

Funeral of Malv Adkins Stricker Charge to _____ Account No. 788
 Ordered by _____ Guaranteed by _____ Serial No. 525
 Funeral at _____ Residence _____ Mortuary Christian Church Date 8-24-44 Hour 2 Pm Annual No. 23
 Clergyman Ted Chryster Lodge Affiliations A. E. S. Body Shipped to or from H. J. H. J.

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	895 00			
	Embalming	90 00	9-10-44		1428 52
	Outer Case or Vault	180 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body	134 84			
	Door Badge				
	Opening Grave	40 00			
	Newspaper Notices	11 00			
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	17 93			
	Clergyman				
	Singers	5 00			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Casket</u>	49 09			
	<u>Box</u>	33			
		1460 77			
	<u>Dec by 9-24-44 H 32,25</u>				
To Funeral Complete					

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

Carl Hauler
 Emmett Hayes
 Smith Hutcherson
 Horley Snif
 Wm Turpin
 A. P. Loeff ^{Singers}

Insurance Policies

NAME OF DECEASED Mabel Adeline STRICKER RESIDENCE TRACY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE HOUR CLERGYMAN
 SINGERS Ted Chrysler Goodnight & Goodmorning LODGE AFFILIATIONS
Sunrise

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Medical Arts Center, N.Y. N.J.</u>
Casket No. <u>302</u> Style <u>Suit of 1/2 Cassin</u>		Date of Death <u>8-21-64</u>
Interior <u>B. Tan</u> Covering <u>Copper</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Suta</u>		Duration _____ Autopsy _____
Total Net Cost of Casket <u>superior metal</u>		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>9-7-1896</u> Age, Years <u>67</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>2 days</u>
<u>Body Handled by</u>		Birthplace—City or County <u>Tracy</u> State or Country <u>Kans</u>
<u>Memorial Funeral Service</u>		Name of Father <u>Wm Bucklin Harris</u>
<u>phone PLAZA 5-0200</u>		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>Emma Cundy</u>
<u>LEXINGTON Ave at 52nd St</u>		Birthplace of Mother _____
<u>SS 515-40-1827</u>		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>mt aliv</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from <u>ny city</u>
		Via <u>W.A. Airlines</u> R.R. Date <u>8-22-64</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.



NAME OF DECEASED Edwin A Schauflee RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 8-27-64 HOUR _____ CLERGYMAN Campbell
 SINGERS MRS Sparks- Mrs Taylor LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Blanton Nursing Home</u>
Casket No. _____ Style <u>Adv. H. Paul</u>			Date of Death <u>8-25-64</u>
Interior <u>royal</u> Covering <u>Emb. Rose</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Muller</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>5-19-64</u> Age, Years <u>91</u> Months _____ Days _____
Embalming _____			Occupation <u>Blacksmith</u>
Clothing _____			How Long at Place of Death <u>6 years at Blanton</u>
			Birthplace—City or County <u>Troy</u> State or Country <u>Kans</u>
			Name of Father <u>George Schauflee</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Water Sharp</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>Water Sharp</u> M.D. _____ Coroner _____
			Address <u>Blanton</u> Date _____
			Interment at <u>mt. oliv</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.

HABMA

Funeral of MILTON SALTZMAN Charge to _____ Account No. 790
 Ordered by CARL SALTZMAN Guaranteed by _____ Serial No. 527
 Funeral at _____ Residence _____ Mortuary CHRISTIE Church _____ Date 9-7-64 Hour 2 pm Annual No. 25
 Clergyman CHRISTIE Lodge Affiliations _____ Body Shipped to or from _____

Pall Bearers
 LAWRENCE L. BLANTON
 GARY BLANTON
 Elmer Ross Jr
 MARTIN Boesting
 James Ruddy
 Adam Huss

Singers
 Ted Christie

Lozee Bennett
 DADM.
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	690.00	9-21-64		885.48
	Embalming				
	Outer Case or Vault <u>Heisen</u>	160.00			
	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	25.63			
	Clergyman	5.00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	GRAVE equip	10.00			
	SALOS Tax	14.35			
		934.78			
	1950 10-6 26.50 Copies	6.00			
To Funeral Complete					

NAME OF DECEASED MILTON L. SALTZMAN RESIDENCE Bendena KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 9-7-64 HOUR 2pm CLERGYMAN CHRYSTIE
 SINGERS CHRYSTIE - J. BENNETT LODGE AFFILIATIONS _____
Beyond The Sunset ORCA

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		
Casket No. _____ Style <u>Metal 1/2 C.</u>		
Interior <u>Rosetan</u> Covering <u>Copper tone</u>		
Manufacturer <u>Miller</u>		
Total Net Cost of Casket		
Outer Case _____		
Vault _____		
Embalming _____		
Clothing _____		
Total Cash Advances		
<u>SS no 510-38-3190</u>		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death LAWRENCE BLANTON FARM - SPARKS
 Date of Death Sept 5 1964
 Cause of Death Drowning Contributory _____
 Duration _____ Autopsy No
 Sex MALE Color or Race white
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth 7-2-1936 Age, Years 28 Months _____ Days _____
 Occupation FARMER
 How Long at Place of Death HOURS
 Birthplace—City or County DELLVALE State or Country KANSAS
 Name of Father CARL SALTZMAN
 Birthplace of Father _____
 Maiden Name of Mother SARAH SMITH
 Birthplace of Mother _____
 Signed _____ M.D. J.G. SWAILS Coroner
 Address WATHERA KS Date _____
 Interment at MOBAY
 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.

HARRMAN

Funeral of VERA N BROWN Charge to _____ Account No. 791
 Ordered by Phil BROWN Guaranteed by _____ Serial No. 528
 Funeral at _____ Residence _____ Mortuary Meth. Church 9-18-64 Date 10 Am Hour _____ Annual No. 26
 Clergyman Wm Landis Lodge Affiliations EASTERN STAR Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....				
	Embalming.....				
	Outer Case or Vault..... <u>wilbert</u>	<u>180 00</u>	<u>11-29-64</u>		<u>416 39</u>
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body <u>From KC to MT Olive</u>	<u>50 00</u>			
	Door Badge.....				
	Opening Grave.....	<u>40 00</u>			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>+ TAX</u>	<u>35 88</u>			
	Clergyman.....	<u>10 00</u>			
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....	<u>35 00</u>			
	Professional Supervision.....	<u>50 00</u>			
	<u>USE of MORTUARY wed 11 hrs</u>	<u>11 00</u>			
	<u>GRAV equip RENTAL</u>	<u>4 50</u>			
	<u>Sales TAX</u>	<u>25</u>			
	<u>Flowers + tax</u>				
To Funeral Complete		<u>414 39</u>			

NAME OF DECEASED VERA NORMAN BROWN RESIDENCE TROY KANSAS
FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Meth DATE 9-18-64 HOUR 10AM CLERGYMAN Landis
SINGERS ORGanist - Mrs M Hoffman LODGE AFFILIATIONS EASTERN STAR

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>SAN Diego CALIF</u>
Casket No. _____ Style _____		Date of Death <u>Sept 14 1964</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer _____		Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>7-19-64</u> Age, Years <u>75</u> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death _____
<i>Body Shipped from Lewis Colonial mortuary</i>		Birthplace - City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
Total Cash Advances _____		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>MT Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to <u>SAN Diego</u>
		Arrived from _____
		Via <u>CONTINENTAL AIRLINE</u> R. Date <u>9-16-64</u>
		In Charge of _____
Total Net Cost of Funeral _____		
Gross Profit on Funeral _____		
*Less Overhead Per Funeral _____		Source of Call <u>Lewis Colonial MORTUARY</u>
Net Profit Apparent _____		<u>San Diego</u>
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.

Hamp

Funeral of MARGUERITE MARSH Charge to..... Account No. 792
 Ordered by PAUL MARSH Guaranteed by..... Serial No. 529
 Funeral at..... Residence..... Mortuary RDF Church..... Date 9-20-64 Hour 2:30 pm Annual No. 27
 Clergyman Wm 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.....	798.00	9-20-64		900 TB
	Embalming.....				
	Outer Case or Vault..... <u>Cmc Sec</u>	60.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40.00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>GRAVE Equip RENTAL</u>	15.00			
	<u>SALES TAX</u>	13.47			
	<u>Disc By 10-18-64</u>	25.74			
	<u>926.47</u>				
	To Funeral Complete				

NAME OF DECEASED Myrtle MARGUERITE MARSH RESIDENCE Fanning Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH RLDS DATE 9-20-64 HOUR 2:30p CLERGYMAN Wm Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. _____ Style Metal 1/2 c.
 Interior Flesh crepe Covering Cachid
 Manufacturer Miller
 Total Net Cost of Casket _____
 Outer Case _____
 Vault _____
 Embalming _____
 Clothing _____

 Total Cash Advances _____

DEBITS

Place of Death Meth Hosp St Joe Mo
 Date of Death Sept 17 1964
 Cause of Death CANCER Contributory _____
 Duration _____ Autopsy No
 Sex Female Color or Race white
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth 6-25-1907 Age, Years 57 Months _____ Days _____
 Occupation House wife
 How Long at Place of Death 11 days
 Birthplace—City or County Fanning State or Country Kansas
 Name of Father George Hopkins
 Birthplace of Father _____
 Maiden Name of Mother MARGUERITE ETHERTON
 Birthplace of Mother _____
 Signed POTTER M.D. _____ Coroner _____
 Address ST Joseph Mo 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 _____

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.

