

Funeral of MARCELLA CLARK Charge to..... Account No. 739
 Ordered by Reynolds (Nephew) Guaranteed by..... Serial No. 476
 Funeral at..... Residence..... Mortuary Church..... Date 3-7-63 Hour 1 pm Annual No. 11
 Clergyman L. C. CAIN Lodge Affiliations..... Body Shipped to or from.....

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	385 00	3-7-63		50
	Embalming.....				
	Outer Case or Vault <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	30 00			
	Newspaper Notices <u>Littleton Star</u>	10 00			
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flower Car <u>Cemetery Car</u>	25 00			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision <u>TJ</u>	5 50			
				
				
				
	To Funeral Complete	500 50			

NAME OF DECEASED MARCELLA CLARK RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 3-7-63 HOUR 1pm CLERGYMAN L. G. CAIN
 SINGERS Rev James Campbell LODGE AFFILIATIONS
Joyce Bennett - O.B.G. 12

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS (Here Home)</u>
Casket No. <u>252</u> Style <u>Oct 1/2 Curved</u>		Date of Death <u>MAR 4 1963</u>
Interior <u>Army Tank</u> Covering <u>light blue</u>		Cause of Death <u>Cerebral Hemorrhage</u> Contributory
Manufacturer <u>Miller</u>		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault		Date of Birth <u>11-10-1875</u> Age, Years <u>87</u> Months _____ Days _____
Embalming		Occupation <u>House wife</u>
Clothing		How Long at Place of Death <u>5 years</u>
		Birthplace—City or County <u>Weathersby</u> State or Country <u>MO</u>
		Name of Father <u>ALFRED NEVITT</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>unknown</u>
		Birthplace of Mother _____
		Signed <u>Emerson Gaden</u> M.D. _____ Coroner
		Address <u>Denton KS</u> Date _____
		Interment at <u>ALTA VISTA</u> Cemetery <u>Winston</u>
		Lot or Grave No. _____ Section No. <u>MO</u>
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		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 FERN MARIE BROWN LEE Charge to _____ Account No. 740
 Ordered by Kenneth Brown Lee Guaranteed by _____ Serial No. 477
 Funeral at _____ Residence _____ Mortuary CHRISTIAN Church ✓ Date 3-8-63 Hour 2 p.m. Annual No. 12
 Clergyman L.W. FIRKINS Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	650 00	3-7-63		650 00
	Embalming.....				
	Outer Case or Vault..... <u>sectional</u>	60 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe..... <u>79</u>	11 25			
	Suit or Dress.....	67 21 25			
	Other Articles of Clothing.....				
	Transferring Body.....	21 30			
	Door Badge.....				
	Opening Grave..... <u>done by 7-6-63</u>				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Insurance Policies.....				
	To Funeral Complete				

Pall Bearers
 Raymond Ludd
 Donnie HARPER
 ORVILLE Lichtner
 CARL CAINE
 Don McClelland
 Dick KARZELER

NAME OF DECEASED FERN MARIE BROWNLEE RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 3-8-63 HOUR 2pm CLERGYMAN L.W. FARRIS
 SINGERS MAC WILLIAMS - Joyce Bennett ORG LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Atchison Ks Hospital</u>
Casket No. _____ Style <u>interior by casket</u>			Date of Death	<u>MARCH 6 1963</u>
Interior _____ Covering _____			Cause of Death	<u>CANCER</u> Contributory _____
Manufacturer <u>mayer</u>			Duration _____	Autopsy <u>No</u>
Total Net Cost of Casket			Sex	<u>FEMALE</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____	
Vault _____			Date of Birth	<u>9-1-1906</u> Age, Years <u>56</u> Months _____ Days _____
Embalming _____			Occupation	<u>Housewife</u>
Clothing _____			How Long at Place of Death	<u>2 wks</u>
			Birthplace—City or County	<u>ARNOGO</u> State or Country <u>MO</u>
			Name of Father	<u>CHARLES WARD</u>
			Birthplace of Father _____	
			Maiden Name of Mother	<u>ELLA MONTGOMERY</u>
			Birthplace of Mother _____	
Total Cash Advances _____			Signed _____	M.D. _____ Coroner _____
			Address _____	Date _____
<u>SS no - 510-18-0530</u>			Interment at	<u>MT Olive</u>
			Lot or Grave No. _____	Section No. _____
			Shipped to _____	
			Arrived from _____	
			Via _____	R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____	
Gross Profit on Funeral _____				
*Less Overhead Per Funeral _____			Source of Call _____	
Net Profit Apparent _____				
REMARKS:			Insured in _____	Amount _____
			Beneficiary _____	

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



Funeral of MARIE E FLETCHER Charge to..... Account No. 741
 Ordered by O. L. ROGERS Guaranteed by..... Serial No. 478
 Funeral at..... Residence..... Mortuary Church..... Date 3-17-63 Hour 2 pm Annual No. 13
 Clergyman Rev. T. Anderson Lodge Affiliations Eastern STAR - White Shrine Body Shipped to or from.....
Rehearsals

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

Pall Bearers
HAROLD ATKINS
GLEN BOYLES
EVERETT BOYLES
WAYNE BOYLES
JERRY PIKE
KENNETH BROWN

Singers
Rev Campbell
Beyond The Sunset
Old Rugged Cross

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	620 00	4-2-63		772 40
	Embalming.....				
	Outer Case or Vault..... <u>see Bx</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.....	41 00			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>SALES TAX</u>	10 80			
		791 80			
	<u>with disc.</u>	772 40			
	To Funeral Complete				

NAME OF DECEASED MARIE Emelyn Fletcher RESIDENCE ST Joseph Mo (707 No 9th)
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 3-17-63 HOUR 2pm CLERGYMAN Anderson
 SINGERS Campbell - J. Benne H - ORGAN LODGE AFFILIATIONS E. STAR - White Shrine - Rebekahs

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>ST Joseph Mo (Home)</u>
Casket No. <u>Style 1/2 C METAL</u>			Date of Death <u>MARCH 14 1963</u>
Interior <u>Covering Copper Tone</u>			Cause of Death <u>Coronary Thrombosis Contributory</u>
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>1-17-1890</u> Age, Years <u>73</u> Months _____ Days _____
Embalming			Occupation <u>NURSE</u>
Clothing			How Long at Place of Death <u>7 mth.</u>
			Birthplace—City or County <u>Amazonia</u> State or Country <u>Mo</u>
			Name of Father <u>Louis Boyles</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>MARY Hughes</u>
<u>58 no 722-18-3849</u>			Birthplace of Mother _____
			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>MT Olive</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral			
*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 MARY E Jones Charge to..... Account No. 742
 Ordered by Annabelle Seever Guaranteed by..... Serial No. 479
 Funeral at..... Residence..... Mortuary Church..... Date 3-20-63 Hour 2pm Annual No. 14
 Clergyman Will Twombly Lodge Affiliations..... Body Shipped to or from.....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Robt Reeder
 F. E. Hayes
 PAUL WALTON
 F. H. Hagmbach
 HARVEY CLUCK
 FRED CLUCK

Singers

Louise SAFTMAN
 In the Garden
 Beyond the
 Sunset

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	490 00	3-21-63		
	Embalming.....				
	Outer Case or Vault..... <u>w/heart</u>	180 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..... <u>25 + 10</u>	35 88			
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>Sales Tax</u>	11 85			
				
	.....	762 72			
	..... <u>with disc</u>	742 63			
	To Funeral Complete				

PAID in full

742 63

NAME OF DECEASED MARY E Jones RESIDENCE Gothenburg Nebr
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 3-20-63 HOUR 2 pm CLERGYMAN Twombly
 SINGERS Louise SALTZMAN - Joyce Bennett LODGE AFFILIATIONS Calmist

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hosp St Joe</u>
Casket No. <u>451</u> Style <u>OCT. 1/2 C</u>		Date of Death <u>MARCH 18 1963</u>
Interior <u>SATIN ROSEWOOD</u> Covering <u>cedar</u> <u>calag</u>		Cause of Death <u>Pneumonitis Acute</u>
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>FEMALE</u> Color or Race <u>white</u>
Outer Case		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>1-27-1897</u> Age, Years <u>66</u> Months _____ Days _____
Embalming		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>10 days</u>
		Birthplace—City or County <u>Higbee</u> State or Country <u>MO</u>
		Name of Father <u>CHARLES DOLLARD</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>Rose Floyd</u>
		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Highland Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of <u>Mr Husband Dennis Johnson (deceased)</u>
Gross Profit on Funeral		<u>Mr Melvin Jones</u>
*Less Overhead Per Funeral		Source of Call _____
Net Profit Apparent		Insured in _____ Amount _____
		Beneficiary _____

REMARKS:

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





Funeral of Effie F. Libel Charge to _____ Account No. 743
 Ordered by HERMAN LIBEL Guaranteed by _____ Serial No. 480
 Funeral at _____ Residence _____ Mortuary St. Benedict's Church _____ Date 3-27-63 Hour 9:30 AM Annual No. 15
 Clergyman FR. WALTER Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Chas F. Libel
Wm H. Libel
Wm Meidinger
Selmer Hanson
Chester PARKER
August HALLING
 Singers _____
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	620 00	4-25-63		929 28
	Embalming.....				
	Outer Case or Vault..... <u>ind. 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.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>SALOS TAX</u>	16 45			
	<u>Net</u>	956 43			
	<u>Cash in today</u>	929 28			
	To Funeral Complete				

