary</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>6-27-1893</u> Age, Years <u>69</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>10 years</u>
		Birthplace—City or County <u>Kansas C. Ty</u> State or Country _____
		Name of Father <u>Unknown</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Unknown</u>
Total Cash Advances _____		Birthplace of Mother <u>Nellie Leona Felker</u>
<u>S.S. No. 514-09-4058</u>		Signed <u>Robt Corde M.D.</u> _____ Coroner
		Address <u>Highland Ks</u> Date _____
		Interment at <u>MT AUBURN</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.

267

370

Funeral of Wm EARL Ashworth Charge to _____ Account No. 721
 Ordered by Helen Ashworth Guaranteed by _____ Serial No. 458
 Funeral at _____ Residence _____ Mortuary _____ Church CHRISTIAN Date Nov 9 1962 Hour 2 pm Annual No. 31
 Clergyman L.W. FARKINS Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
Edmond Kent
Joe Picree
LEONARD MAATIN
WALT Mcginnis
Bill TRACY
Bill BEATY

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	660 00	11-28-62		104 48
	Embalming				
	Outer Case or Vault <u>Conc. sec. Box</u>	60 00	PAID		17 86
	Washing and Dressing		By		122 34
	Shaving		Elmer Ashworth		127 34
	Slumber Robe		11-28-62		2 34
	Suit or Dress		12-20-62		122 34
	Other Articles of Clothing		1-24-63		127 34
	Transferring Body		5-7-63		25 00
	Door Badge		8-20-63		20 00
	Opening Grave		10-23-63		25 00
	Newspaper Notices		3-13-64		20 00
	Telegrams and Telephone Calls		6-19-64		17 34
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>SALos TAX</u>	11 40			
	<u>Net</u>	731 40			
	<u>CASH</u>	709 80			
	<u>11-7-62</u>				

[Handwritten signature]

To Funeral Complete

NAME OF DECEASED William EARL Ashworth RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 11-9-62 HOUR 2pm CLERGYMAN Lynn W Fickins
 SINGERS Louise SALTER LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>SISTERS HOSPITAL - ST JOE MO</u>
Casket No. _____ Style <u>1/2 couch</u>		Date of Death <u>Nov 6 1962</u>
Interior <u>Antique ivory</u> Covering <u>Copper tone / Bronze</u>		Cause of Death <u>PULMONARY ARTERY OBSTRUCTION</u>
Manufacturer <u>Champion Veltre Major</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>11-19-1900</u> Age, Years <u>61</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired FARMER</u>
Clothing _____		How Long at Place of Death <u>1 week</u>
_____		Birthplace—City or County <u>Nashville</u> State or Country <u>Tenn</u>
_____		Name of Father <u>Finis C Ashworth</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>unknown</u>
_____		Birthplace of Mother <u>wife Helen PTomey</u>
_____		Signed <u>CARYL POTTE</u> M.D. _____ Coroner
_____		Address <u>ST JOE</u> Date _____
SS. No <u>510-32-8284</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.

374



Funeral of Boyd B ELLIS Charge to _____ Account No. 723
 Ordered by LAUBA ELLIS Guaranteed by _____ Serial No. 460
 Funeral at _____ Residence _____ Mortuary Church _____ Date 12-12-62 Hour 2 pm Annual No. 33
 Clergyman Wm Twombly Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
WALT Kibler
ROBT Kibler
Clay Thomas
WALT Meynier
F.H. Dilkoback
HARRY Lusser
 Singers
Mae Wmson
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	295 00			
	Embalming.....				
	Outer Case or Vault..... <u>Wilbert</u>	180 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	25 00			
	Other Articles of Clothing.....	2 50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	25 00			
	Clergyman.....				
	Singers.....	5 00			
	Casket Coach.....				
	Use of _____ Funeral Cars..... <u>TY</u>	19 30			
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Give \$33.07</u>				
		1191 80			
To Funeral Complete					

Handwritten signature or initials in the table area.