HARMON

Funeral of GRACE R Willmeth Charge to..... Account No. 793
 Ordered by MYRAL Willmeth Guaranteed by..... Serial No. 530
 Funeral at Residence Mortuary Church..... Date 9-25-64 Hour 2 p.m. Annual No. 28
 Clergyman Edwin Armstrong Lodge Affiliations..... Body Shipped to or from.....

Clyde Sandy
 Lucie Coe
 Frank Coe
 Transcription on
 mynard Shady
 J.W. Harris
 Singers
 CAROL McK. TRICK
 OAGmist
 Joyce Bennett
 Abil. with me
 Beyond The Sunset
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	690 00	9-28-64		995 50
	Embalming.....				
	Outer Case or Vault <u>Willmet</u>	180 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave <u>equipment</u>	11 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... + TAX	25 75			
	Clergyman.....				
	Singers & organist	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Tax</u>	14 85			
		931 60			
	<u>Disc 2610 by 10-23/64</u>	20 10			
	<u>2610</u>	50			
		905 00			
		901			
	To Funeral Complete				

Edwin Armstrong

NAME OF DECEASED Grace Rachael Willmeth RESIDENCE Troy Kansas Route 2
 FUNERAL AT RESIDENCE (MORTUARY) CHURCH _____ DATE 9-25-64 HOUR 2 pm CLERGYMAN ARMSTRONG
 SINGERS CAROL McKIBBICK - Joyce Bennett LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral <u>with casket</u>		Place of Death <u>ATchison Kans Hospital</u>
Casket No. <u>12121</u> Style <u>open</u>		Date of Death <u>Sept 22 1964</u>
Interior <u>with covering</u> <u>Blended Capehart</u>		Cause of Death <u>Pneumonia</u> Contributory <u>fractured Hip</u>
Manufacturer <u>major</u>		Duration <u>18 days from injury</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>12-17-1892</u> Age, Years <u>71</u> Months _____ Days _____
Embalming		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>18 days</u>
		Birthplace—City or County <u>Danipha</u> State or Country <u>Kansas</u>
		Name of Father <u>Ed JARRETT</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Lucy Cooper</u>
Total Cash Advances		Birthplace of Mother _____
		Signed <u>C.S. BRADY M.D.</u> Coroner
<u>Daughters</u> <u>Mrs John Neumann Jr</u> <u>Mrs G. A. Teague - LA Harpe Ks</u>		Address <u>ATchison</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.



110 Help

Funeral of George PRITCHETT Charge to _____ Account No. 794
 Ordered by F.H. Dillenback, Guardian Guaranteed by _____ Serial No. 531
 Funeral at _____ Residence (Mortuary) Church _____ Date 10-19-64 Hour 10:30 AM Annual No. 29
 Clergyman Ted Chrystie Lodge Affiliations _____ Body Shipped to or from _____

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

Singers
CAROL
CHRYSSTIE

Insurance Policies

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services.....	385 00				
	Embalming.....					559 91
	Outer Case or Vault..... <u>wood</u>	25 00	12-1-64	<u>F.H. Dillenback</u>		
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....					
	Suit or Dress.....	20 00				
	Other Articles of Clothing.....	2 50				
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....	35 00				
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of _____ doz. Chairs.....					
	Flowers.....	15 45				
	Clergyman.....	10 00				
	Singers.....	10 00				
	Casket Coach.....					
	Use of _____ Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	..... <u>S. TAX</u>	6 96				
	..... <u>Ambulance seat</u>	10 00				
	..... <u>Lettering stone</u>	10 00				
	..... <u>GRAVE equip</u>	30 00				
To Funeral Complete		559 91				

Account 12.98 by 11-19-64

NAME OF DECEASED George Pritchett RESIDENCE ST Joseph Mo
 FUNERAL AT RESIDENCE (MORTUARY) CHURCH _____ DATE 10-19-64 HOUR 10:30 CLERGYMAN Chrystie
 SINGERS CAROL Chrystie LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hosp - ST Joe Mo</u>
Casket No. _____ Style <u>Oak 1/2 Oak</u>		Date of Death <u>OCT 16 1964</u>
Interior <u>Softwood</u> Covering <u>Dark Oak</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>8-26-1891</u> Age, Years <u>73</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired FARMER</u>
Clothing _____		How Long at Place of Death <u>1 day</u>
		Birthplace—City or County <u>Buchanan</u> State or Country <u>Mo</u>
		Name of Father <u>Thomas Pritchett</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Caroline Hays</u>
		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>FRASER Cemetery - (MO)</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. _____ Date _____
		In Charge of _____
Total Cash Advances _____		Source of Call <u>F.H. Dillenback (Guardian)</u>
		Insured in _____ Amount _____
		Beneficiary _____
Total Net Cost of Funeral _____		
Gross Profit on Funeral _____		
*Less Overhead Per Funeral _____		
Net Profit Apparent _____		
REMARKS:		

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



Funeral of LAY ALLEN JOHNSON Charge to..... Account No. 795
 Ordered by George Johnson Jr. Guaranteed by..... Serial No. 532
 Funeral at St Benedict's Cemetery Residence..... Mortuary..... Church..... Date 10-22-64 Hour 2 pm Annual No. 30
 Clergyman FR. EGBERT HALL Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services + Box	35 00	10-28-64		51 25
	Embalmng..... SERVICE	15 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.....				
	TAX	1 25			
To Funeral Complete		51 25			

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

NAME OF DECEASED Jay Allen Johnson RESIDENCE TROY KANSAS (RURAL)
 FUNERAL AT RESIDENCE MORTUARY Cemetery CHURCH St Benedicts DATE 10-22-64 HOUR 2pm CLERGYMAN FR Egbert Hall
 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 _____		Date of Death <u>10-21-64</u>
Interior _____ Covering <u>white velvet</u>		Cause of Death <u>Stillborn</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____		Date of Birth <u>10-21-64</u> Age, Years <u>0</u> Months _____ Days _____
Embalming _____		Occupation <u>infant</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>St Joseph</u> State or Country <u>Mo</u>
_____		Name of Father <u>George Johnson Jr</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>ERMA Weishaar</u>
_____		Birthplace of Mother _____
_____		Signed <u>E. Yaden</u> M.D. _____ Coroner
_____		Address <u>Denton KS</u> Date <u>10-22-64</u>
_____		Interment at <u>ST Benedicts</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____

REMARKS:

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



Funeral of Anna Louise Monroe Charge to..... Account No. 796
 Ordered by..... Guaranteed by..... Serial No. 533
 Funeral at..... Residence Mortuary Church..... Date 10-27-64 Hour 11 AM Annual No. 31
 Clergyman James Campbell Lodge Affiliations..... Body Shipped to or from.....

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

Singers
Alice Taylor

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	310 00			
	Embalming.....		4-19-65		500 30
	Outer Case or Vault..... wood	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	20 50			
	Other Articles of Clothing.....	3 75			
	Transferring Body.....	25 00			
	Door Badge.....				
	Opening Grave.....	30 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman..... m'hab	5 00			
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	TAX	6 11			
	Equipment	15 00			
	we Added \$45 in claim	440 36			
	filed 10/29/64				
	(Added to Cash for credit claim)				
	To Funeral Complete				

NAME OF DECEASED Anna Louise Monroe RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH _____ DATE 10-27-64 HOUR 11 am CLERGYMAN Campbell
 SINGERS Alice Taylor Sherry Dishon LODGE AFFILIATIONS _____
Administ

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Sunny Slope Rest Home - ST Joe</u>
Casket No. <u>250</u> Style <u>oxy H.P.</u>		Date of Death <u>OCT 25 1964</u>
Interior <u>royal</u> Covering <u>dark red</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>3-10-1876</u> Age, Years <u>88</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing <u>Estad down # 3941</u>		How Long at Place of Death <u>2 months</u>
_____ _____ _____ _____ _____ _____		Birthplace—City or County _____ State or Country <u>Indiana</u>
Total Cash Advances _____		Name of Father <u>Henry BITNER</u>
_____ _____ _____ _____ _____		Birthplace of Father _____
Total Net Cost of Funeral _____		Maiden Name of Mother <u>unknown</u>
Gross Profit on Funeral _____		Birthplace of Mother _____
*Less Overhead Per Funeral _____		Signed <u>E. A. Petersen</u> M.D. _____ Coroner
Net Profit Apparent _____		Address <u>Wathena KS</u> Date _____
REMARKS: _____		Interment at <u>Waverly KS.</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 _____
_____		_____
_____		_____
_____		_____

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

HASPT

new from 468.90
2-25-64

Pall Bearers
Cy Guy
Fred Newton
Auntin Herring
Lloyd Mewen
John M Cannon
Leonard Twombly

Singers
Mrs Louise Kelly
Joyce Bennett
Near to the Heart
of Cal
Good White Wood Am.
Insurance Policies