NAME OF DECEASED Effie Frances Libel RESIDENCE Leona Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST Benedict's DATE 3-27-63 HOUR 9:30 A CLERGYMAN FR WALTER VOLLMAR
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>SABETHA KS HOSPITAL</u>
Casket No. _____ Style <u>1/2 C</u>		Date of Death <u>MAR 25 1963</u>
Interior <u>ivory crepe</u> Covering <u>silver metal</u>		Cause of Death <u>Pneumonia</u> Contributory <u>CANCER</u>
Manufacturer <u>Major</u>		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket		Sex <u>FEMALE</u> Color or Race <u>white</u>
Outer Case _____		Single <u>Married</u> <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>9-26-1891</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>2 1/2 mths</u>
		Birthplace—City or County <u>Robinson</u> State or Country <u>KANSAS</u>
		Name of Father <u>ALBERT B SMITH</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>LYONA DEWEESE</u>
		Birthplace of Mother _____
Total Cash Advances		Signed _____ M.D. _____ Coroner _____
<u>2</u> Daughters		Address _____ Date _____
<u>MRS Geo M'Garry ST-Lee</u>		Interment at <u>ST BENEICTS CEMETERY - BENDON</u>
<u>MRS LAWRENCE GABRIEL - WATSON</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 Minnie Reddick Charge to _____ Account No. 744
 Ordered by Gilbert Rhue Guaranteed by _____ Serial No. 481
 Funeral at _____ Residence _____ Mortuary Church _____ Date 4-7-63 Hour 2:30 pm Annual No. 16
 Clergyman L W Firkins Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	620 00	5-21-63		779 67
	Embalming.....				
	Outer Case or Vault..... <u>Sectional</u>	55 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	29 50			
	Other Articles of Clothing..... <u>741</u>	10 68			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	25 63			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....	800 81			
	Use of..... Funeral Cars.....				
	Use of Flower Cars..... <u>placed 21-14</u>				
	Professional Supervision..... <u>by 5-6-63</u>				
				
				
				
	To Funeral Complete				

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Ed Dubach
 HARRY LUSSEN
 HAROLD EARHART
 LEONARD MARTIN
 CARL CAIN
 Jim FROEL

Singers

Louise SALTZMAN
 "God Will TAKE
 CARE OF YOU"
 "When the DAY
 is OVER"
 Insurance Policies

NAME OF DECEASED Minnie Mae Reddick RESIDENCE ST Joseph Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 4-7-63 HOUR 2:30pm CLERGYMAN L.W. Firtkins
 SINGERS Louise SALTzman Joyce Bennett - organist LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>ST Joseph Mo</u>
Casket No. _____ Style _____		Date of Death <u>April 5 1963</u>
Interior _____ Covering _____		Cause of Death <u>ARTERIO Sclerosis</u> Contributory _____
Manufacturer _____		Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>FEMALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>12-2-1888</u> Age, Years <u>74</u> Months _____ Days _____
Embalming _____		Occupation <u>RETIRED school Teacher</u>
Clothing _____		How Long at Place of Death <u>2 yrs</u>
		Birthplace—City or County <u>T. B. Co</u> State or Country <u>KANSAS</u>
		Name of Father <u>Mordica Rhue</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>MARtha Lane MAYNARD</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
<u>BRG</u>		Address _____ Date _____
<u>Gilbert Rhue</u>		Interment at <u>MT Olive</u>
<u>1416 No 3 ST</u>		Lot or Grave No. _____ Section No. _____
<u>ST Joe Phone 21565</u>		Shipped to _____
<u>Son Rev J.E. Reddick</u>		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		
REMARKS:		

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



Funeral of Randell E. Dishon Charge to _____ Account No. 745
 Ordered by Donald Dishon Guaranteed by _____ Serial No. 482
 Funeral at _____ Residence _____ Mortuary Church _____ Date 4-10-63 Hour 2 pm Annual No. 17
 Clergyman L.W. FIKINS Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount		Date	V	Credits	
Place of Burial	Casket and Services	165	00	4-12-63		262	88
Cemetery	Embalming <u>Wall Ref</u>	35	00				
Grave No.	Outer Case or Vault <u>Selected</u>	45	00				
Lot No.	Washing and Dressing						
Block No.	Shaving						
Section	Slumber Robe						
Pall Bearers	Suit or Dress						
	Other Articles of Clothing						
	Transferring Body						
	Door Badge						
	Opening Grave						
	Newspaper Notices						
	Telegrams and Telephone Calls						
	Use of _____ doz. Chairs						
	Flowers	15	38				
	Clergyman	5	00				
	Singers						
Singers	Casket Coach						
	Use of _____ Funeral Cars <u>TC</u>	3	80				
	Use of Flower Cars	269	18				
	Professional Supervision <u>Run</u>	6	30				
Insurance Policies		262	88				
To Funeral Complete							

NAME OF DECEASED Randell L Dishon RESIDENCE T Bay Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 4-10-63 HOUR 2pm CLERGYMAN L.W. FARKINS
 SINGERS Mae Williamson LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Ks. New Biological Institute Topeka</u>
Casket No. _____ Style _____		Date of Death <u>April 8 1963</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____		Date of Birth <u>12-11-1955</u> Age, Years <u>7</u> Months _____ Days _____
Embalming _____		Occupation <u>child</u>
Clothing _____		How Long at Place of Death <u>4 mths</u>
_____		Birthplace—City or County <u>St Joseph</u> State or Country <u>Mo</u>
_____		Name of Father <u>Donald Dishon</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Phyllis MARTIN</u>
_____		Birthplace of Mother _____
_____		Signed _____ M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at <u>MT Olive</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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



Funeral of Emma Gladys Drake Charge to _____ Account No. 746
 Ordered by John Abel, Jr Guaranteed by _____ Serial No. 483
 Funeral at _____ Residence _____ Mortuary Church _____ Date 5-2-63 Hour 10:30 Am Annual No. 18
 Clergyman L. G. Cain Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Wilford Gilderstone
Jerry "
Melvin "
CARL Cain
Herbert Abel
RAYmond Hilligas
 Singers
Louise SALTzman
Beyond The Sunset
in The Garden
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	490 00	5-2-63		516 30
	Embalming.....				
	Outer Case or Vault..... <u>wood Box</u>	25 00	5-30-63		180 00
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	24 50			
	Other Articles of Clothing.....	3 50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave..... <u>+ GRAVE</u>	65 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>	8 68			
		636 68			

To Funeral Complete

NAME OF DECEASED Emma Gladys DRAKE RESIDENCE ST Joseph Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-2-63 HOUR 10:30 CLERGYMAN L. C. CAIN
 SINGERS Louise SALTZMAN Joyce Bennett LODGE AFFILIATIONS OR Gen

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>STATE HOSPITAL - ST Joe</u>
Casket No. _____ Style _____			Date of Death <u>April 29 1963</u>
Interior _____ Covering _____			Cause of Death <u>CORONARY OBLUSION</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>FEMALE</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>7-9-1897</u> Age, Years <u>65</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>15 yrs</u>
<u>S.S. No. 494-16-3446</u>			Birthplace—City or County <u>Severnmo</u> State or Country <u>Kansas</u>
Total Cash Advances _____			Name of Father <u>Charles Gildor skeove</u>
Son— <u>John Abel Jr</u>			Birthplace of Father _____
<u>28060 Bryan</u> <u>26 060</u>			Maiden Name of Mother _____
<u>Roseville Mich</u>			Birthplace of Mother _____
DAU— <u>MRS Emma Stefani</u>			Signed _____ M.D. _____ Coroner _____
<u>8265 E Hildale St</u>			Address _____ Date _____
<u>DETROIT 34, Mich</u>			Interment at <u>MT Olive</u>
<u>MRS ERMA GREEN</u>			Lot or Grave No. _____ Section No. _____
<u>RT 2 Box 327</u>			Shipped to _____
<u>FOREST GROVE, OREGON</u>			Arrived from _____
Total Net Cost of Funeral _____			Via _____ R. R. Date _____
<u>MRS Melvin Green</u> Gross Profit on Funeral _____			In Charge of _____
<u>4090 S.W. 175th St.</u> Less Overhead Per Funeral _____			Source of Call _____
<u>ALoha, Oregon</u> 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 Charles E Meeks Charge to _____ Account No. 747
 Ordered by EVA Meeks Guaranteed by _____ Serial No. 484
 Funeral at _____ Residence _____ Mortuary Church _____ Date 5-7-63 Hour 2pm Annual No. 19
 Clergyman James Campbell Lodge Affiliations _____ Body Shipped to or from _____

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

Singers
Alice Taylor
Clara Sparks
Will The Circle
Be Unbroken
Going Down The Walk
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	620 00	5-16 63		300 00
	Embalming.....		5-18-63		70 00
	Outer Case or Vault: <u>Wood</u>	25 00	5-20 63		299 58
	Washing and Dressing.....				
	Shaving.....				669 58
	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.....	9 00			
	Clergyman.....	5 00			
	Singers..... <u>Organist</u>				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... <u>Fayl</u>	9 93			
		489 93			
	<u>less by June 7-59 35</u>	19 35			
		669 58 net			

To Funeral Complete

NAME OF DECEASED Charles Edward Meeks RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-7-63 HOUR 2 pm CLERGYMAN Campbell
 SINGERS Alice Taylor, CHARA SPARKS LODGE AFFILIATIONS Days Bennett - OKGA

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Troy Kansas - Blanton Rest Home</u>
Casket No. <u>400</u> Style <u>1/2 C. METAL</u>		Date of Death <u>May 5, 1963</u>
Interior <u>Base Tan</u> <u>Cape Covering</u> <u>Copper Tone</u>		Cause of Death <u>Embolism</u> Contributory
Manufacturer <u>Miller</u>		Duration Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case		Single <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>8-5-1878</u> Age, Years <u>84</u> Months <u></u> Days <u></u>
Embalming		Occupation <u>Retired Farmer</u>
Clothing		How Long at Place of Death <u>46 days</u>
		Birthplace—City or County <u>Doniphan</u> State or Country <u>Kansas</u>
		Name of Father <u>Wm Sander Meeks</u>
		Birthplace of Father
		Maiden Name of Mother <u>MARGARET Gabriel</u>
		Birthplace of Mother
Total Cash Advances		Signed <u>A. J. Blair M.D.</u> Coroner
<u>2 dau Hattie Schauflee Troy</u>		Address <u>Troy Kansas</u> Date
<u>Violet Watson "</u>		Interment at <u>COURTNER CEMETERY</u>
<u>Jessie Dancer ST Joe</u>		Lot or Grave No. Section No.
<u>5 Sons Geo - Raymond Leslie</u>		Shipped to
<u>Asa - Edw. Lee - ST Joe</u>		Arrived from
		Via R. R. Date
<u>S.S. No 510-46-8070</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.