376



Funeral of Jessie M. Dishen Charge to _____ Account No. 724
 Ordered by Helen Nelson - District Table Guaranteed by _____ Serial No. 161
 Funeral at _____ Residence _____ Mortuary Meth. Church Date 12-13-62 Hour 2 pm Annual No. 524
 Clergyman Robt. Andersen Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Kenneth Dishen
Edgar Dishen
John Dishen
John Hawk
Wm. Turpis
Edgar Turpis
 Singers
Rev Campbell
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	120 00	12-19-62	CK By Helen Nelson	780 62
	Embalming	40 00			
	Outer Case or Vault	60 00			
	Washing and Dressing			PAID in FULL	
	Shaving				
	Slumber Robe <u>Car rings</u>	1 13			
	Suit or Dress				
	Other Articles of Clothing <u>Slip, underwear & Hess</u>	3 50			
	Transferring Body				
	Door Badge				
	Opening Grave	40 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	30 00			
	Clergyman	20 00			
	Singers	15 00			
	Casket Coach				
	Use of _____ Funeral Cars <u>Safety</u>	11 39			
	Use of Flower Cars				
	Professional Supervision				
	<u>Disc. \$20.40</u>				
		801 02			
	To Funeral Complete	780 62			

NAME OF DECEASED Jessie MARGARET Dishon RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Methodist DATE 12-13-62 HOUR 2pm CLERGYMAN R.L. Anderson
 SINGERS Rev James Campbell LODGE AFFILIATIONS _____

316

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Methodist Hospital ST Joseph</u>
Casket No. _____ Style <u>1/2 Couch</u>		Date of Death <u>December 10 1962</u>
Interior <u>ivory shined</u> Covering <u>Blue Blend Silver Metal</u>		Cause of Death <u>Cancer</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>7-1-1894</u> Age, Years <u>68</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>7 mths</u>
_____		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>CHARLES PRIVETT</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>CORA HOWLAND</u>
_____		Birthplace of Mother <u>Husband - GRANT Dishon Jr</u>
Total Cash Advances _____		Signed <u>EMERSON YODER M.D.</u> _____ Coroner
_____		Address <u>Denton Ks</u> Date _____
<u>SS no</u>		Interment at <u>MT Olive</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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

NAME OF DECEASED Irene Gertrude Randall RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE 12-17-62 HOUR 2pm CLERGYMAN L.W. FIBKINS
 SINGERS Louise SALTzman - Joyce Bennett LODGE AFFILIATIONS OB Ganist

977

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>SISTERS HOSPITAL ST Joe</u>
Casket No. _____ Style <u>Wilton 1/2 Couch</u>			Date of Death <u>Dec 14 1962</u>
Interior <u>R.T. French</u> Covering <u>Leppert</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Milke</u>	DEBITS		Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>Interin all Small Demand</u>			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault <u>Couch</u>			Date of Birth <u>9-14-1887</u> Age, Years <u>75</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>8 days</u>
			Birthplace—City or County <u>Boone Co</u> State or Country <u>Mo</u>
			Name of Father <u>John T Brunton</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Alice Bagley</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>Yoder</u> M.D. _____ Coroner
			Address <u>Denton</u> Date _____
<u>\$8 no 515-05-1214</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			
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.



580



Funeral of Mildred EASTABROOKS Charge to..... Account No. 726
 Ordered by OTTO EASTABROOKS Guaranteed by..... Serial No. 463
 Funeral at..... Residence..... Mortuary..... Church Meth Date 12-21-62 Hour 2 pm Annual No. 36
 Clergyman Robt Anderson Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	725 00	12-28-62		964 63
Place of Burial	Embalming.....				
Cemetery	Outer Case or Vault <u>w/ vault</u>	180 00			
Grave No.	Washing and Dressing.....				
Lot No.	Shaving.....				
Block No.	Slumber Robe.....				
Section	Suit or Dress.....				
Pall Bearers	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	35 00			
	Clergyman.....	15 00			
	Singers.....	10 00			
Singers	Casket Coach.....				
	Use of..... Funeral Cars <u>JAY</u>	15 31			
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>6 CERT copies</u>	6 00			
Insurance Policies		991 31			
	<u>plus 27.15</u>				
	To Funeral Complete				

NAME OF DECEASED Charles H AbbeTT RESIDENCE Beloit Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 12-28-62 HOUR 11 AM CLERGYMAN L G CAIN
 SINGERS Donald Elder - Mrs Elder LODGE AFFILIATIONS Masonic
OBQmist