Funeral of IRVIN B JACKSON Charge to _____ Account No. 797
 Ordered by Robert Jackson Guaranteed by _____ Serial No. 534
 Funeral at _____ Residence _____ Mortuary Church _____ Date 11-10-64 Hour 2:30 pm Annual No. 32
 Clergyman Wm Twombly Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	585 00			
	Embalming.....		12-24-64		SS Check \$120 00
	Outer Case or Vault..... <u>conc box</u>	60 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....	3 05			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	GRAVE Equip	15 00			
	Cleaning suit	1 25			
	SALES TAX	10 28			
		684 58			
	To Funeral Complete <u>Phone Calls</u>	8 55			

initial amount \$573.13

693 13

NAME OF DECEASED IRVIN Robert JACKSON RESIDENCE SPARKS KANSAS
 FUNERAL AT _____ RESIDENCE MORTUARY CHURCH _____ DATE 11-10-64 HOUR 2:30p CLERGYMAN Twombly
 SINGERS MRS Laverne Cally Jr - Joyce Bennett LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Hiawatha Kans Hospital</u>
Casket No. _____ Style <u>wood 1/2 cask</u>		Date of Death <u>NOV 7 1964</u>
Interior <u>heavy satin</u> Covering <u>light plush</u>		Cause of Death <u>Coronary Thrombosis</u> Contributory <u>Arterio Sclerosis</u>
Manufacturer _____		Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket		Sex <u>Male</u> Color or Race <u>white</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>5/22/1883</u> Age, Years <u>81</u> Months _____ Days _____
Embalming _____		Occupation <u>RETIRED FARMER</u>
Clothing _____		How Long at Place of Death <u>4 days</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>
		Birthplace of Mother _____
		Signed <u>RAY Meidinger</u> M.D. _____ Coroner
		Address <u>Hiawatha Kans</u> Date <u>11-8-64</u>
		Interment at <u>IOLA 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		

DEBITS

REVENUE ITEMS AND THEIR COST

REMARKS:

INSURED IN _____ AMOUNT _____

BENEFICIARY _____

SOURCE OF CALL _____

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

Funeral of MARY E SCARBROUGH Charge to..... Account No. 798
 Ordered by Enos Scarbrough Guaranteed by..... Serial No. 535
 Funeral at..... Residence Mortuary Church..... Date 11-25-64 Hour 2 pm Annual No. 33
 Clergyman Twombly Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	798 00	11-28-64		900 00
	Embalming.....				
	Outer Case or Vault..... <u>C.M.C.</u>	60 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>TAX</u>	13 47			
	<u>DISC 25.74 by 12/25-64</u>	931 47			
	To Funeral Complete				

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

Singers

Insurance Policies

NAME OF DECEASED MARY Ethel SCARBROUGH RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE (MORTUARY) CHURCH _____ DATE 11-25-64 HOUR 2pm CLERGYMAN Twombly
 SINGERS CAROL McKittrick Joyce Bennett AFFILIATIONS ORC

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. _____ Style Wicker metal 1/2 c
 Interior blue Covering blue
 Manufacturer Milley
 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 Meth Hosp St. Joe
 Date of Death 11-23-64
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy NO
 Sex Female Color or Race white
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth 9-30-1895 Age, Years 69 Months _____ Days _____
 Occupation House wife
 How Long at Place of Death 12 HRS
 Birthplace—City or County NO Kans City State or Country Mo
 Name of Father CYRUS BLANTON
 Birthplace of Father _____
 Maiden Name of Mother Elizabeth Smith
 Birthplace of Mother _____
 Signed Gader M.D. _____ Coroner _____
 Address Deaton Date _____
 Interment at MT Olive
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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

Funeral of Lloyd R. Ruback Charge to..... Account No. 799
 Ordered by Opal Ruback Guaranteed by..... Serial No. 536
 Funeral at..... Residence..... Mortuary..... Church CHRIST LUTHERAN Date 12-3-64 Hour 2pm Annual No. 34
 Clergyman Bingenheimer Lodge Affiliations..... Body Shipped to or from.....

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

Lower Colley
Walt Mergent
Henry Winton
Ernie Clapp
Harry Brown
Harry Carl
 Singers
Mrs R. M. Kitzly
Rev. John Campbell

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	895 00	1-4-65		941 28
	Embalming.....				
	Outer Case or Vault..... <i>Sectional</i>	60 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <i>Taf</i>	14 93			
	Other Articles of Clothing.....				
	Transferring Body.....	941 28			
	Door Badge.....				
	Opening Grave.....	969 93			
	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.....				
	<i>Assoc 28-65</i>				
		941 28			

To Funeral Complete

NAME OF DECEASED Lloyd R Rubnke RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRIST Lutheran DATE 12-3-64 HOUR 2pm CLERGYMAN Bingenheimer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>302</u> Style <u>METAL 1/2 C.</u>		
Interior <u>ROSE TAN BRIDAL</u> Covering <u>Copper Cloud</u>		
Manufacturer <u>Trim - velvet Superior Metals</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		

_____ <u>SS 491-10-8821</u>		

Total Cash Advances		

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

Place of Death TROY KANSAS (His Home)
 Date of Death NOV 30 1964
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy NO
 Sex MALE Color or Race WHITE
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth 7-11-1913 Age, Years 51 Months _____ Days _____
 Occupation FARMER
 How Long at Place of Death 2 yrs
 Birthplace—City or County South of Troy State or Country KANSAS
 Name of Father ALBERT RUBNKE
 Birthplace of Father _____
 Maiden Name of Mother PEARL BENITZ
 Birthplace of Mother _____
 Signed A. J. BLAIR M.D. Coroner
 Address TROY KANSAS Date 12-1-64
 Interment at MT Olive
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. _____ Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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



Funeral of MARY A. CARROLL Charge to _____ Account No. 800
 Ordered by HARRY CARROLL Guaranteed by _____ Serial No. 537
 Funeral at _____ Residence (Mortuary) Church _____ Date 12-15-64 Hour 2 pm Annual No. 35
 Clergyman LEROY DAVIS Lodge Affiliations _____ Body Shipped to or from _____

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

Dwight BLAKE
 Dennis Sidwell
 Cecil Poage
 Wayne Yount
 CLARENCE Kempf
 CLARENCE CARROLL

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	490 00	12-14-64		612 35
	Embalming				
	Outer Case or Vault	600 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	29 50			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	40 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman	10 00			
	Singers	5 00			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	TAX	8 85			
	GRAVE equip	15 00			
	Disc. 16.50	65 85			
		641 85			
	To Funeral Complete				

310.43 pd by Wells
 301.92 pd by H. Carroll

NAME OF DECEASED MARY A CARROLL RESIDENCE 708 Powell ST Joseph MO
 FUNERAL AT RESIDENCE (MORTUARY) CHURCH _____ DATE 12-15-64 HOUR 2pm CLERGYMAN DAVIS
 SINGERS Organist Noyce Bennett 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. <u>350</u> style <u>Wick 1/2 Cornh</u>			Date of Death <u>December 13 1964</u>
Interior <u>Iron Tumb</u> Covering <u>Blue Plush</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Beck</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>12-5-1887</u> Age, Years <u>77</u> Months _____ Days _____
Embalming _____			Occupation <u>House wife</u>
Clothing _____			How Long at Place of Death <u>2 1/2 wks</u>
			Birthplace—City or County <u>Montreal</u> State or Country <u>Canada</u>
			Name of Father <u>WALTER MAUNDER</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Johanna Angel</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>Grimes M.D.</u> _____ Coroner _____
			Address <u>ST Joe</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			
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 Vasques L. Ford Charge to..... Account No. 801
 Ordered by PEARL Crowley & Mabel Morley Guaranteed by..... Serial No. 538
 Funeral at..... Residence Mortuary Church..... Date 12-24-64 Hour 2 pm Annual No. 36
 Clergyman James Campbell Lodge Affiliations..... Body Shipped to or from.....

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
Gordon Mitchell
HARRY Lussen
Francis McIntyre
Archie Morris
F.H. Hagambuch
Earl Green
 Singers
Mrs Richard
Mex. Prick
Miss Janie Ludd
OACM
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	385 00			
	Embalming.....		124-65		631 80
	Outer Case or Vault..... <u>Wilbert</u>	180 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>GRAVE Equip</u>	11 00			
	<u>SALES TAX</u>	12 75			
		648 75			
	<u>CASH discount</u>	16 75			
		631 80			
	To Funeral Complete				

NAME OF DECEASED VASques Logan Ford RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE (MORTUARY) CHURCH DATE 12-24-64 HOUR 2pm CLERGYMAN Campbell
 SINGERS MRS Richard McKinnick, Janie Ludd LODGE AFFILIATIONS OBGan

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

Charge for Complete Funeral	
Casket No. <u>250</u> Style <u>Decor 4 Cond</u>	
Interior <u>Wing Trim</u> Covering <u>Light Brown</u>	
Manufacturer <u>Miller</u>	DEBITS
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
<u>MRS Moaley & Rowley</u>	
<u>3621 Harrison Blvd</u>	
<u>K.C. Mo</u>	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	
Net Profit Apparent	

REMARKS:

Place of Death Meth Hosp St Joe Mo
 Date of Death Dec 22 1964
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy NO
 Sex MALE Color or Race white
 Single _____ Married _____ Widowed _____ Divorced Child _____
 Date of Birth 7-14-1881 Age, Years 83 Months _____ Days _____
 Occupation RETIRED FARMER
 How Long at Place of Death 3 wks
 Birthplace—City or County Highland State or Country Kansas
 Name of Father FRANKLIN FORD
 Birthplace of Father _____
 Maiden Name of Mother MARY E LOGAN
 Birthplace of Mother _____
 Signed Peterson M.D. _____ Coroner
 Address Wathens St Date _____
 Interment at Highland Kansas
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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

Funeral of Ronald BRASSFIELD Charge to..... Account No. 802
 Ordered by PEARL BRASSFIELD Guaranteed by..... Serial No. 539
 Funeral at..... Residence..... Mortuary Church..... Date 2-8-65 Hour 2 pm Annual No. 1
 Clergyman CHRYS TIC Lodge Affiliations..... Body Shipped to or from.....