Funeral of Joseph F HALDA Charge to _____ Account No. 748
 Ordered by MAUDE HALDA Guaranteed by _____ Serial No. 485
 Funeral at _____ Residence _____ Mortuary _____ Church ST MARYS Date 5-24-63 Hour 10 Am Annual No. 20
 Clergyman FR Jude 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 + suit + Box	325 00	5-24-63		297 00
	Embalming				
	Outer Case or Vault				
	Washing and Dressing		2-29		
	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>SALES TAX</u>	<u>5 38</u>			
To Funeral Complete		<u>330 38</u>			

NAME OF DECEASED Joseph Francis HALDA RESIDENCE PURCELL Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST MARYS DATE 5-24-63 HOUR 10 AM CLERGYMAN FATHER JUDE
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>PURCELL (His Home)</u>
Casket No. _____ Style _____		Date of Death <u>MAY 21 1963</u>
Interior _____ Covering <u>Willed</u>		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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>3-19-1880</u> Age, Years <u>83</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired County Road Employee</u>
Clothing _____		How Long at Place of Death <u>53 yrs in PURCELL</u>
_____		Birthplace—City or County <u>AUSTRIAL-Hungary</u> State of Country _____
_____		Name of Father <u>un known</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>un known</u>
<u>Son FRANCIS J. HALDA</u> <u>Heater</u>		Birthplace of Mother _____
<u>day MRS Edwin Hemken</u> <u>LARNED</u>		Signed <u>Emerson Yoder</u> M.D. _____ Coroner _____
_____		Address <u>Denton</u> <u>KS</u> Date _____
_____		Interment at <u>ST MARYS Cemetery</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____

REMARKS:

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

Funeral of Ada M Earhart Charge to _____ Account No. 749
 Ordered by Marion Earhart Guaranteed by _____ Serial No. 486
 Funeral at _____ Residence _____ Mortuary Christian Church _____ Date 5-30-63 Hour 2 pm Annual No. 21
 Clergyman L.W. Firkins Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Grandsons
 Singers
Mrs Firkins
Linda Firkins
Charlotte (organ)
Burkhart
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	620 00	5-31-63		710 00
	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.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	25 00	5-25-63		
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	10 80			
	SALES TAX	4 43			
	Disc 20.40	756 43			
	To Funeral Complete				

NAME OF DECEASED Ada Matilda Earhart RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 5-30-63 HOUR 2pm CLERGYMAN L.W. FIBKINS
 SINGERS MRS FIBKINS & Linda - C. BURTCHART LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

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

 Total Cash Advances _____

SNW 510-40-4614

DEBITS	

Place of Death Meth Hosp. ST Joseph
 Date of Death MAY 27 1963
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy No
 Sex FEMALE Color or Race White
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth 9-26-1881 Age, Years 81 Months _____ Days _____
 Occupation Housewife
 How Long at Place of Death 6 Hrs
 Birthplace—City or County TROY State or Country KANSAS
 Name of Father Wm. Lawson Mann
 Birthplace of Father _____
 Maiden Name of Mother SARAH Rebecca Lower
 Birthplace of Mother _____
 Signed HEAMAN M.D. _____ Coroner
 Address ST Joseph Date _____
 Interment at MT Olive
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____

son HAROLD TROY Total Net Cost of Funeral _____
 dau VERA HOANER TROY Gross Profit on Funeral _____
ESTHER BARNETT-SILVERTON OREGON
GRACE BERUD - *Less Overhead Per Funeral
VERA ROSE SMALL - HORTON ST JOE Net Profit Apparent _____
 REMARKS: DOB: MOSS - MARY, LA.

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



Funeral of John V. Rickhefs Charge to _____ Account No. 750
 Ordered by Norman + Howard Rickhefs Guaranteed by _____ Serial No. 487
 Funeral at _____ Residence _____ Mortuary St. John's Church _____ Date 6-22-63 Hour 2:30 p.m. Annual No. 22
 Clergyman CARL Nuebel Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Lee Rickhefs
John ✓
Dennis ✓
James ✓
W. H. REY ✓
CHARLES ✓
 Singers
Phyllis Albers
Gone LAVERNE
ORCHARDIST
 Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	585 00	9/24/63		213 02
	Embalming.....				
	Outer Case or Vault..... <u>Heisen</u>	100 00			
	Washing and Dressing.....		<u>9/26/63</u>		<u>790 03</u>
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		<u>12 78</u>			
		<u>1 25</u>			
		<u>6 00</u>			
		<u>799 03</u>			
	To Funeral Complete	<u>790 03</u>			

NAME OF DECEASED John V Rickhefs RESIDENCE Bendena KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH ST Johns DATE 6-22-63 HOUR 2:30 CLERGYMAN Nuebel
 SINGERS Phyllis Albers LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral <u>(Hargard)</u>		
Casket No. _____ Style <u>Metals H.P. Perfect</u>		
Interior <u>Ray Suter</u> Covering <u>Silver</u>		
Manufacturer <u>Aurora</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
<u>SS no 512-26-2724</u>		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

Place of Death Bendena KANSAS
 Date of Death June 20 1963
 Cause of Death CORONARY Occlusion Contributory _____
 Duration _____ Autopsy NO
 Sex MALE Color or Race White
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth 8-27-1886 Age, Years 76 Months _____ Days _____
 Occupation RETIRED FARMER
 How Long at Place of Death _____
 Birthplace—City or County Bendena State or Country KANSAS
 Name of Father Ad Rickhefs
 Birthplace of Father _____
 Maiden Name of Mother NOBA FBENS
 Birthplace of Mother _____
 Signed E. Yoder M.D. _____ Coroner _____
 Address Denton KS Date _____
 Interment at MORAY CEMETERY
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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



Funeral of Josephine TURNER Charge to _____ Account No. 751
 Ordered by LAVEDA Dewey Guaranteed by _____ Serial No. 488
Thelma Smith sev. Meth
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 6-29-63 Hour 2 p.m. Annual No. 25
 Clergyman C. B. ROBERTS Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Pete Cluck
 John
 CLARENCE
 Midge COURT
 John ROBERTS
 Lloyd FOSTER

Singers

LOUISE
 SAKTMM
 Helen FOSTER
 PIANIST
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	660 00	7/2/63		810 75
	Embalming.....				
	Outer Case or Vault.....	60 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	27 50			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	35 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	25 00			
	Clergyman.....				
	Singers.....	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	TAX	12 72			
	22.43				
		830 22			
	To Funeral Complete				

NAME OF DECEASED Josephine Turner RESIDENCE ST Joseph Mo
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Sev Meth DATE 6-29-63 HOUR 2pm CLERGYMAN C.B. Roberts
 SINGERS Louise SALTZMAN LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Meth Hosp ST Joe Mo</u>
Casket No. _____ Style _____		Date of Death <u>June 27 1963</u>
Interior <u>eggshell crepe</u> Covering <u>SILVER METAL</u>		Cause of Death <u>Cerebral thrombosis</u> Contributory _____
Manufacturer <u>Major</u> <u>Oppetone TRIMMINGS</u>		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>FEMALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>11-22-1887</u> Age, Years <u>75</u> Months _____ Days _____
Embalming _____		Occupation <u>House wife</u>
Clothing <u>Seights mot Julia Smith</u> <u>1043 East 3rd St</u> <u>Freemont Neb</u>		How Long at Place of Death <u>26 days</u>
Total Cash Advances _____		Birthplace—City or County <u>Allandale</u> State or Country <u>Mo</u>
_____		Name of Father <u>Wm Neal</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>LATISHA SHARP</u>
_____		Birthplace of Mother _____
_____		Signed <u>L. Mothershead</u> M.D. _____ Coroner _____
_____		Address <u>ST Joe Mo</u> Date _____
_____		Interment at <u>OAK Hill</u> - <u>Severman</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
_____		In Charge of _____
_____		Source of Call _____
_____		Insured in _____ Amount _____
_____		Beneficiary _____
_____		_____
_____		_____
_____		_____
_____		_____

REMARKS:

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



Funeral of SADIE B ROBERTS Charge to _____ Account No. 752
 Ordered by MRS SAM DAVIS MRS ALLEN BARRARD Guaranteed by _____ Serial No. 489
 Funeral at _____ Residence Denton Meth. Church Date 7-7-63 Hour 2 pm Annual No. 24
 Clergyman Wright Horton Lodge Affiliations _____ Body Shipped to or from _____

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

Pall Bearers
Geo Roberts
Ed Howland
HAROLD WIDMAN
HORACE WRIGHT
LOUIS RAINWATER
JACK DENTON

Singers
MRS. Geo. Roberts
MRS HORACE WRIGHT

Organist
MRS PAUL JOHNSON
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	895 00	7-19-63		1068 13
	Embalming.....				
	Outer Case or Vault.....	160 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	27 50			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	18 11			
	Discount 32.48				
		1100 61			

To Funeral Complete

NAME OF DECEASED Sadie B Roberts RESIDENCE Denton Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Denton Meth DATE 7-7-63 HOUR 2pm CLERGYMAN Wright Horton
 SINGERS Mrs Roberts - Mrs Wright LODGE AFFILIATIONS _____
Mrs Johnson - PGM