182
381

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Beloit Kansas</u>
Casket No. _____ Style <u>Metropolitan</u>		Date of Death <u>December 24 1962</u>
Interior <u>French</u> Covering <u>Velvet</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Cape Smiley</u>		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>2-26-1881</u> Age, Years <u>81</u> Months _____ Days _____
Embalming _____		Occupation <u>FRUIT DEALER</u>
Clothing _____		How Long at Place of Death <u>5 years</u>
		Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
		Name of Father <u>Perry AbbeTT</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>SARAH HAMILTON</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
<u>SS No 509-18-1274</u>		Interment at <u>Forest Hill</u> <u>K.C.M.O.</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		
REMARKS:		

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



Funeral of Rosetta McConnell Charge to _____ Account No. 728
 Ordered by Bill and Walt Abbe Guaranteed by _____ Serial No. 463
 Funeral at _____ Residence _____ Mortuary Church _____ Date 12-27-62 Hour 2pm Annual No. 38
 Clergyman Gerald Nolte Lodge Affiliations _____ Body Shipped to or from _____

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

Laurance Clary
 Chester Lewis
 Raymond Brenne
 Richard Schult
 E. A. Hagaman
 Lee Goatcher

Singers
 Louise
 SALTZMAN

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	585.00	3-13-63 P.S.C.		407.25
	Embalming.....	60.00			450.00
	Outer Case or Vault.....		8-13-62 adm.		
	Washing and Dressing.....				
	Shaving.....		P.S.C. #451.84		
	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..... <i>Taf</i>	7.28			
	Clergyman.....				
	Singers <i>Adely Bill Taf</i>	10.00			
	Casket Coach.....				
	Use of.....Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		<i>Pouch</i>			
		17.50			
		469.78			
		<i>Plus 13.35</i>			
		<i>510.13</i>			
	To Funeral Complete				

Next

Funeral of MARY F. ROBERTSON Charge to _____ Account No. 729
 Ordered by _____ Guaranteed by _____ Serial No. 466
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1-4-63 Hour 2 pm Annual No. 1
 Clergyman L. W. FIBKINS Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
WALT MEUGHNIOT
ROY HORNER
MAX PAIRO
CHAS HORNER
BENNY THOMAS
BILL CHASE
 Singers
LOUISE
SALTSMAN
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	725 00			
	Embalming.....				
	Outer Case or Vault..... <u>WILBERT</u>	180 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	20 00			
	Suit or Dress.....	3 75			
	Other Articles of Clothing <u>slip, under wear, hose</u>				
	Transferring Body.....				
	Door Badge.....	40 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....	25 00			
	Flowers.....	10 00			
	Clergyman.....	10 00			
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>SALOS TAX</u>	13 60			
	<u>Disc 27.75 2-1-63</u>				
	<u>52.75 1-4-63</u>				
		1027 35			
	<u>LUTHERING</u>	15 00			
	To Funeral Complete				

NAME OF DECEASED MARY F. Robertson RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 1-4-63 HOUR 2 pm CLERGYMAN L.W. FIRTINS
 SINGERS Louise SALTZMAN - Joyce Bennett ORGANIST Bennett LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Douglas Nursing Home, Troy</u>
Casket No. _____ Style <u>1/2 C</u>			Date of Death <u>Jan 2 1963</u>
Interior _____ Covering <u>Golden OAK</u>			Cause of Death <u>Pneumonia</u> Contributory _____
Manufacturer <u>Holly wood Casket Co</u>	DEBITS		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>12-2-1885</u> Age, Years <u>77</u> Months _____ Days _____
Embalming _____			Occupation <u>House wife</u>
Clothing _____			How Long at Place of Death <u>4 mths</u>
_____			Birthplace—City or County <u>Troy</u> State or Country <u>KANSAS</u>
_____			Name of Father <u>James Miller</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Emma Smith</u>
_____			Birthplace of Mother _____
_____			Signed <u>E. Yoder</u> M.D. _____ Coroner _____
_____			Address <u>Denton</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.

Warrant

Funeral of Nellie M Wilson Charge to _____ Account No. 730
 Ordered by Hayden Seever Guaranteed by _____ Serial No. 467
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1-9-63 Hour 1:30pm Annual No. 2
 Clergyman Sam Twombly Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Chas Cluck
John Cluck
CLARENCE Cluck
Fred Cluck
ROBT Cluck
SAM Cluck
 Singers
MRS SAL FEMM
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	490 00	1-28-63		349 38
	Embalming.....	180 00	1-28-63		349 37
	Outer Case or Vault.....	180 00			698 75
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	35 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	35 85			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars <u>T4</u>	11 85			
	Use of Flower Cars.....				
	Professional Supervision.....	2 00			
	<u>Disc # 20-10</u>				
		718 85			
	To Funeral Complete	20 10			
		698 75			

Paid in full

W.A.