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

ISAAC Chase
 Raymond McNett
 JERRY DEAN
 Chas Moslam
 EARL Bryce
 WARREN Blakely

Singers

MRS Richard
 McKIRICK

"Beyond the Sunset"
 "God Will TAKE CARE
 of you" Insurance Policies

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services.....	585 00	3-8 65	By Pearl Brassfield		828 05
	Embalming.....	50 00				
	Outer Case or Vault..... <u>Conc Sep.</u>	60 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..... <u>7 TAX</u>	25 63				
	Clergyman.....	10 00				
	Singers.....	10 00				
	Casket Coach.....					
	Use of..... Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	GRAVE equip RENTAL	15 00				
	Amb. to K.C.	56 50				
	SALES TAX	10 90				
	Disc 1935	848 03				
	To Funeral Complete	828 05				

NAME OF DECEASED Ronald Everett Brassfield RESIDENCE Hiawatha Kansas
 FUNERAL AT RESIDENCE (MORTUARY) CHURCH _____ DATE 2-8-68 HOUR 2pm CLERGYMAN Ted Chrystie
 SINGERS MRS Richard McKittick ORG Miss LODGE AFFILIATIONS Miss Janie Ludd

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>K.U. Medical Center K.C.H.</u>
Casket No. _____ Style _____		Date of Death <u>Feb 6 1968</u>
Interior _____ Covering _____		Cause of Death <u>Head injury</u> Contributory <u>CAR ACCIDENT</u>
Manufacturer _____		Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket _____		Sex <u>male</u> Color or Race <u>white</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>9-5-1948</u> Age, Years <u>16</u> Months _____ Days _____
Embalming _____		Occupation <u>STUDENT</u>
Clothing _____		How Long at Place of Death <u>D.O.A.</u>
		Birthplace—City or County <u>MORAY</u> State or Country <u>KANSAS</u>
		Name of Father <u>Joseph Edward Brassfield</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>PEARL Miller</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
<u>PEARL Brassfield</u>		Address _____ Date _____
<u>800 Cheyenne</u>		Interment at <u>MORAY Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		
REMARKS:		

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



H2000

Funeral of George T Pope Charge to _____ Account No. 803
 Ordered by Donald & Maurice Pope Guaranteed by _____ Serial No. 540
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 2-22-1965 Hour 2 pm Annual No. 2
 Clergyman PETERSON Lodge Affiliations Moderator Worldman of the World Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
FRANK Turpi
Rush
Chris Christensen
Russ Holman
Jeray Baker
Don Clark
 Singers
Mrs Richard & McKittick
Miss Janice Dudd
 Insurance Policies
Saved By GRAVE
No Night There

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	680 00			952 08
	Embalming		3-4-65		Em Pope
	Outer Case or Vault <u>Wilbeat</u>	180 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	25 00			
	Other Articles of Clothing	2 25			
	Transferring Body				
	Door Badge				
	Opening Grave	25 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	25 63			
	Clergyman				
	Singers	10 00			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>TAX</u>	15 38			
	<u>GRAVE equip RENTAL</u>	11 00			
	<u>Disc. 3/19/65 - 22.18</u>	974 26			
	<u>25.00</u>				
	To Funeral Complete				

WORTH
 unpaid
 cemetery 15.00

Funeral of Cordelia Cross Charge to _____ Account No. 804
 Ordered by Mrs. Robt Goss - Lloyd Cross Guaranteed by _____ Serial No. 541
 Funeral at _____ Residence Mortuary Church _____ Date 2-28-65 Hour 2pm Annual No. 3
 Clergyman LEROY DAVIS Lodge Affiliations _____ Body Shipped to or from _____

Pall Bearers
 Robt Goss Jr
 Kenneth Goss
 Ronnie Cross
 Junior Cross
 Duayne Cross
 Kenneth Luhl

Singers
 Ted Chrystie

ORGAN
 Janie Judd

Insurance Policies
 in the Garden
 Beyond the
 Sunset

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	490 00	3-1-65		500 00
	Embalming.....				
	Outer Case or Vault.....	60 00	" "		107 35
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	GRAVE Equip	15 00			
	TAX	8 85			
		623 85			
	Disc 16.50 By 3-27	16 50			
		607 35			

To Funeral Complete

NAME OF DECEASED Cordelia Bell Cross RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH _____ DATE 2-28-65 HOUR 2pm CLERGYMAN DAVIS
 SINGERS Ted Chrystie ORGAN Lacie Judd LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
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REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		
Casket No. _____ Style <u>Oct. 1 Church</u>		
Interior <u>Tray Trawl</u> Covering <u>Silk & Plush</u>		
Manufacturer <u>Beck</u>	DEBITS	
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death ST Joseph Mo - Rest Home
 Date of Death 2-26-65
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy No
 Sex Female Color or Race white
 Single _____ Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth 7-5-1872 Age, Years 92 Months 7 Days 21
 Occupation Housewife
 How Long at Place of Death 2 years
 Birthplace—City or County Green Co State or Country Indiana
 Name of Father John Daugherty
 Birthplace of Father _____
 Maiden Name of Mother BARBARA Uland
 Birthplace of Mother _____
 Signed Peterson M.D. _____ Coroner
 Address WATHEN Date _____
 Interment at MT Olive
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

REMARKS:

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

Funeral of Minnie Howland Charge to _____ Account No. 805
 Ordered by MRS Ed Bird Guaranteed by _____ Serial No. 542
 Funeral at _____ Residence Mortuary Church _____ Date 3-1-65 Hour 2 pm Annual No. 4
 Clergyman Wm Landis Lodge Affiliations _____ Body Shipped to or from _____

Hand

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	385 00	3-30-65		451 04
	Embalming.....				77 74
	Outer Case or Vault.....	60 00			
	Washing and Dressing.....				528 78
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	27 50			
	Other Articles of Clothing.....	2 50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 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.....				
	Grave equip TAX	15 00			
		8 63			
	Disc 14.25 3-28	543 03			
		528 78			
	To Funeral Complete	528 78			

Pall Bearers
 Ed Howland
 Phillip Johnson
 Jacob Olson
 MARIAN George
 John Libel
 Leon Erdley SR

Singers
 MRS Ben Umson
 in the Garden
 Beyond the Sunset

Insurance Policies
 ORDIN
 Janie Todd
 MRS H of m m

Paid in FULL

NAME OF DECEASED Minnie Howland RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH _____ DATE 3-1-65 HOUR 2pm CLERGYMAN Wm Landis
 SINGERS Mrs Ben Williamson LODGE AFFILIATIONS OAGM Janice Ladd Phyllis Hoffman

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>ST Joseph Mo (Rest Home)</u>
Casket No. _____ Style <u>Oak 1/2 casket</u>			Date of Death <u>Feb 27 1965</u>
Interior <u>Wt wood</u> Covering <u>light oak</u>			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____			Sex <u>FEMALE</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ <u>Widowed</u> Divorced _____ Child _____
Vault _____			Date of Birth <u>8-27-1879</u> Age, Years <u>86</u> Months _____ Days _____
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>1 day</u>
_____			Birthplace—City or County <u>HANOVER</u> State or Country <u>Kansas</u>
_____			Name of Father <u>John HILDEBRANDT</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Dorothea Blocker</u>
_____			Birthplace of Mother _____
_____			Signed <u>F. Yoder</u> M.D. _____ Coroner _____
_____			Address <u>Denton</u> _____ Date _____
_____			Interment at <u>MORAY</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. _____ Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			_____
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			_____
REMARKS:			Insured in _____ Amount _____
			Beneficiary _____

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

ARMY
 Del Casper
 15-02
 3-26-65

Funeral of OTTO Schmidtke Charge to..... Account No. 806
 Ordered by Betty Schmidtke Guaranteed by..... Serial No. 543
 Funeral at..... Residence..... Mortuary..... Church CHRIST LUTHERAN Date 3-9-65 Hour 2:30 Annual No. 5
 Clergyman Bingenheimer Lodge Affiliations TROY Legion Post (Commander) Body Shipped to or from.....