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Leona Kansas (daughters home)</u>
Casket No. <u>202</u> Style			Date of Death <u>July 5 1963</u>
Interior <u>Rose Tan</u> Covering <u>Copper Tone METAL</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Superior METALLIC</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>8-24-1876</u> Age, Years <u>86</u> Months _____ Days _____
Embalming			Occupation <u>Housewife</u>
Clothing			How Long at Place of Death <u>6 mths</u>
<u>Mrs Sam Lewis</u>			Birthplace—City or County <u>MORAY</u> State or Country <u>Kansas</u>
<u>Mrs Allen Barmond</u>			Name of Father <u>Joseph Howland</u>
Total Cash Advances			Birthplace of Father _____
			Maiden Name of Mother <u>ELIZA FULTON</u>
			Birthplace of Mother <u>Husband - Wm S Roberts</u>
			Signed <u>E. Yoder</u> M.D. _____ Coroner _____
			Address <u>Denton KS</u> Date _____
			Interment at <u>Denton Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral			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 Virgil L. H. Simpson Charge to..... Account No. 753
 Ordered by L. O. Simpson Guaranteed by..... Serial No. 490
Allen Simpson Residence..... Mortuary..... Church BAPTIST Date 7-8-63 Hour 2pm Annual No. 25
 (STARTS)
 Clergyman SMART Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	385 00	8-15 63		237 00
	Embalming.....		9-5 63		250 00
	Outer Case or Vault.....	60 00	9-6 63		24 37
	Washing and Dressing.....				511 37
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	27 00			
	Other Articles of Clothing.....	1 75			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... (opening grave)	25 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		4 00			
		8 62			
		511 37			
	To Funeral Complete				

PAID in full

NAME OF DECEASED Virgil John Henry Simpson RESIDENCE SPARKS KANSAS

FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH BAPTIST (SPARKS) DATE 7-8-63 HOUR 2pm CLERGYMAN SMART

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>12 mi NW of Troy (Barge)</u>
Casket No. <u>250</u> Style <u>ced 1/2 co.</u>			Date of Death <u>July 5 1963</u>
Interior <u>Ang Satr</u> Covering <u>light blue</u>			Cause of Death <u>Coronary occlusion, Contributory</u>
Manufacturer <u>Miller</u>	DEBITS		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____			Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Child _____
Vault _____			Date of Birth <u>3-11-1917</u> Age, Years <u>46</u> Months _____ Days _____
Embalming _____			Occupation <u>River Worker</u>
Clothing <u>Alan W. Simpson</u>			How Long at Place of Death <u>HOURS</u>
<u>R.A. 56339869</u>			Birthplace—City or County <u>SPARKS</u> State or Country <u>KANSAS</u>
<u>HP DG Co USAPO</u>			Name of Father <u>J. O. Simpson</u>
Total Cash Advances _____			Birthplace of Father _____
<u>(6020) Oakland 14 Calif</u>			Maiden Name of Mother <u>Bertha Guy</u>
			Birthplace of Mother _____
			Signed _____ M.D. <u>Chas Harman</u> ^{Acting} Coroner
			Address <u>Wathena KS</u> Date <u>7-6-63</u>
			Interment at <u>101A</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 Elizabeth Ramsier Charge to..... Account No. 754
 Ordered by..... Guaranteed by..... Serial No. 491
 Funeral at..... Residence..... Mortuary Church..... Date 7-12-63 Hour 2 pm Annual No. 26
 Clergyman David Kruehl Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....				
	Embalming.....				
	Outer Case or Vault..... <u>Heisen</u>	<u>160 00</u>	<u>7/12/63</u>		<u>308 03</u>
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	<u>40 00</u>			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>+ TAX</u>	<u>25 63</u>			
	Clergyman.....				
	Singers.....	<u>10 00</u>			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... <u>STAFF SERVICES</u>	<u>25 00</u>			
	..... <u>USE OF MORTUARY 2da</u>	<u>25 00</u>			
	..... <u>HEARSE SERVICE 10</u>	<u>20 00</u>			
	..... <u>GRAVE EQUIP</u>	<u>10 00</u>			
	..... <u>TAX ON VAULT</u>	<u>2 40</u>			
	Less Credit <u>500</u> <u>GRAND Sls. Box</u>	<u>10 00</u>			
	To Funeral Complete	<u>318 03</u>			

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

Leonard Stuntz
Norman Sigrist
Bernard Benitz
CARL " Dr
Bob "
Harold Brenner

Singers
Louise Sackem

CAROL McSTRICK
ORCA
Insurance Policies

No Night there
Old Rugged Cross

318 03

NAME OF DECEASED Elizabeth Ramsier RESIDENCE Detroit Michigan
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 7-12-63 HOUR 2pm CLERGYMAN David Bruell
 SINGERS Louise SALTZMAN - CAROL Mox LODGE AFFILIATIONS ORGM

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Detroit Michigan</u>
Casket No. _____ Style _____			Date of Death <u>July 8 1963</u>
Interior _____ Covering _____			Cause of Death <u>Cancer breast</u> Contributory
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years <u>61</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County _____ State or Country _____
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
Total Cash Advances			Signed _____ M.D. _____ Coroner _____
<u>DAU - MRS Virginia Knecht</u>			Address _____ Date _____
<u>VERA BATHNAW</u>			Interment at <u>INT OLIVE</u>
<u>ALMA SKUT</u>			Lot or Grave No. _____ Section No. _____
<u>BAO Henry HAAS - DENVER</u>			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In-Charge of <u>shipped From</u>
Gross Profit on Funeral _____			<u>VAN KALKENBURG MORTUARY</u>
*Less Overhead Per Funeral _____			Source of Call _____
Net Profit Apparent _____			Insured in _____ Amount _____
REMARKS:			Beneficiary _____

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

638,31
213,63
8,00

Funeral of William G. Ingram Charge to _____ Account No. 755
 Ordered by Ethel Ingram Guaranteed by _____ Serial No. 492
 Funeral at _____ Residence _____ Mortuary _____ Church Christim Date 7-14-63 Hour 2:30 Annual No. 27
 Clergyman F. B. Kins & Turnbly Lodge Affiliations _____ Body Shipped to or from _____

Pall Bearers
 CAPT. WM E SEARCY
 M/JS. Lee D Shepard
 Sgt. Louis Keener
 1st Sgt. Ralph George
 W/PO Harold D Cross
 Sgt Vince Shelton

Singers
 Rev James Campbell

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	1250 00	7-14-63		
	Embalming.....	88 50			
	Outer Case or Vault.....	170 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....	132 50			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave <u>44gms</u>	140 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....	3 00			
	Use of..... doz. Chairs.....				
	Flowers <u>TAX</u>	26 63			
	Clergyman.....	20 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Ty</u>	18 00			
		1857 63			
	To Funeral Complete <u>Depts</u>	8 00			
		1865 63			

NAME OF DECEASED William G. Ingram RESIDENCE Topeka Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE 7-14-63 HOUR 2:30 CLERGYMAN Fiskin & Twombly
 SINGERS Rev James Campbell LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Camp Guernsey, Wyoming</u>
Casket No. <u>Continued</u> Style <u>Sealer</u>		Date of Death <u>July 18, 1963</u>
Interior <u>R. T. Deloit</u> Covering <u>Brushed Cuffette</u>		Cause of Death <u>CORONARY</u> Contributory _____
Manufacturer <u>Ingram</u>		Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>1-10-1913</u> Age, Years <u>50</u> Months _____ Days _____
Embalming _____		Occupation <u>WARRANT OFFICER - NATIONAL GUARD - RESTAURANT</u>
Clothing _____		Place of Death <u>2 WKS</u>

Guardsman Dies While at Camp
 (Special to The News-Press)
 TROY, Kan.—William G. Ingram, 50, formerly of Troy, died unexpectedly this morning at Camp Guernsey, Wyo., where he was taking part in the summer encampment of the national guard.
 A native of Doniphan county, Mr. Ingram resided in Troy, where he was employed by the Karr funeral home, until 1954 when he moved to Topeka. He owned and operated a restaurant in Topeka. Mr. Ingram was a warrant officer in the Kansas national guard in which he served 27 years.
 Surviving are his wife, Ethel, a daughter, Mrs. Mary Lou Sawyer, Topeka; a son, James L. Ingram, Wilmington, Cal.; five sisters, Mrs. Helen Brown, Kennewick, Wash.; Mrs. Irma Crawford, residing in California, and Mrs. Grace Trimmer, Mrs. Dorothy Johnson and Mrs. Virginia DeSpain, all of St. Joseph, three brothers, Emmett Lee, Donald and Richard Ingram, all of St. Joseph.
 The body will be brought to the Tibbetts funeral home here.

County Doniphan Co State or Country Kansas
 M.D. _____ Coroner _____
 Date mt olive
 Section No. _____

Former Troy Resident Dies
 William G. Ingram, 50, Topeka, formerly of Troy died unexpectedly this morning at Camp Guernsey, Wyo., while attending National Guard camp.
 He had been a member of the National Guard 27 years. He was a member of the Troy company before moving to Topeka in 1954, and joined a company there.
 Mr. Ingram was a warrant officer.
 While he lived at Troy he was employed at the Karr funeral home, now the Tibbetts mortuary. He operated a restaurant at Topeka. He was born Jan. 10, 1913, in Doniphan county.
 Surviving are his wife, Ethel, of the home; a daughter, Mrs. Mary Lou Sawyer, Topeka; a son, John L. Ingram, Wilmington, Calif.; five sisters, Mrs. Helen Brown, Kennewick, Wash., Mrs. Irma Crawford, who lives in California and Mrs. Grace Trimmer, Mrs. Dorothy Johnson and Mrs. Virginia DeSpain, all of St. Joe.; three brothers, Emmett Lee, Donald and Richard Ingram, all of St. Joe. and seven grandchildren.
 The body will be brought to Troy where funeral services will be held. Arrangements had not been completed today.

R. R. Date _____

Amount _____

properly proportioned to each and every case.