Funeral of ROY C SUTTON Charge to _____ Account No. 731
 Ordered by FLORENCE SUTTON Guaranteed by _____ Serial No. 468
 Funeral at _____ Residence _____ Mortuary Church _____ Date 1-15-63 Hour 2 p.m. Annual No. 3
 Clergyman L. G. CAIN Lodge Affiliations MASONIC Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Jim Goss
ORVILLE JONES
EARL WMS
Geo KARRS
Hadley Wimbler
Andy CHRISTENSEN
 Singers
Mac Wmsen
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	640 00	1-24-63		734 10
	Embalming.....				1
	Outer Case or Vault..... <u>see Box</u>	60 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....	40 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>25 10</u>	75 55			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	11 10			
		751 10			
	<u>Disc 21.00</u>	21 00			
		730 10			

To Funeral Complete

NAME OF DECEASED Leslie L Rudebaugh RESIDENCE Denton Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Denton Meth DATE 2-3-63 HOUR 2:30p CLERGYMAN Wright Horton
 SINGERS _____ LODGE AFFILIATIONS Masonic

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Wadsworth V. A. Hospital</u>
Casket No. _____ Style <u>wood STATE 1/2</u>		Date of Death <u>JAN 31 1963</u>
Interior <u>ivory SAT</u> Covering <u>doe SKI Plusk</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>2-26-1887</u> Age, Years <u>75</u> Months _____ Days _____
Embalming _____		Occupation <u>PORT of ENTRY inspector</u>
Clothing _____		How Long at Place of Death <u>1 month</u>
_____		Birthplace—City or County <u>Russell Co</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>Elmer Rudebaugh</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother _____
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
_____		Address _____ Date _____
<u>SS no 487-36-4855</u>		Interment at <u>Denton 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 Catherine Amelia DiTenna Charge to..... Account No. 734
 Ordered by Ernest DiTenna Guaranteed by..... Serial No. 471
 Funeral at..... Residence..... Mortuary Church..... Date 2-8-63 Hour 2 pm Annual No. 6
 Clergyman L.W. Firkins Lodge Affiliations..... Body Shipped to or from.....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Ed Howland
 Benny Thomas
 Wm Turpin
 Frank Turpin
 Edgar Turpin
 Ralph Mosen

Singers

Louise DiTenna
 Agnes Joyce Bennett
 "FACE TO FACE"
 Old Rugged Cross
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	325 00	2-8-63		20 85
	Embalming.....	25 00			
	Outer Case or Vault..... <u>wood</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	5 40			
	Suit or Dress..... <u>74</u>				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....	40 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	10 00			
	Clergyman.....	10 00			
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>19 10.50 down 3 days</u>				
		415 40			
	To Funeral Complete				

2-11-63 344.57

Funeral of Victor A Sutton Charge to _____ Account No. 735
 Ordered by Gladys Taylor Sutton Guaranteed by _____ Serial No. 472
 Funeral at _____ Residence _____ Mortuary Assembly Church _____ Date 2-27-63 Hour 2 pm Annual No. 7
 Clergyman James Campbell Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	325 00	3-13-63 Prof Sec.		346 50
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....		3-24-63 Ret. on Lodge		
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body..... <u>antiquy fee</u>	35 00			
	Door Badge.....				
	Opening Grave..... <u>+ grave</u>	65 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>ambulance call</u>	15 00			
	Clergyman.....				
	Singers..... <u>TH</u>	5 50			
	Casket Coach.....	470 50			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
				
	To Funeral Complete				

Pall Bearers
 MARTIN SMITH
 Wm Whetstone
 JACK Long
 ORen Koehler
 FRANK Simpson
 Amor Schaufman

Singers
 Ethel Hearing
 GRACE Jesehn
 Sally MARSH
 OGAN
 Insurance Policies

NAME OF DECEASED Victor Anthony Sutton RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH Assembly of God DATE 2-27-63 HOUR 2pm CLERGYMAN Campbell
 SINGERS GRACE Jeschke - Ethel Hearing LODGE AFFILIATIONS _____
SALLY MARSH - ORGAN