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
Hadley Weinberg
Elmer Hulcomb
Lou Throckmorton
Bob POLLARD
Bob Meng
ALTO Ruhnke

Singers
CAROL
McKITTRICK

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	895 00	3-26-65		911 68
	Embalming..... <u>AT LEANWORTH</u>	50 00			
	Outer Case or Vault..... <u>WILBERT</u>	180 00			
	Washing and Dressing.....		4-5-65		274 00
	Shaving.....				
	Slumber Robe..... <u>THROCKMORTON</u>	11 00			
	Suit or Dress.....				
	Other Articles of Clothing.....	24 00			
	Transferring Body.....				
	Door Badge.....	40 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>SALUTE</u>	17 43			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>GRAVE equip RENTAL</u>	11 00			
	<u>TAX</u>	17 93			
	<u>DISC 32.25 4.7</u>				
	<u>2 copies 4.00</u>				
		1217 93			
To Funeral Complete					

NAME OF DECEASED OTTO C SCHMIDTKE RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRIST LUTH. DATE 3-9-65 HOUR 2:30 CLERGYMAN Bingenheimer
 SINGERS MRS Richard McKittrick LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Wadsworth Veterans Hospital</u>
Casket No. <u>507</u> Style <u>State 1/2 Couch</u>		Date of Death <u>MARCH 6 1965</u>
Interior <u>R.T. Bridal</u> Covering <u>Capperton</u>		Cause of Death <u>CANCER</u> Contributory _____
Manufacturer <u>Sakin</u> DEBITS		Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket <u>Superior Metallic</u>		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>5-1-1921</u> Age, Years <u>43</u> Months <u>10</u> Days <u>5</u>
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>WK</u>
_____		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>OTTO SCHMIDTKE</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>CORDA PRIEBE</u>
Total Cash Advances _____		Birthplace of Mother _____
_____		Signed _____ M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at <u>MT Olive</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
_____		In Charge of _____
_____		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.

Funeral of CARL G FRAKER Charge to..... Account No. 807
 Ordered by Velma FRAKER Guaranteed by..... Serial No. 544
 Funeral at..... Residence..... Mortuary Denton Meth Church Date 3-13-65 Hour 2 pm Annual No. 6
 Clergyman HORTON Lodge Affiliations..... Body Shipped to or from.....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

HARLAN HALPH
 BERNARD BOOS
 JOHN SPAIGHT
 LOUIS BAINBRIDGE
 KENNETH BUTTIGEE
 EMERSON LYDICK

Singers

ORVILLE HAZEN

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	798 00	3-22-65		955 23
	Embalming.....				
	Outer Case or Vault.....	160 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	GRAVE equip Rental	10 00			
	TAX	15 97			
		783 97			
	Disc 28.74 4-11-65	955 23			
	To Funeral Complete	955 23			

PAID in full

NAME OF DECEASED CARL G FRANKS RESIDENCE Denton Kansas

FUNERAL AT RESIDENCE MORTUARY CHURCH Denton Meth DATE 3-13-65 HOUR 2 pm CLERGYMAN Wright Horton

SINGERS Orville Hazen LODGE AFFILIATIONS MRS Geo Roberts

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Denton Kansas - His Home</u>
Casket No. <u>3111 1/2</u> Style <u>Empire Metal 1/2 C</u>			Date of Death <u>MARCH 10 1965</u>
Interior <u>white Gold Cloth</u> Covering <u>Beige/strandwood</u>			Cause of Death _____ Contributory _____
Manufacturer <u>ROYAL</u>	DEBITS		Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____			Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>2-14-1904</u> Age, Years <u>61</u> Months _____ Days _____
Embalming _____			Occupation <u>School Custodian + bus driver</u>
Clothing _____			How Long at Place of Death <u>11 years</u>
			Birthplace—City or County <u>Denton</u> State or Country <u>KANSAS</u>
			Name of Father <u>HENRY FRANKS</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>VIOLA McNamee</u>
			Birthplace of Mother _____
			Signed <u>Emerson Yader</u> M.D. _____ Coroner _____
			Address <u>Denton Kansas</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 _____
			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 MARtha Ann CALnan Charge to _____ Account No. 808
 Ordered by C C CALnan Guaranteed by _____ Serial No. 545
 Funeral at _____ Residence _____ Mortuary Meth Church Date 3-14-65 Hour 2:30 pm Annual No. 7
 Clergyman Wm Landis Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Wm Triplet
James Olson
Bud Ross
Gene Speaks
PAUL DiHenna
VERnon CARTer

Singers

MRS H. HAupt
Ann FREemay
Jeorgi'e KARzolea

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	390 00	5-12-65	S. Security	207 00
	Embalming.....	60 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 63			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	GRAVE Equip RENTAL	15 00			
	TAX	7 36			
		537 78			
	Disc 13.50 4-12-65				
To Funeral Complete					

NAME OF DECEASED MARTHA Ann CALMAN RESIDENCE New YORK
 FUNERAL AT RESIDENCE MORTUARY CHURCH Meth DATE 3-14-65 HOUR 2:30 CLERGYMAN Landis
 SINGERS MRS H. Haupt - Misses Ann Freeman LODGE AFFILIATIONS B. P. M. O.
In the L.A. Lodge Mrs Ray PATTON

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>New York</u>
Casket No. <u>452</u> Style <u>Oct 1/2 C</u>		Date of Death <u>MAR 10 1965</u>
Interior <u>Roset An Twill</u> Covering <u>Cedar CALAY</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 <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault		Date of Birth Age, Years <u>36</u> Months <u></u> Days <u></u>
Embalming		Occupation <u>MUSICIAN</u>
Clothing		How Long at Place of Death
		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father <u>CHARLES C. CALMAN</u>
		Birthplace of Father
		Maiden Name of Mother <u>LEBAINE</u>
		Birthplace of Mother
Total Cash Advances		Signed _____ M.D. _____ Coroner
		Address _____ Date _____
		Interment at <u>MT OLIVE</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral		Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
Net Profit Apparent		
REMARKS:		

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



Funeral of F Red W Campbell Charge to _____ Account No. 809
 Ordered by Gayleen Campbell Guaranteed by _____ Serial No. 546
 Funeral at _____ Residence _____ Mortuary Christim Church Date 3-22-65 Hour 2 pm Annual No. 8
 Clergyman E. F. Hagee Lodge Affiliations TRIO Lodge Body Shipped to or from _____
Ted Christie Maria Shrine

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Active
HAROLD HUSS
Red Huber
Bucky BLANTIN
R. B. Whetstone
OAKLEY Anderson
Bob FANKEN
Honorary
Wm FANKEN
Hayden Seavers
Roy mouse
d. A. HUSS
Ted RICKLOFFS
Sam Turner
Singer
Ted Christie
Organ
Wmcy BLAKE
 Insurance Policies
Old Rugged Cross
Beyond The Sunset

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	720 00	5-6-65		250 00
	Embalming.....	60 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 <u>611 + 25.63</u>				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Rental GRASS equip</u>	15 00			
	<u>TAX</u>	12 30			
	<u>CERTIFIED COPIES</u>	7 00			
	<u>Flowers</u>	25 63			
		879 93			
	To Funeral Complete				

703 to PSC

NAME OF DECEASED Fred W Campbell RESIDENCE Fanning KS
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE 3-22-65 HOUR 2 p. CLERGYMAN Hagee + Christie
 SINGERS Rev Ted Christie LODGE AFFILIATIONS Moila Shrine - Troy Lodge
Chas Nancy Blake

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>St Joseph Mo</u> <u>Mothers Hosp</u>
Casket No. <u>#41</u> Style <u>1/2 Casket</u> <u>SPRING</u> <u>Blond</u>		Date of Death <u>MAR 19 1965</u>
Interior <u>old ivory + covering</u> <u>SPRING</u> <u>Blond</u>		Cause of Death <u>Cerebral Damage</u> Contributory <u>Cardiac Arrest</u>
Manufacturer <u>Seaton</u> <u>Blond</u> <u>CR</u>		Duration <u>General Anesthesia</u> Autopsy <u>yes</u>
Total Net Cost of Casket <u>Mitten</u>		Sex <u>Male</u> Color or Race <u>white</u>
Outer Case		Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault		Date of Birth <u>4/2/1924</u> Age, Years <u>40</u> Months <u></u> Days <u></u>
Embalming		Occupation <u>oil dealer</u>
Clothing		How Long at Place of Death <u>36 HRS</u>
		Birthplace—City or County <u>Troy</u> State or Country <u>KANSAS</u>
		Name of Father <u>Wm F Campbell</u>
		Birthplace of Father
		Maiden Name of Mother <u>Grace Nesser</u>
		Birthplace of Mother
Total Cash Advances		Signed _____ M.D. _____ Coroner
<u>SS 513-12-7363</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		
*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.

Haupt

Funeral of Lillie Armitia Bloss Charge to _____ Account No. 810
 Ordered by Perbin Bloss Guaranteed by _____ Serial No. 547
 Funeral at _____ Residence _____ Mortuary RLDS Church _____ Date 4-22-65 Hour 11 AM Annual No. 9
 Clergyman um Twombly Lodge Affiliations _____ Body Shipped to or from _____

Norman Thompson
 John Mc Donough
 Don Hopkins
 Don HARTER
 Leonard Twombly
 Sam Twombly

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	450.00	4-23-65		574.83
	Embalming..... <u>milm mo</u>	50.00			
	Outer Case or Vault..... <u>wood</u>	25.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	28.00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Grave equip Rental</u>	30.00			
	<u>TAX</u>	7.88			
	<u>Don 514.20</u>	8.00			
		591.08			
	To Funeral Complete				

NAME OF DECEASED Lillie ARMITTA Bloss RESIDENCE SPARKS Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH RLDS DATE 4-22-65 HOUR 11 AM CLERGYMAN Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>MILAN Mo</u> <i>(NUKS. 27 Home)</i>
Casket No. <u>450</u> Style <u>cd. 1/2 lamb</u>			Date of Death <u>April 19 1965</u>
Interior <u>R. T. Trull</u> Covering <u>Ryan Riviera</u>			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____			Sex <u>FEMALE</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>1-22-1878</u> Age, Years <u>87</u> Months _____ Days _____
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>3 1/2 wks</u>
			Birthplace—City or County <u>SPARKS</u> State or Country <u>Kansas</u>
			Name of Father _____
Total Cash Advances _____			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>IOLA</u> <u>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.