Funeral of Hagan Sadlergh Dean Charge to Raleigh Dean Account No. 756 ~~28756~~
 Ordered by _____ Guaranteed by _____ Serial No. 493
 Funeral at Gravil Residence _____ Mortuary _____ Church _____ Date July 17-1963 Hour 3 P.M. Annual No. 28
 Clergyman Rev. J. H. Cain Lodge Affiliations _____ Body Shipped to or from _____

484.40
 40.00
 20.50

 544.90

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

Date	Description of Service	Amount	Date		Credits
	Casket and Services	520 00	7-27-63	Caly Dean	225 00
	Embalming <u>+ Service in Klenoth 700</u>	484 40	" "	Raleigh "	437 29
	Outer Case or Vault <u>Sectional</u>	60 00		Logan "	437 29
	Washing and Dressing				
	Shaving				
	Slumber Robe	15 00			
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs	20 50			
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars	9 68			
	Use of Flower Cars <u>74</u>	1109 58			
	Professional Supervision	50 00			
	<u>Less \$50.00 for Bikes</u>	1059 58			
	<u>grave opening</u>	40 00			
		1099 58			

Insurance Policies

To Funeral Complete

NAME OF DECEASED Hagen L. Dean RESIDENCE Klamath Falls Oregon
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE HOUR CLERGYMAN
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. _____ Style _____

Interior _____ Covering _____

Manufacturer _____

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Handwritten notes:
 50
 5
 11
 2
 5
 5

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

Place of Death Klamath Falls Oregon Hospital

Date of Death 7-13-63

Cause of Death stab wounds Contributory _____

Duration 5 days Autopsy _____

Sex male Color or Race white

Single Married _____ Widowed _____ Divorced _____ Child _____

Date of Birth 11-22-1925 Age, Years 37 Months _____ Days _____

Occupation Salmer

How Long at Place of Death _____

Birthplace—City or County Kyle, Ore State or Country Tenn

Name of Father Cisco Dean

Birthplace of Father _____

Maiden Name of Mother Cara L. Livsey

Birthplace of Mother _____

Signed _____ M.D. _____ Coroner _____

Address _____ Date _____

Interment at mt. Olive Tray

Lot or Grave No. _____ Section No. _____

Shipped to _____ Arrived from ward F.H. - Klamath Falls

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 Olis Myrtle Winkal Charge to Children Account No. 757
 Ordered by _____ Guaranteed by _____ Serial No. 494
 Funeral at _____ Residence _____ Mortuary Baptist Church Date 7-18-63 Hour 2 PM Annual No. 29
 Clergyman Leroy Davis Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	585 00			
	Embalming.....		8-10-63		665 93
	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.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....	10 28			
	Use of Flower Cars.....				
	Professional Supervision.....				
		695 28			
	To Funeral Complete				

Singers
 Mrs. Middleton
 " Salda
 James Campbell
 Insurance Policies

Lisa
 1935

NAME OF DECEASED *Elsie M. Winkel* RESIDENCE _____

FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <i>Methodist Hospital</i>
Casket No. <i>Wood</i> Style <i>Stat Y Couch</i>		Date of Death <i>7-16-63</i>
Interior <i>gray satin</i> Covering <i>light blue</i>		Cause of Death <i>Cancer</i> Contributory _____
Manufacturer <i>Miller</i>	DEBITS	Duration _____ Autopsy <i>no</i>
Total Net Cost of Casket _____		Sex <i>Female</i> Color or Race <i>white</i>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <i>2-5-1902</i> Age, Years <i>61</i> Months _____ Days _____
Embalming _____		Occupation <i>Housewife</i>
Clothing _____		How Long at Place of Death <i>2 mo</i>
_____ _____ _____		Birthplace—City or County <i>Jones</i> State or Country <i>Kans</i>
Total Cash Advances _____		Name of Father <i>Ruben Van Wey</i>
_____ _____ _____		Birthplace of Father _____
_____ _____ _____		Maiden Name of Mother <i>Elizabeth La Dow</i>
_____ _____ _____		Birthplace of Mother _____
Total Net Cost of Funeral _____		Signed <i>Joder</i> M.D. _____ Coroner _____
Gross Profit on Funeral _____		Address _____ Date <i>7-18-63</i>
*Less Overhead Per Funeral _____		Interment at <i>mt. alins</i>
Net Profit Apparent _____		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. _____ Date _____
		In Charge of _____
		Source of Call _____

REMARKS:

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



Funeral of William Emory Charge to _____ Account No. 758
 Ordered by Viola Emory Guaranteed by _____ Serial No. 475
 Funeral at _____ Residence _____ Mortuary Church _____ Date 8-1-63 Hour 2 pm Annual No. 30
 Clergyman Twombly Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services				
	Embalming				
	Outer Case or Vault <u>Wilbert</u>	<u>170 00</u>			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <u>15 + 10</u>	<u>25 00</u>			
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls <u>grave Equip</u>	<u>11 00</u>			
	Use of _____ doz. Chairs				
	Flowers <u>+ TAX</u>	<u>25 63</u>			
	Clergyman	<u>10 00</u>			
	Singers	<u>10 00</u>			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sales tax</u>	<u>4 25</u>			
	<u>Use of Mortuary</u>	<u>60 00</u>			
	<u>STAFF SERVICES</u>	<u>35 00</u>			
	<u>To credit on box</u>	<u>350 88</u>			
	To Funeral Complete	<u>270 88</u>			

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
F. H. Hagambuch
JACK GARRON
Archie Seiter
Ben Ainley
Ralph Winzer
WALT Kibler

Singers
Louise SALTZMAN
CAROL McKINRAE
ORBA
 Insurance Policies

NAME OF DECEASED William Emory RESIDENCE Boulder Colo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 8-1-63 HOUR 2pm CLERGYMAN Twombly
 SINGERS Louise - Carol Lem LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Boulder Colo</u>
Casket No. _____ Style _____			Date of Death <u>July 29 1963</u>
Interior _____ Covering _____			Cause of Death <u>ACUTE Myo CARDIAC INFARCTION</u>
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>4-16, 1906</u> Age, Years <u>57</u> Months _____ Days _____
Embalming _____			Occupation <u>HARDWARE CLERK</u>
Clothing _____			How Long at Place of Death <u>6 years</u>
_____			Birthplace—City or County <u>WAPANUCKA</u> State or Country <u>OKLA</u>
_____			Name of Father <u>FRED Emory</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Lou Ada WALKER</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 _____	
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 LAURA ANN HAMILTON Charge to _____ Account No. 759
 Ordered by HARRY HAMILTON Guaranteed by _____ Serial No. 496
 Funeral at _____ Residence _____ Mortuary _____ Church FLDS Date 8-5-63 Hour 2:30 Annual No. 31
 Clergyman Wm Twombly Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	325 00	9-5-63		404 86
	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.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers..... + TAX	25 63			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		5 78			
		416 41			
	Discount 11.55	11 55			
		404 86			
To Funeral Complete					

Jack Whetstone
 Wm
 Leonard Twombly
 Coac
 Gerald - Lochte
 Alfred KARN
 Singers

Insurance Policies

NAME OF DECEASED LAURA ANN HAMILTON RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH RLDS DATE 8-5-63 HOUR 2:30 CLERGYMAN Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>Oct. K. Paul</u>		Date of Death <u>August 2 1963</u>
Interior <u>gray tawell</u> Covering <u>light blue</u>		Cause of Death <u>Cancer</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>3-6-1892</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>37 yrs</u>
_____		Birthplace—City or County <u>Clarksdale</u> State or Country <u>Mo</u>
_____		Name of Father <u>Arnold Nesser</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>Christine Rich</u>
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>R.L. Corder M.D.</u> _____ Coroner
_____		Address <u>Highland St</u> Date _____
_____		Interment at <u>Fanning Cemetery</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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



NAME OF DECEASED Ida Culp RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 9-7-63 HOUR 2pm CLERGYMAN LEROY DAVIS
 SINGERS Louise SAKTeman OAGMIST Loyce Bennett
 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>Edison</u> Style <u>metal 1/2 casket</u>		
Interior <u>R.T. Culp</u> Covering <u>Golden Palmwood</u>		
Manufacturer <u>Majors</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
<u>SS no 510-46-8356</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 Sept 5 1963
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy NO
 Sex Female Color or Race white
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth 2-14-1885 Age, Years 78 Months _____ Days _____
 Occupation Housewife
 How Long at Place of Death 24 hrs
 Birthplace—City or County Bendena State or Country Kansas
 Name of Father Peter Deitrickson
 Birthplace of Father _____
 Maiden Name of Mother MATILDA Johnson
 Birthplace of Mother Husband Cornelius Culp
 Signed _____ M.D. (deceased) 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 _____

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

Funeral of CLARK W NORMAN Charge to _____ Account No. 761
 Ordered by Veola NORMAN Guaranteed by _____ Serial No. 498
 Funeral at _____ Residence _____ Mortuary Church _____ Date 10-9-63 Hour 2 p.m. Annual No. 33
 Clergyman John W Campbell Lodge Affiliations _____ Body Shipped to or from _____

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

Pall Bearers
O.O. FULK
Rich STAHL
Robt Noyes
EARL Green
Hillman Hull
F.H. Hagenbuch

Singers
WARD Henry

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	690 00	10-12		626 98
	Embalming.....				
	Outer Case or Vault..... <u>conc sec</u>	60 00	11-12		213 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..... <u>+ TAX</u>	25 63			
	Clergyman.....	25 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>SALos TAX</u>	11 85			
	.....	862 48			
	..... <u>Cash Dic 22.50</u>	22 50			
				
				
				
				
	To Funeral Complete	839 98			839 98

NAME OF DECEASED CLARK W Norman RESIDENCE TROY Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 10-9-63 HOUR 2 pm CLERGYMAN John W Campbell
 SINGERS WARD Henry LODGE AFFILIATIONS OAGANIST Miss Janie Henry
Loyle Bennett

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>SISTERS Hosp ST Jee</u>
Casket No. _____ Style <u>Metal 1/2 cumb</u>		Date of Death <u>OCT 7 1963</u>
Interior <u>Alto</u> Covering <u>light green</u>		Cause of Death <u>URemia</u> Contributory _____
Manufacturer <u>MAJOR</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>1-18-1891</u> Age, Years <u>72</u> Months <u>8</u> Days <u>19</u>
Embalming _____		Occupation <u>Retired Bank employee</u>
Clothing _____		How Long at Place of Death <u>3 days</u>
		Birthplace—City or County <u>TROY</u> State or Country <u>Kansas</u>
		Name of Father <u>John Norman</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>ALBERTA CLARK</u>
		^{wife} Birthplace of Mother <u>VEOLA MALM</u>
		Signed <u>E Yoder</u> M.D. _____ Coroner _____
Total Cash Advances _____		Address <u>Denton Kansas</u> Date _____
<u>SSno 511-12-6068</u>		Interment at <u>mt Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____ Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____
REMARKS:		