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Methodist Hospital - St. Joe</u>
Casket No. _____ Style <u>Hinge Panel</u>			Date of Death <u>Feb 25 1965</u>
Interior _____ Covering <u>doe st. 22</u>			Cause of Death <u>Pulmonary</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS		Duration <u>Embolism</u> 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>11-5-1903</u> Age, Years <u>61</u> Months _____ Days _____
Embalming _____			Occupation <u>FARMER & Logger</u>
Clothing _____			How Long at Place of Death <u>9 hrs.</u>
			Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
			Name of Father <u>Geo Washington Sutton</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Amanda Alice Berner</u>
			Birthplace of Mother _____
			Signed <u>POTTER BATES</u> M.D. _____ Coroner
			Address <u>ST Joe 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:			

* 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 Richard L Phillips RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Assembly of God DATE 2-28-63 HOUR 2pm CLERGYMAN James Campbell
 SINGERS Rev Campbell LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Blanton Nursing Home - Troy Ks</u>
Casket No. _____ Style _____		Date of Death <u>Feb 25 1963</u>
Interior <u>Crape (Rose)</u> Covering <u>Palomino (METAL)</u>		Cause of Death <u>URemia</u> Contributory _____
Manufacturer <u>MAJOR</u>	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>5-17-1884</u> Age, Years <u>78</u> Months _____ Days _____
Embalming _____		Occupation <u>RAILROAD ENGINEER</u>
Clothing _____		How Long at Place of Death <u>1 day</u>
		Birthplace—City or County <u>Wathena</u> State or Country <u>KANSAS</u>
		Name of Father <u>Wm Phillips</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Lucy MERRICK</u>
		Birthplace of Mother _____
<u>S.S. no 352-12-3765</u>		Signed <u>Bristow</u> M.D. _____ Coroner
<u>Norman Phillips</u>		Address <u>ST Joe</u> Date _____
<u>RR 2 Box 68</u>		Interment at <u>Bushnell Illinois</u>
<u>Savanna Ill.</u>		Lot or Grave No. <u>Coycroft</u> Section No. _____
		Shipped to _____ Arrived from <u>74</u>
		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 Henry T Kuhnert Charge to..... Account No. 737
 Ordered by CLARA Kuhnert Guaranteed by..... Serial No. 474
 Funeral at..... Residence..... Mortuary Church..... Date 3-2-63 Hour 2 pm Annual No. 9
 Clergyman Geo SEARCH Lodge Affiliations..... Body Shipped to or from.....

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	620 00	3-11-63		460 61
	Embalming.....	60 00			200 00
	Outer Case or Vault..... <u>Sectional</u>				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing..... <u>shirt & tie</u>	4 58			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars..... <u>TN</u>	10 80			
	Professional Supervision.....				
		705 38			
	<u>base 21 00</u>				

Insurance Policies

To Funeral Complete

NAME OF DECEASED Henry T Kubneer RESIDENCE Denton Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 3-2-63 HOUR 2pm CLERGYMAN Geo. Search
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Atchison Ks Hospital</u>
Casket No. _____ Style <u>Metal 1/2 Couch</u>			Date of Death <u>Feb 26 1963</u>
Interior <u>Very cheap</u> Covering <u>Gunmetal</u>			Cause of Death <u>Cerebrovascular</u> Contributory
Manufacturer <u>Majors</u>	DEBITS		Duration <u>Accident</u> Autopsy <u>No</u>
Total Net Cost of Casket			Sex <u>Male</u> Color or Race <u>White</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>3-20-1891</u> Age, Years <u>71</u> Months _____ Days _____
Embalming			Occupation <u>Retired Farmer</u>
Clothing			How Long at Place of Death <u>6 days</u>
			Birthplace—City or County <u>Atchison</u> State or Country <u>Kansas</u>
			Name of Father <u>W. F. Kubneer</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Pauline Handke</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>Brown</u> M.D. _____ Coroner
<u>SS no 510 38 2749</u>			Address <u>Atchison</u> Date _____
			Interment at <u>Denton Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral			
Gross Profit on Funeral			
*Less Overhead Per Funeral			
Net Profit Apparent			
REMARKS:			Source of Call _____
			Insured in _____ Amount _____
			Beneficiary _____

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