Haupt

Funeral of OTTO W Rice Charge to _____ Account No. 811
 Ordered by MRS MARGARET L Rice Guaranteed by _____ Serial No. 548
 Funeral at _____ Residence _____ Mortuary Meth Church Date 4-22-65 Hour 2pm Annual No. 10
 Clergyman Wm Landis Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
HARLEY HAUPT
HENRY EADER
NORMAN DAVIES
RICHARD LARZELER
ALFRED ZIMMERMAN
Wm TURPIN
 Singers _____
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	632 00	4-24-65		757 85
	Embalming				
	Outer Case or Vault	60 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	45 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	25 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	GRAVE EQUIPMENT	15 00			
	Tax	11 61			
	misc \$20.74				
		788 61			
	To Funeral Complete				

NAME OF DECEASED OTTO W Rice RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH Meth DATE 4-22-65 HOUR 2pm CLERGYMAN Landis
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hosp St-Joe</u>
Casket No. _____ Style <u>#.P. State</u>		Date of Death <u>April 20 1965</u>
Interior <u>roy cup</u> Covering <u>Silver metal</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>9-1-1876</u> Age, Years <u>88</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>Few Days</u>
_____		Birthplace—City or County <u>Wathena</u> State or Country <u>Kansas</u>
_____		Name of Father <u>Frederick Rice</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Louise Knoble</u>
_____		Birthplace of Mother _____
_____		Signed <u>E. Olson, Yoder</u> M.D. _____ Coroner
_____		Address <u>Denton</u> Date _____
_____		Interment at <u>Bellefont - Wathena</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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

Kasner

Funeral of BERTHA A Simpson Charge to..... Account No. 812
 Ordered by Theodore Simpson SR Guaranteed by..... Serial No. 549
 Funeral at..... Residence Mortuary Church..... Date 4-27-65 Hour 2 p.m. Annual No. 11
 Clergyman Wm Twombly Lodge Affiliations..... Body Shipped to or from.....

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
 Brothers
 Leon Erdley
 Ray
 Chas
 Robt
 Kenneth
 Denis

Singers
 Ted Chryst

ORC
 Insurance Policies
 Mrs Merle
 Hoffman
 In The Garden
 Old 8-19-64 CR

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	680 00			
	Embalming.....		5-21-65		Ted Simpson Jr 225 00
	Outer Case or Vault..... <i>Pen. Soc</i>	60 00	6-11-65	✓	210 00
	Washing and Dressing.....		7-6-65	" "	13 00
	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.....	10 00			BAI 400.00
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<i>GRAND equip</i>	15 00			
	<i>TAX</i>	12 32			
	<i>3 cert copies</i>	6 00			
		848 36			
To Funeral Complete					

NAME OF DECEASED Beatha Agnes Simpson RESIDENCE Atchison Kansas
 FUNERAL AT _____ RESIDENCE (MORTUARY) CHURCH _____ DATE 4-27-65 HOUR 2pm CLERGYMAN Wm Trumbly
 SINGERS Ted Chrystie LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Atchison Kansas</u>
Casket No. _____ Style _____			Date of Death <u>April 24 1965</u>
Interior _____ Covering _____			Cause of Death <u>Coronary occlusion</u> Contributory
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____			Sex <u>Female</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>9-19-1904</u> Age, Years <u>60</u> Months _____ Days _____
Embalming _____			Occupation <u>Laundry worker Hospital</u>
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County <u>Montandon</u> State or Country <u>PA</u>
_____			Name of Father <u>George Edward Ebdley</u>
Total Cash Advances _____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Gertrude Spickard</u>
_____			Birthplace of Mother _____
_____			Signed <u>R.L. Corder</u> M.D. _____ Coroner
_____			Address <u>Highland Ks</u> Date _____
<u>SS no 507-42-5454</u>			Interment at <u>Belleview 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 William Mangon Charge to _____ Account No. 813
 Ordered by Galdie Mangon Guaranteed by _____ Serial No. 550
 Funeral at _____ Residence _____ Mortuary Christian Church Date 4-30-65 Hour 2pm Annual No. 12
 Clergyman Chaystie Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	720 00	5-26-65		695 90
	Embalming.....	50 00			
	Outer Case or Vault..... <u>Conc Sep</u>	60 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....	24 00			
	Door Badge.....				
	Opening Grave..... <u>+ Lots</u>	90 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.....				
	<u>GRAVE Equip BIL</u>	15 00			
	<u>SALES OT Ax</u>	12 30			
	<u>CORT Sep</u>	2 00			
		993 30			
	<u>Disc 5/21/65 23.40</u>	969 90			
	To Funeral Complete				

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

MILTON BROWN
 GEORGE WASSON
 RALPH WINZEN
 JOHN MCKINNAID
 EVERETT THOMAS
 ALFRED MONROE

Singers

CAROL MCKINNAID

PHYLLIS HOFFMAN
 OACAM

Insurance Policies

NAME OF DECEASED William MARYON RESIDENCE Troy Kansas
 FUNERAL AT CHRISTIM MORTUARY CHRISTIM CHURCH CHRISTIM DATE 4-2-65 HOUR 2pm CLERGYMAN CHRISTIE
 SINGERS CAROL MCKITTRICK Phyllis Hoffma LODGE AFFILIATIONS BAGM

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. _____ Style <u>METAL 1/2 C</u>		
Interior <u>Silver Cape</u> Covering <u>Pate Gunmetal</u>		
Manufacturer <u>MAJOR</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
<u>SS no 509-16-8104</u>		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death V.A. Hospital - Wadsworth

Date of Death April 28 1965

Cause of Death _____ Contributory _____

Duration _____ Autopsy yes

Sex MALE Color or Race white

Single _____ Married Widowed _____ Divorced _____ Child _____

Date of Birth 6-24-1887 Age, Years 77 Months _____ Days _____

Occupation Ret. Red School Custodian

How Long at Place of Death 24 Hours

Birthplace—City or County Sioux City State or Country Iowa

Name of Father John MARYON

Birthplace of Father _____

Maiden Name of Mother Rose Ann MCKITTRICK

Birthplace of Mother Goldie RANDALL

Signed _____ M.D. _____ Coroner _____

Address _____ 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 ORVILLE O FULK Charge to _____ Account No. 814
 Ordered by Audrey N FULK Guaranteed by _____ Serial No. 551
 Funeral at _____ Residence _____ Mortuary _____ Church meth Date 5-8-65 Hour 2 pm Annual No. 13
 Clergyman Wm Landis Lodge Affiliations TRoy Lodge # 55 AFIAM Body Shipped to or from _____

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

Pall Bearers

Douglas Ruhnke
 Rich STAHL
 Wm Turpin
 Alfred Zimmerman
 Harry Davis
 James Goss

Singers

Leroy JAARETT

ORCm - Mrs RAY
 PATTEN

Insurance Policies

Smy
 The Lords Prayer

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	895 00	5-19-65	OK By Audrey	1119 26
	Embalming.....				
	Outer Case or Vault..... <u>w/16 vault</u>	180 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..... <u>Taf -></u>	21 51			
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>GRAVE Equip Rntl.</u>	11 00			
	<u>4 CERT Copies</u>	4 00			
	<u>Discount 6-7-65</u>	32.25			
		1151 51			
		1119 26			

To Funeral Complete

NAME OF DECEASED ORVILLE O FULK RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH Meth DATE 5-8-65 HOUR 2pm CLERGYMAN Wm Landis
 SINGERS LEANN JARRETT ORGANIST MRS RAY PATTEN LODGE AFFILIATIONS MASONIC - EASTERN STAR
The Lords Prayer

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hosp ST Joe</u>
Casket No. _____ Style _____		Date of Death <u>MAY 5 1965</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer <u>Supreme 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>1-31-1895</u> Age, Years <u>70</u> Months _____ Days _____
Embalming _____		Occupation <u>ACCOUNTANT & BOOKKEEPER</u>
Clothing _____		How Long at Place of Death <u>4 HOURS</u>
		Birthplace—City or County <u>Sham baugh</u> State or Country <u>IOWA</u>
		Name of Father <u>CHARLES G FULK</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Josephine Knizley</u>
<u>SS no 511-24-6264</u>		Birthplace of Mother _____
		Signed <u>HERMAN M.D.</u> _____ Coroner
		Address <u>ST Joseph</u> Date _____
		Interment at <u>SARATHA 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.