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



Funeral of Lulu Belle Zimmerman Charge to _____ Account No. 762
 Ordered by Albert Zimmerman Guaranteed by _____ Serial No. 499
 Funeral at _____ Residence _____ Mortuary Church _____ Date 10-14-65 Hour 2pm Annual No. 34
 Clergyman Dave Landis Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
O. O. FULK
Robt Reedon
HARD WEBA
C. C. CALMAN
Ralph Winzer
Wilbur Copen-
haber
 Singers
MAe Wmson
 Insurance Policies _____

Date	Description of Service	Amount	Date		Credits
	Casket and Services.....	470 00	10-14	D.M. Zimmerman	36 52
	Embalming.....		11-27	U.S. TRS	120 00
	Outer Case or Vault <u>Caskets</u>	60 00			
	Washing and Dressing.....		12-10	Albert Zimmerman	75 00
	Shaving.....		1-28		50 00
	Slumber Robe.....				
	Suit or Dress.....		4-10-64	Albert Zimmerman	104 52
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....		2-2-65	D.S. Z	50 00
	Opening Grave.....	40 00	6-22-65	D.S. Z	50 00
	Newspaper Notices.....	8 05			
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....	5 00			
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>just</u> 15.90				
		583 03			

NAME OF DECEASED Lulu Belle Zimmerman RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 10-14-63 HOUR 2 pm CLERGYMAN Landis
 SINGERS Mrs Ben Williamson LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>450</u> Style <u>Top 1/2 Curved</u>		
Interior <u>Wynne</u> Covering <u>gray</u>		
Manufacturer <u>Miller</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
<u>DAN Zimmerman</u>		
<u>3533 Reed ST</u>		
<u>FORT WYNNE ind</u>		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL
 Place of Death Methodist Hospital - ST Joe
 Date of Death OCTober 11 1963
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy No
 Sex Female Color or Race white
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth 4-23-1877 Age, Years 86 Months _____ Days _____
 Occupation Housewife
 How Long at Place of Death 2 hours
 Birthplace—City or County Troy State or Country Kansas
 Name of Father Daniel C Sinclair
 Birthplace of Father _____
 Maiden Name of Mother SARAH HALLAWAY
 Birthplace of Mother _____
 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 _____

REMARKS:

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





Funeral of John L. Gilman Water Charge to _____ Account No. 765
 Ordered by Mrs Maple Fuller Guaranteed by _____ Serial No. 500
Mrs Don Glasscock
 Funeral at _____ Residence _____ Mortuary Church _____ Date 10-20-63 Hour 2:30 pm Annual No. 35
 Clergyman Wm Landis Lodge Affiliations Eagles Body Shipped to or from _____

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

Singers
Louise Saltzman

Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	585 00	12-1		255 00
	Embalming		1-20-64		470 24
	Outer Case or Vault <u>Cone Seal</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>SALOS TAX</u>	10 28			
	<u>Lettering Stone</u>	10 00			
		725 28			
To Funeral Complete					



Funeral of LARRY Lee SCOTT Charge to _____ Account No. 764
 Ordered by Joe SCOTT, 903 Vermont Guaranteed by _____ Serial No. 501
 Funeral at _____ Residence Elwood BAPTIST Church _____ Date 11-11-63 Hour 2 pm Annual No. 36
 Clergyman Rev O. F. BARNARD Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	736 00	11-27-63		960 06
	Embalming.....	50 00			
	Outer Case or Vault..... <u>Wilbeet</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>SALos TAX</u>	<u>15 54</u>			
	<u>Disc 27.48</u>	<u>981 54</u>			
	<u>3 Cert. Copies</u>	<u>6 00</u>			
	To Funeral Complete	960 06			

NAME OF DECEASED JERRY LEE SCOTT RESIDENCE Elwood Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH BAPTIST (Elwood) DATE 11-11-63 HOUR 2pm CLERGYMAN O. F. BARNARD
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Kansas City Ks.</u>
Casket No. _____ Style <u>metal 1/2 casket</u>		Date of Death <u>Nov 9 1963</u>
Interior <u>very crisp</u> Covering <u>blue mist</u>		Cause of Death <u>ACUTE epidural Hematoma</u> Contributory <u>CAR WRECK</u>
Manufacturer <u>Arrow</u>	DEBITS	Duration <u>HOURS</u> 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>2-16-1942</u> Age, Years <u>21</u> Months _____ Days _____
Embalming _____		Occupation <u>SAW Mill - WALNUT PRODUCTS - ST-Joe</u>
Clothing _____		How Long at Place of Death <u>DOA</u>
		Birthplace—City or County <u>Highland</u> State or Country <u>KANSAS</u>
		Name of Father <u>Joe SCOTT</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>ZOLA Moser</u>
<u>SS no. 513-42-8116</u>		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
		Address <u>K.C. Ks</u> Date <u>11-9-63</u>
		Interment at <u>MT Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____

REMARKS:

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



Funeral of Thomas N Pollard Charge to _____ Account No. 765
 Ordered by Children Guaranteed by _____ Serial No. 502
 Funeral at _____ Residence _____ Mortuary _____ Church Mch Date 12-16-63 Hour 3 p.m. Annual No. 37
 Clergyman Wm Landis Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount		Date	V	Credits	
	Casket and Services.....	620	00	1-24-64		SS	231 00
	Embalming.....			2-9-64		MRS IVAN Helfman	622 30
	Outer Case or Vault..... (Heiser)	160	00				853 30
	Washing and Dressing.....						
	Shaving.....					Paid in Full	
	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.....						
	_____ Sales Tax	13	30				
		853	30				
	S.S. benefit	-	231 00				
		622	30				
	1-14-64 Disc 23.40						
To Funeral Complete							

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

Singers

Insurance Policies

NAME OF DECEASED Thomas N Pollard RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH Meth DATE 12-16-63 HOUR 3pm CLERGYMAN Landis
 SINGERS MRS Wm Reed ORGAN Miss Logan Bennett 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 _____			Date of Death <u>12-13-63</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____			Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>3-26-1886</u> Age, Years <u>77</u> Months _____ Days _____
Embalming _____			Occupation <u>Retired Farmer</u>
Clothing _____			How Long at Place of Death <u>7 Wks</u>
_____			Birthplace—City or County <u>Polo</u> State or Country <u>Mo</u>
_____			Name of Father <u>Alec Pollard</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>MARTHA MORGAN</u>
_____		Birthplace of Mother _____	
_____		Signed <u>CUNAN</u> M.D. _____ Coroner _____	
_____		Address <u>ST Joseph</u> Date _____	
<u>SS no 512-28-6684</u>		Interment at <u>MT olive</u>	
_____		Lot or Grave No. _____ Section No. _____	
_____		Shipped to _____	
_____		Arrived from _____	
_____		Via _____ R. R. Date _____	
Total Net Cost of Funeral _____		In Charge of _____	
Gross Profit on Funeral _____		Source of Call _____	
*Less Overhead Per Funeral _____		Insured in _____ Amount _____	
Net Profit Apparent _____		Beneficiary _____	

REMARKS:

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



NAME OF DECEASED Florence Foster RESIDENCE Bendena Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH St. Johns DATE 1-25-64 HOUR 2 pm CLERGYMAN CART Nuebel
 SINGERS MRS Byron Albers LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Bendena Kansas (Home)</u>
Casket No. _____ Style <u>1/2 C</u>		Date of Death <u>Jan 22 1964</u>
Interior <u>CBA, Flat Carp</u> Covering <u>Ebony Metal</u>		Cause of Death _____ Contributory _____
Manufacturer <u>AUBORA</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>FEMALE</u> Color or Race <u>White</u>
Outer <u>CBA</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>8-17-1891</u> Age, Years <u>72</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>2 yrs</u>
		Birthplace—City or County <u>Do. Co.</u> State or Country <u>Kan.</u>
		Name of Father <u>SALEM G Jones</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Anna B Lloyd</u>
Total Cash Advances _____		Birthplace of Mother _____
		Signed <u>E. T. WULFF M.D.</u> Coroner
		Address <u>ATChison</u> Date _____
		Interment at <u>MORAY</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____

REMARKS: Surviving besides her husband are five daughters, Mrs. Arthur (Sarah) Tilbury, Bendena, Mrs. Clarence (Frances) Reynolds, Scottsdale, Ariz., Mrs. Andrew (Edith) Kurtz, Mrs. Jack (Betty) Kirkham and Mrs. Dwight (Geneva) Dunster, all of Atchison; a sister, Miss E. Grace Jones, Bendena; three brothers, Lonnie Jones, Bendena, Albert Jones, Independence, Mo., and Salem Jones, Topeka, and her grandfather, _____

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

Funeral of BERNARD Lee Smith Charge to _____ Account No. 767
 Ordered by MARVIN Smith SR Guaranteed by _____ Serial No. 504
 Funeral at _____ Residence _____ Mortuary Baptist Church Date 1-29-64 Hour 2 pm Annual No. 2
 Clergyman Leroy DAVIS Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Archie Seiter
Donald HARPER
Elmer Murphy
Wm Gibson
 Singers
Lloyd Dawson
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	485 00	2-15-64		600 as
	Embalming.....	50 00	Memorial Smith		
	Outer Case or Vault.....	48 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.....	20 50			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Memorials	5 50			
	Sales Tax	8 48			
	<u>Subtotal</u>	617 48			
	To Funeral Complete	16 05			
		633 53			

#401-

NAME OF DECEASED Bernard Lee Smith RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH BAPTIST DATE 1-29-64 HOUR 2pm CLERGYMAN Leroy Davis
 SINGERS Lloyd Dawson Zera Miller LODGE AFFILIATIONS
Pianist

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>K.U. Medical Center KCHS</u>
Casket No. _____ Style _____		Date of Death <u>Jan 26 1964</u>
Interior _____ Covering <u>white metal</u>		Cause of Death <u>Pulmonary Hemorrhage</u>
Manufacturer <u>Miller</u>		Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____		Date of Birth <u>2-10-1957</u> Age, Years <u>6</u> Months _____ Days _____
Embalming _____		Occupation <u>STUDENT</u>
Clothing _____		How Long at Place of Death <u>4 mths</u>
		Birthplace—City or County <u>Highland</u> State or Country <u>KANSAS</u>
		Name of Father <u>MARVIN Smith SR</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Rose SCHNEIDER</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed _____ M.D. _____ Coroner
		Address _____ Date _____
		Interment at <u>Fanning Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____
REMARKS:		

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



Funeral of HARVEY A. EMOBY Charge to..... Account No. 768
 Ordered by LORENA EMOBY Guaranteed by..... Serial No. 505
 Funeral at..... Residence..... Mortuary BAPTIST Church Date 2-10-64 Hour 2 pm Annual No. 3
 Clergyman Wm Twombly Lodge Affiliations..... Body Shipped to or from.....

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

Singers
James Campbell

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	627 00	2-24-64		739 53
	Embalming.....				
	Outer Case or Vault..... <u>Sec</u>	60 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing <u>Tie, shirt, sock undergarments</u>	6 60			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>+ TAX</u>	25 63			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales TAX</u>	10 91			
		750 14			
	<u>PERT Capital</u>	10 00			
	<u>Disc.</u>	20 61			
	To Funeral Complete	739 53			

NAME OF DECEASED HARVEY A EMORY RESIDENCE TBOY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Baptist DATE 2-10-64 HOUR 2pm CLERGYMAN Twombly
 SINGERS James Campbell - Joyce Bennett LODGE AFFILIATIONS _____
Pianist

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Fanning Kansas</u>
Casket No. _____ Style <u>1/2 Metal</u>		Date of Death <u>Feb 7 1964</u>
Interior <u>Rose Tan for Casket</u> Covering <u>Copper Tan</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Majors</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>June 20 1908</u> Age, Years <u>55</u> Months _____ Days _____
Embalming _____		Occupation <u>Heavy Equipment OPERATOR</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>Wm A Emory</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>SALLY JETT</u>
SS no 514-03 9093		Birthplace of Mother _____
03 2		Signed <u>Robt Cordee</u> M.D. _____ Coroner _____
<u>514 03 9092</u>		Address <u>Highland Ks</u> Date _____
_____		Interment at <u>MT olive</u>
_____		Lot or Grave No. _____ Section No. _____
Total Net Cost of Funeral _____		Shipped to _____
Gross Profit on Funeral _____		Arrived from _____
*Less Overhead Per Funeral _____		Via _____ R. R. Date _____
Net Profit Apparent _____		In Charge of _____
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 SUSANNAH B OSBORN Charge to..... Account No. 769
 Ordered by..... Guaranteed by..... Serial No. 506
 Funeral at..... Residence..... Mortuary Church..... Date 2-29-64 Hour 2:30 pm Annual No. 4
 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 de
 John Peters
 Lloyd BLANTON
 John Libal
 Midge COVATY
 Leo ZELTNER
 Singers
 MR + MRS
 Donald ELDEN
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	325 00	2-28-64		84 65
	Embalming.....		2-28-64		84 65
	Outer Case or Vault..... wood	25 00	2-28-64		84 65
	Washing and Dressing.....		2-28-64		84 65
	Shaving.....		4-10-64		84 65
	Slumber Robe.....				
	Suit or Dress.....	29 50			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	35 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Sales Tax	8 74			
	To Funeral Complete	423 24			

NAME OF DECEASED Susannah B Osborn RESIDENCE Severance Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 2-29-64 HOUR 2:30p CLERGYMAN Wm Landis
 SINGERS Mrs Mrs Donald Elder 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 _____		Place of Death <u>ARNOLD Nursing Home - St Joe Mo</u>
Casket No. _____ Style <u>OCT H. P.</u>		Date of Death <u>Feb 27 1964</u>
Interior <u>ivory Tw. 11</u> Covering <u>DRK emb. doe</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket <u>SHORT BAR handles</u>		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>9-5-1885</u> Age, Years <u>78</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>4 mths</u>
_____		Birthplace—City or County <u>Severance</u> State or Country <u>Kansas</u>
_____		Name of Father <u>WATSON P COCHRANE</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>LAURA E Randolph</u>
_____		Birthplace of Mother _____
_____		Signed <u>E. A. Peterson M.D.</u> _____ Coroner
_____		Address <u>WATHEN Ks</u> Date _____
_____		Interment at <u>OAK Hill</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____

REMARKS:

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





Funeral of MARK Ian ELder Charge to..... Account No. 770
Ordered by Robert Ian ELder Guaranteed by..... Serial No. 507
Funeral at..... Residence..... Mortuary..... Church St-Johns Date 3-11-64 Hour 2 pm Annual No. 5
Clergyman PASTOR Nuebel Lodge Affiliations..... Body Shipped to or from.....

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

Geo Bush
Richard Wilke
MARTIN Boerstin
ELmer Ross Jr
Phillip Johnson
Charles Albers

Singers
MRS Geo Roberts
MRS HARLEN HAZOY
MRS HORACE WRIGHT

SUZANNE Holzhey
CAGAN
Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	385 00	3-23-64		504 46
	Embalming.....				
	Outer Case or Vault..... <u>Conc 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..... <u>+ TAX</u>	25 63			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>SALES TAX</u>	7 28			
	.....	517 81			
	..... <u>Disc 13.35</u>				
	.....	504 46			
	To Funeral Complete				

NAME OF DECEASED MARK IAN ELDER RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST Johns DATE 3-11-64 HOUR 2 pm CLERGYMAN PASTOR CARL Nuebel
 SINGERS MRS. Roberts-Wright-Hazen LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____

Casket No. 250 Style OCT 12 Couch

Interior Very Twill Covering Lite embossed doe

Manufacturer Miller

Total Net Cost of Casket _____

Outer Case _____

Vault _____

Embalming _____

Clothing _____

Total Cash Advances _____

Total Net Cost of Funeral _____

Gross Profit on Funeral _____

*Less Overhead Per Funeral _____

Net Profit Apparent _____

REMARKS:

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

Place of Death TROY KANSAS (His Home)

Date of Death MARCH 9 1964

Cause of Death CANCER Contributory _____

Duration _____ Autopsy NO

Sex MALE Color or Race White

Single _____ Married _____ Widowed _____ Divorced _____ Child

Date of Birth 6-7-1950 Age, Years 13 Months _____ Days _____

Occupation STUDENT

How Long at Place of Death Life Time

Birthplace—City or County ST Joseph State or Country MO

Name of Father ROBERT IAN ELDER

Birthplace of Father _____

Maiden Name of Mother Audrey Peabody

Birthplace of Mother _____

Signed Emeesa Yodoe M.D. _____ Coroner

Address Denton KS Date _____

Interment at MT Olive

Lot or Grave No. _____ Section No. _____

Shipped to _____

Arrived from _____

Via _____ R. R. Date _____

In Charge of _____

Source of Call _____

Insured in _____ Amount _____

Beneficiary _____



Funeral of John M Dannerik Charge to _____ Account No. 771
 Ordered by Blanche Dannerik Guaranteed by _____ Serial No. 508
 Funeral at _____ Residence _____ Mortuary St Charles Church _____ Date 3-13-64 Hour 9:30 AM Annual No. 6
 Clergyman Fr. Egbert Hall Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Martin Boersting
Jimmy Ruddy
Francis Folby
Edgar Turpin
Hylen Rush
Kenneth Goss
 Singers
Church choir
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	627 00	3-27		413 16
	Embalming.....				
	Outer Case or Vault..... <u>con sec</u>	60 00	5-8 64		211 70
	Washing and Dressing.....		5-18		250 00
	Shaving.....				120 00
	Slumber Robe.....				
	Suit or Dress.....				783 66
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... <u>+ TAX</u>	10 25			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	..... <u>SALES TAX</u>	10 91			
	..... <u>Military Service in Lawrence</u>	50 00			
	..... <u>with</u>	27 40			
	..... <u>VA + SS</u>	370 00			
To Funeral Complete		783 16			

Miles

NAME OF DECEASED John Miner Dannerik RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST CHARLES DATE 3-13-64 HOUR 9:30 A CLERGYMAN FR EGBERT HALL
 SINGERS Church Choir 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. _____ Style <u>Silver metal 1/2 casket</u>		Date of Death <u>MARCH 10 1964</u>
Interior <u>ivory</u> ^{Taffeta} <u>Repe</u> Covering		Cause of Death <u>Hepatic Coma</u> Contributory
Manufacturer <u>MAJOR</u>		Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>4-30-1891</u> Age, Years <u>72</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired FARMER</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>Doriphan Co</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>Wm Dannerik</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>Louisa Hoverson</u>
_____		Birthplace of Mother <u>wife - Blanche Devereau</u>
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at <u>ST CHARLES 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.