Funeral of George Surkes Charge to _____ Account No. 815
 Ordered by MRS Vincent CLARY Guaranteed by _____ Serial No. 552
 Funeral at MT Olive Cem. Residence _____ Mortuary _____ Church _____ Date 5-12-65 Hour 2 pm Annual No. 14
 Clergyman CHRYSITIC Lodge Affiliations _____ Body Shipped to or from _____

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date		✓	Credits
	Casket and Services	175.00	5-13-65	OK from Dillenback		217.61
	Embalming <u>in Topoka</u>	60.00		(Guardian)		
	Outer Case or Vault <u>wood</u>	25.00	5-11-65	Geo BRIDGEMAN		50.00
	Washing and Dressing					
	Shaving					
	Slumber Robe					
	Suit or Dress					
	Other Articles of Clothing					
	Transferring Body					
	Door Badge					
	Opening Grave					
	Newspaper Notices					
	Telegrams and Telephone Calls					
	Use of _____ doz. Chairs					
	Flowers					
	Clergyman					
	Singers					
	Casket Coach					
	Use of _____ Funeral Cars					
	Use of Flower Cars					
	Professional Supervision					
	<u>TAX</u>	3.90				
		263.90				
	<u>MRS CLARY memb</u>	15.00				
		278.90				
	To Funeral Complete					

NAME OF DECEASED George SURLLES RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH MT. Olive DATE 5-12-65 HOUR 2pm CLERGYMAN CHRYSTIE
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TOPEKA STATE HOSPITAL</u>
Casket No. _____ Style _____		Date of Death <u>MAY 9 1965</u>
Interior _____ Covering _____		Cause of Death <u>Broncho Pneumonia</u> Contributory _____
Manufacturer _____	DEBITS	Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>8-31-1916</u> Age, Years <u>48</u> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death <u>30 years</u>
_____		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>SAM SURLLES</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>ESTA PRIDGEMAN</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.



Funeral of CARL A SALTZMAN Charge to _____ Account No. 816
 Ordered by SARAH E SALTZMAN Guaranteed by _____ Serial No. 553
 Funeral at _____ Residence _____ Mortuary Christie Church _____ Date 5-18-65 Hour 10:30 AM Annual No. 15
 Clergyman Ted Chrystie Lodge Affiliations _____ Body Shipped to or from _____

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

Ernie Myers
Martin Boasting
James Ruddy
Adam Huss
Elmer Ross Jr
Jack Garren

Singers _____

Rev and Mrs
Chrystie

Beyond The Sunset
Nearby City
Insurance Policies

Mrs M. Hoffman
OR Carist

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	690 00	6-29-65		897 22
	Embalming				
	Outer Case or Vault <u>Heiser</u>	160 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 <u>+ TAX</u>	25 75			
	Clergyman				
	Singers <u>Organist</u>	5 00			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>GRAVE Equip</u>	10 00			
	<u>SALES TAX</u>	17 22			
	<u>Disc 6-15-65</u>	22 50			
		12 75			
		907 97			
		882 49			
		20 00			
		897 22			

To Funeral Complete Photo STAT. copy

NAME OF DECEASED CARL A SALTZMAN RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 5-18-65 HOUR 10:30 CLERGYMAN Ted Chrystie
 SINGERS Rev & Mrs Chrystie LODGE AFFILIATIONS MRS Merle Hoffmann

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS (His Home)</u>
Casket No. <u>200-8201</u> Style <u>METAL 1/2 c</u>		Date of Death <u>MAY 15 1965</u>
Interior <u>ROSE TAN SAT. COV. BRONZE (DARK)</u>		Cause of Death <u>MYOCARDIAL INFARCT</u> Contributory
Manufacturer <u>BECK</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>MAL</u> Color or Race <u>WHITE</u>
Outer Case		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>7-31-1899</u> Age, Years <u>65</u> Months _____ Days _____
Embalming		Occupation <u>FARMER</u>
Clothing		How Long at Place of Death <u>15 YEARS</u>
		Birthplace—City or County <u>Guide Rock</u> State or Country <u>NEBR</u>
		Name of Father <u>CHARLES SALTZMAN</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>ROSALIE GEIGER</u>
<u>\$ & NO 513 = 36-9705</u>		Birthplace of Mother <u>WIFE SARAH E SMITH</u>
		Signed <u>Yoder</u> M.D. _____ Coroner _____
		Address <u>DENTON KS</u> Date _____
		Interment at <u>MORAY</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		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 I Marble Charge to _____ Account No. 817
 Ordered by Chas Marble Jr Guaranteed by _____ Serial No. 554
 Funeral at _____ Residence _____ Mortuary Christin Church Date 5-18-65 Hour 2pm Annual No. 16
 Clergyman Chrystie Lodge Affiliations _____ Body Shipped to or from _____

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

Pall Bearers
 Henry Eade
 Harold Weber
 Ralph Winzen
 Robert Goss
 Hillman Hull
 Albert Z. ...
 Marvin Hacks
 Ike Clary
 J. H. Lusk
 Robert Reader
 C. W. O'Brien
 Helen Rush
 Singers

Rev Chrystie
 The Lords Prayer
 LEAD ...
 CROSSING THE BAR
 Insurance Policies
 ORO m
 Mrs M. Hoffman

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	875 00	5-20-65		
	Embalming <u>AUTOPSY</u>	35 00			
	Outer Case or Vault <u>Wilbert</u>	180 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	29 50			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	40 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of <u>26</u> doz. Chairs <u>2.50</u> <u>7.00</u>				
	Flowers <u>Casket Piece - COASAGE HEART</u>	35 00			
	Clergyman				
	Singers <u>Organist</u>	5 00			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>GRAVE Equip</u>	11 00			
	<u>Lettering Stone</u>	10 00			
	<u>SALES TAX</u>	33 35			
		1263 85			
	<u>Disc 6-18-65 33.11</u>				
	To Funeral Complete	1230 71			

Pd By Chas Marble 1230 71
 Paid in Full

NAME OF DECEASED Minnie I MARBLE RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 5-18-65 HOUR 2 pm CLERGYMAN CHRYSTIE
 SINGERS Ted Chrystie LODGE AFFILIATIONS ORGM MRS MERLE HOFFMAN

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>ST Joseph Convalescence Center</u>
Casket No. <u>9006</u> Style <u>112 C</u>		Date of Death <u>MAY 15 1965</u>
Interior <u>SILVER CREPE</u> Covering <u>SILVER Shaded Gunmetal</u>		Cause of Death <u>PERFORATION of MYOCARDIUM with Peri-</u>
Manufacturer <u>Miller</u>	DEBITS	Duration <u>CARDIAL TAMPOADE</u> Autopsy <u>yes</u>
Total Net Cost of Casket _____		Sex <u>FEMALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>2-7-1882</u> Age, Years <u>83</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>8 mths</u>
_____		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>H. A. DITTEMORE</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>LAURA MYERS</u>
_____		Birthplace of Mother _____
_____		Signed <u>Yoder</u> M.D. _____ Coroner _____
_____		Address <u>Denton KS</u> Date _____
_____		Interment at <u>MT Olive</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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





Funeral of Gordon David Twombly Charge to _____ Account No. 818
 Ordered by Wm. E. Twombly Guaranteed by _____ Serial No. 553
Mrs. Carolyn Twombly
 Funeral at _____ Residence _____ Mortuary _____ Church RLDS Date 6-8-65 Hour 2 p.m. Annual No. 17
 Clergyman Jos Albus Lodge Affiliations _____ Body Shipped to or from _____
John Blackstock

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

Ray Lee Whetstone
Guenter Herring
Coral Joseph
Lowell
Francis Fritch
Dan Hopkins

Singers
Grace Joseph
Ethel Herring
Oran
Luelle Joseph

Insurance Policies
The old old PATH
Blessed Be The
Tie That
Binds

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	710 00	6-2-65		897 48
	Embalming				
	Outer Case or Vault <u>Wilbert</u>	180 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>GRAVE Equip</u>	11 00			
	<u>SALOS TAX</u>	18 18			
	<u>CERT copies</u>	5 00			
	<u>Disc</u>	26 70			
		97 48			
	To Funeral Complete				

Flowers
RLDS 6.18
Blessings 5.43

NAME OF DECEASED GORDON David Twombly RESIDENCE TROY Kansas RB 3
 FUNERAL AT RESIDENCE MORTUARY CHURCH BLDS DATE 6-8-65 HOUR 2pm CLERGYMAN Albus + Blackstock
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hospital</u>
Casket No. _____ Style <u>METAL 1/2 c</u>		Date of Death <u>June 6 1965</u>
Interior _____ Covering <u>Brown</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>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>10-11-37</u> Age, Years <u>27</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER - FORMER TEACHER</u>
Clothing _____		How Long at Place of Death <u>9 days</u>
		Birthplace—City or County <u>Highland</u> State or Country <u>Kansas</u>
		Name of Father <u>William E Twombly</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Wilma TAYLOR</u>
		Birthplace of Mother _____
<u>SS no 510-38-3357</u>		Signed <u>DR Fisher</u> M.D. _____ Coroner _____
		Address <u>ST Joe</u> Date _____
		Interment at <u>MT Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from <u>wife Carolyn Whetstone</u>
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		
*Less Overhead Per Funeral _____		Source of Call _____
Net Profit Apparent _____		
REMARKS:		Insured in _____ Amount _____
		Beneficiary _____

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

Funeral of Mildred Postepfield Charge to _____ Account No. 819
 Ordered by Mrs WALT Meagniot Guaranteed by _____ Serial No. 556
 Funeral at Residence (Mortuary) Church _____ Date 6-9-65 Hour 2 pm Annual No. 18
 Clergyman Chrystie Lodge Affiliations _____ Body Shipped to or from _____

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

Ed Howland
 F.H. Hagenbuch
 Emory Chapple
 EARL Green
 Jim Shibley
 Robt Elder

Singers

Rev + Mrs
 Chrystie
 OAGm.
 Phyllis Hoffmann
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	690 00			
	Embalming..... (topical)	60 00			
	Outer Case or Vault.....	60 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..... 25.75 25				
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	GRAVE equip	15 00			
	CERT equip	6 00			
	TAX	14 22			
		905 22			
	Less 22.50				
	To Funeral Complete				

NAME OF DECEASED Mildred Porter field RESIDENCE Topeka Kansas
 FUNERAL AT RESIDENCE (MORTUARY) CHURCH _____ DATE 6-9-65 HOUR 2pm CLERGYMAN Chaystie
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Topeka Kansas</u>
Casket No. _____ Style <u>1/2 c METAL</u>		Date of Death <u>June 7 1965</u>
Interior _____ Covering <u>Brown</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket		Sex <u>FR</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>12-22-1900</u> Age, Years <u>64</u> Months _____ Days _____
Embalming _____		Occupation <u>ALTERATIONS - Crosby Bros.</u>
Clothing _____		How Long at Place of Death <u>25 yrs</u>
		Birthplace—City or County <u>TROY</u> State or Country <u>Ks</u>
		Name of Father <u>John Miller</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>MARY Howland</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.

Funeral of Wm A FRANKEN Charge to..... Account No. 820
 Ordered by Children Guaranteed by..... Serial No. 557
 Funeral at..... Residence..... Mortuary ST CHARLES Church..... Date 6-14-65 Hour 9 AM Annual No. 19
 Clergyman FATHER HALL Lodge Affiliations Knights of Columbus Body Shipped to or from.....

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	720 00			
	Embalming.....				
	Outer Case or Vault..... <u>Wilbur</u>	180 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	30 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	25 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>TAX</u>	19 11			
	<u>GRAVE Equip</u>	11 00			
	<u>Disc 27.00 7-12</u>	285 11			
	<u>PRAYER CARDS</u>	6 00			
		991 11			
	To Funeral Complete				

John McDonough
 Leo McIntyre
 Robt Gray
 Albert Fuhrman
 Harold Huss
 PAUL MARSH

Singers

Insurance Policies

NAME OF DECEASED William A FRANKEN RESIDENCE FANNING KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST CHARLES DATE 6-14-65 HOUR 9 AM CLERGYMAN FATHER HALL
 SINGERS Janie Judd Pote Halling LODGE AFFILIATIONS Knights of Columbus

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Fanning Kansas</u>
Casket No. <u>over</u> Style <u>Inter 1/2 Cauch</u>		Date of Death <u>June 12 1965</u>
Interior <u>gray Cape</u> Covering <u>silver metal</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Progress</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>6-1-1894</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>Life Time</u>
		Birthplace—City or County <u>Fanning</u> State or Country <u>KANSAS</u>
		Name of Father <u>CHARLES O FRANKEN</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Johanna WAU</u>
		Birthplace of Mother _____
Total Cash Advances		Signed <u>Motherhead</u> M.D. _____ Coroner _____
<u>510-404946</u>		Address <u>ST Joseph Mo</u> Date _____
		Interment at <u>ST James 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 _____		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.



Funeral of HALLIE M PETERS Charge to _____ Account No. 821
 Ordered by Aghes Foster family Guaranteed by _____ Serial No. 558
 Funeral at _____ Residence Sevanna Mortuary METHUEN Church _____ Date 6-19-65 Hour 2 pm Annual No. 20
 Clergyman Wm Landis Lodge Affiliations _____ Body Shipped to or from _____

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

Pall Bearers
Leon Eadley
HARRY PAY
John Libel
John D. Timmer JR
Gov Rush
Albert Shan
Leo Zeltner
HARRY WARE
CHAS CLUCK
HERB SHARP
 Singers

Rev James
 Campbell

Wm P. Judd
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	690 00			
	Embalming.....				
	Outer Case or Vault..... <u>MAUS.</u>	285 00			
	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.....				
	Clergyman.....	15 00			
	Singers.....	15 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>GRAVE equip</u>	10 00			
	..... <u>TAX</u>	20 97			
		1070 97			
	<u>Disc 29.25 7-17</u>	29 25			
	To Funeral Complete	1041 72			

Funeral of HARRY CARROLL Charge to..... Account No. 822
 Ordered by Chas & Robt Callison Guaranteed by..... Serial No. 559
 Funeral at..... Residence Mortuary Church..... Date 7-5-65 Hour 10 AM Annual No. 91
 Clergyman LeRoy Davis Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	565.00	7-7-65		333.22
	Embalming.....	60.00			
	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.....	10.00			
	Singers <u>O.R.G.M.I.S.T.</u>	5.00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>GRAVE EQUIP</u> <u>SALOS TAX</u>	11.97			
	<u>Disc 8-2</u>	18.75			
		706.97			
	To Funeral Complete				

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

NAME OF DECEASED HARRY CARROLL RESIDENCE 708 Powell - ST Joseph Mo
 FUNERAL AT RESIDENCE (MORTUARY) CHURCH DATE 7-5-65 HOUR 10am CLERGYMAN LeRoy DAVIS
 SINGERS ORGANIST - Janie Ludd LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST Joseph Mo - His Home</u>
Casket No. _____ Style _____		Date of Death <u>July 1 1965</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer _____		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>4-15-1888</u> Age, Years <u>77</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired from Goetz Brewery</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>Doniphan Co</u> State or Country <u>Kansas</u>
_____		Name of Father <u>Benjamin F CARROLL SR</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>LAURA COSTA</u>
Total Cash Advances _____		Birthplace of Mother _____
_____		Signed _____ M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at <u>MT Olive</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
_____		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:		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____
_____		_____

*M B Wells
3812
Fort Worth 15, Tex*

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

Funeral of Andrew W FRANKER Charge to _____ Account No. 823
 Ordered by Georgia FRANKER Guaranteed by _____ Serial No. 560
 Funeral at _____ Residence _____ Mortuary St Charles Church Date 7-12-65 Hour 9 AM Annual No. 22
 Clergyman FR HALL Lodge Affiliations Knights of Columbus Body Shipped to or from _____

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

Pall Bearers
Leo McIntyre
John McDonough
Nick Theis
LEONARD GAUL
FRANK ENGEMAN
ROBT GAY

Singers
Pete Halling
Janin Ludd
OACM

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	765 00			
	Embalming.....	180 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body..... <u>TA</u>	19 92			
	Door Badge.....	30 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....	25 00			
	Flowers.....				
	Clergyman.....	11 00			
	Singers..... <u>guitar equipment</u>				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... <u>Prayer cards</u>	7 00			
	..... <u>Certified Copies</u>	3 00			
	..... <u>disc 428,35</u>				
To Funeral Complete		1040 72			

NAME OF DECEASED Andrew W Frankel RESIDENCE TROY Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST CHARLES DATE 7-12-65 HOUR 9 AM CLERGYMAN FR HALL
 SINGERS Pete Halling - Janie Ludd LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST Joseph Mo (Dentist office)</u>
Casket No. _____ Style <u>Metal 1/2 Cors</u>		Date of Death <u>July 9 1965</u>
Interior <u>Antique Rose ready crepe</u> Covering <u>Goldon Palomine</u>		Cause of Death <u>HEART ATTACK</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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>3-25-1919</u> Age, Years <u>46</u> Months _____ Days _____
Embalming		Occupation <u>MANAGER Doniphan County Equipment</u>
Clothing		How Long at Place of Death _____
		Birthplace—City or County <u>Fanning</u> State or Country <u>Kansas</u>
		Name of Father <u>William Andrew Frankel</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>HARRIETT GUTHRIE</u>
Total Cash Advances		Birthplace of Mother <u>wife Georgia Huss</u>
<u>SS. 509-01-5484</u>		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>ST. James Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral		Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
Net Profit Apparent		
REMARKS:		

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

NAME OF DECEASED FILEY THOMAS RESIDENCE _____
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Sun July 18 HOUR 2:PM CLERGYMAN Bingel
 SINGERS Carol McKeith LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>SALT LAKE CITY, UTAH</u>
Casket No. _____ Style _____			Date of Death <u>Wed. July 14, 1965</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex _____ Color or Race _____
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years _____ Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
_____			Birthplace—City or County _____ State or Country _____
_____			Name of Father _____
_____			Birthplace of Father _____
_____			Maiden Name of Mother _____
_____			Birthplace of Mother _____
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
_____			Address _____ Date _____
_____			Interment at _____
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from <u>SALT LAKE CITY, UTAH</u>
_____			Via <u>R.R., K.C. 720</u> R.R. Date <u>SAT. July 17, 1965</u>
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			_____
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			_____

REMARKS:

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