Wright

Funeral of Emmett E Loeffring Charge to _____ Account No. 772
 Ordered by FRANK Loeffring Guaranteed by _____ Serial No. 509
 Funeral at _____ Residence _____ Mortuary Church _____ Date 3-31-64 Hour 2pm Annual No. 7
 Clergyman Wm Twombly Lodge Affiliations _____ Body Shipped to or from _____

*John Meister
 Robt " "
 Leon Jones
 Gordon Loeffring
 Aubrey Benefield
 Conrad Young*

*Rev Ted
 Chrystie*

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	650 00	4-7-64		500 00
	Embalming.....	385 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....	23 00			
	Suit or Dress.....	2 50			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....	??			
	Opening Grave.....	30 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	25 63			
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<i>SALES TAX</i>	15 01			
	<i>Disc 25.82</i>	1051 14			
	To Funeral Complete				

NAME OF DECEASED Emmett EARL LIEFFRING RESIDENCE Elwood Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 3-31-64 HOUR 2pm CLERGYMAN Wm Twombly
 SINGERS Rev Ted Chastie - Joyce Bennett LODGE AFFILIATIONS AGSmit

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 _____		Place of Death <u>Elwood Kansas</u>
Casket No. _____ Style <u>Copperstone METAL</u>		Date of Death <u>MARCH 29 1964</u>
Interior <u>Rose tan</u> Covering <u>1/2 evel</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Roll Around Pine</u> <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 <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>1-28-1901</u> Age, Years <u>63</u> Months _____ Days _____
Embalming _____		Occupation <u>RETIRED FARMER</u>
Clothing _____		How Long at Place of Death <u>4 years</u>
_____		Birthplace—City or County <u>Wathena</u> State or Country <u>Kansas</u>
_____		Name of Father <u>Pete Lieffring</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>MAY FARRIS</u>
_____		Birthplace of Mother _____
<u>S.S. no 509-142-103</u>		Signed _____ M.D. _____ Coroner _____
<u>509-14-2103</u>		Address _____ Date _____
_____		Interment at <u>Fanning Cemetery</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____

REMARKS:

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



Haupt

Funeral of Amnye G Holzhey Charge to _____ Account No. 773
 Ordered by Mrs Pearl Godfrey Guaranteed by _____ Serial No. 510
Dayle Holzhey
 Funeral at _____ Residence _____ Mortuary _____ Church St Johns Date 4-10-64 Hour 2 pm Annual No. 8
 Clergyman CARL Nuebel Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
GARY Godfrey
Danny "
Ronald "
John Holzhey
Kenneth Sutton
OTIS Overmiller
 Singers
Donald Eldon
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	427 00	5-7 64		
	Embalming <u>in KC</u>	50 00			
	Outer Case or Vault <u>Sectional</u>	60 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	30 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman <u>Salest 4</u>	10 95			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>ambulance service to K.U.</u>	30 00			
		807 95			
	<u>Deerby 5-10-64 #2061</u>	25 00			
	<u>min</u>	10 00			
		842 95			
	To Funeral Complete				
		20 61			
		822 34			

*my
gdm*

Funeral of Melvina McDowell Charge to _____ Account No. 774
 Ordered by HARRY PIERCE SR. Guaranteed by _____ Serial No. 511
 Funeral at TRoy BAPTIST 10 AM Mortuary _____ Church _____ Date 4-23-64 Hour 10 & 3 Annual No. 9
 Residence CAINSVILLE BAPTIST 3PM
 Clergyman LEROY DAVIS Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits	
	Casket and Services.....	585 00	5-1 64			580 88
	Embalming.....					
	Outer Case or Vault.....					
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....	19 95				
	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.....	9 27				
	Less ¹⁶ for no GRAVE setup TAX	517 02				
	Disc 5-21-64 15.14					
To Funeral Complete		580 88				

NAME OF DECEASED MelVINA E McDowell RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Baptist DATE 4-23-64 HOUR 10:33 CLERGYMAN LeRoy DAVIS
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>3356</u> Style <u>'12 C</u>		
Interior <u>IVORY SATIN</u> Covering <u>SILVER PLUSH</u>		
Manufacturer <u>MILLER</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

Place of Death TROY KANSAS
 Date of Death April 21 1964
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy No
 Sex FEMALE Color or Race white
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth 1-6-1876 Age, Years 88 Months _____ Days _____
 Occupation _____
 How Long at Place of Death 8 YRS
 Birthplace—City or County MERCER Co State or Country MO
 Name of Father Andrew HART
 Birthplace of Father _____
 Maiden Name of Mother JANE CRAIG
 Birthplace of Mother SAM McDowell
 Signed A. J. BLAIR M.D. _____ Coroner _____
 Address TROY Date _____
 Interment at ZOAR Cemetery - Cainsville Mo
 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 FRANK B Kiehnhoff Charge to..... Account No. 775
 Ordered by Louise Kiehnhoff Guaranteed by..... Serial No. 512
 Funeral at..... Residence..... Mortuary Church..... Date 5-8-64 Hour 2 pm Annual No. 10
 Clergyman Bingenheimer Lodge Affiliations..... Body Shipped to or from.....

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

VICTOR CAUL
 Archie Seitzer
 Floyd Ruhnke
 PAUL Ruhnke
 FRANKLIN Kiehnhoff
 Junior "

Singers
 CAROL McKinnick
 Beulah Boeh
 ORGANIST

Insurance Policies
 ABide With Me
 ASleep In Jesus

Date	Description of Service	Amount		Date	V	Credits
	Casket and Services.....	1690	00	6-7-64		779 35
	Embalming.....					
	Outer Case or Vault..... <u>Sec Box</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>Sales Tax</u>		11 85			
			801 85			
	<u>Disc 6-6-64</u>		22 50			
			779 35			

To Funeral Complete

NAME OF DECEASED FRANK B Kiehnhoff RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-8-64 HOUR 2pm CLERGYMAN Roy Bingenheimer
 SINGERS CAROL McKittrick - Beulah Boeh LODGE AFFILIATIONS ORCM

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY KANSAS</u>
Casket No. <u>Style 1/2 C METAL</u>		Date of Death <u>MAY 5 1964</u>
Interior <u>ROSE TAN Crepe</u> Covering <u>SUNSET COPPER LUSTRE</u>		Cause of Death _____ Contributory _____
Manufacturer <u>SPRINGFIELD 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>12-29-1878</u> Age, Years <u>85</u> Months <u>4</u> Days <u>6</u>
Embalming		Occupation <u>RETIRED FARMER</u>
Clothing		How Long at Place of Death <u>18 YEARS</u>
		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father <u>AUGUST KIEHNHOFF</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother _____
<u>Sec. 1 Security</u>		Birthplace of Mother <u>Wife - Louise Ruhnke</u>
<u>513-36-9848</u>		Signed <u>A. J. BLAIR</u> M.D. _____ Coroner _____
		Address <u>TROY KS</u> Date _____
		Interment at <u>MT OLIVE</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		Source of Call _____
REMARKS:		Insured in _____ Amount _____
		Beneficiary _____

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





Funeral of KAREN Ann SHARP Charge to..... Account No. 776
 Ordered by LEONARD SHARP Guaranteed by..... Serial No. 515
MT Olive
 Funeral at..... Residence..... Mortuary..... Church..... Date 5-12-64 Hour 3 pm Annual No. 11
 Clergyman..... Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services..... <u>+ Box</u>	<u>40 00</u>	<u>5-13-64</u>		<u>81 00</u>
	Embalming..... <u>(CLARK)</u>	<u>25 00</u>			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....	<u>15 00</u>			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u>	<u>1 00</u>			
To Funeral Complete		<u>\$ 1100</u>			

PAID in FULL

NAME OF DECEASED KAREN Ann SHARP RESIDENCE ST Joseph MO
 FUNERAL AT RESIDENCE MORTUARY CHURCH MT Olive DATE 5-12-64 HOUR 3pm CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Methodist Hospital - ST Joseph</u>
Casket No. _____ Style _____		Date of Death <u>MAY 10 1964</u>
Interior _____ Covering _____		Cause of Death <u>Stillborn</u> Contributory _____
Manufacturer _____	DEBITS	Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket		Sex <u>FEMALE</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____		Date of Birth <u>MAY 10 1964</u> Age, Years <u>0</u> Months _____ Days _____
Embalming _____		Occupation <u>child</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>Leonard SHARP</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Ruth Ann Howard</u>
_____		Birthplace of Mother _____
_____		Signed <u>Kelly</u> M.D. _____ Coroner _____
_____		Address <u>Savannah</u> _____ Date _____
_____		Interment at <u>MT Olive</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. _____ Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____

REMARKS:

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

NAME OF DECEASED ELIZABETH E HART RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 5-29-64 HOUR 2pm CLERGYMAN CHRYSSTIE- (PH)
 SINGERS CAROL CHRYSSTIE - VERA MYERS LODGE AFFILIATIONS OACM Joyce Bennett

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST JOSEPHS HOSPITAL</u>
Casket No. _____ Style <u>Hinge Panel</u>		Date of Death <u>MAY 27 1964</u>
Interior <u>ivory</u> Covering <u>blue st.</u>		Cause of Death _____ Contributory _____
Manufacturer _____		Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <u>✓</u> Divorced _____ Child _____
Vault _____		Date of Birth <u>11-30-1871</u> Age, Years <u>92</u> Months _____ Days _____
Embalming _____	Bon 11-3-71	Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>7 days</u>
_____		Birthplace—City or County <u>Putnam</u> State or Country <u>Mo</u>
_____		Name of Father _____
_____		Birthplace of Father _____
_____		Maiden Name of Mother _____
_____		Birthplace of Mother <u>Widow of James HART</u>
Total Cash Advances _____		Signed <u>E.A. Peterson</u> M.D. _____ Coroner _____
_____		Address <u>WATHEN ST</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 Anna Jane Workman Charge to _____ Account No. 778
 Ordered by MRS ORVILLE KENT Guaranteed by _____ Serial No. 515
 Funeral at _____ Residence Christian Church Date 6-1-64 Hour 2 pm Annual No. 15
 Clergyman Elliot + Phyllis Lodge Affiliations _____ Body Shipped to or from _____

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

Ernie Myers
James Huss
CARL Bolin
CARL HAUBER
Lou Thackmorton
Cliff A Cree

Singers

Connie McCaughey
Judy Caudle

Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	736.00	6-26-64		874.66
	Embalming <u>in K.C.</u>	50.00			
	Outer Case or Vault <u>Cone 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				
		TAX 12.54			
		23.88			
		898.54			
	To Funeral Complete				



Funeral of Hettie Jane Thomas Charge to _____ Account No. 779
 Ordered by Raymond Thomas Guaranteed by _____ Serial No. 516
 Funeral at _____ Residence _____ Mortuary _____ Church RDS Date 6-15-64 Hour 2 pm Annual No. 14
 Clergyman Twombly Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	385 00	6-15-64		25 00
	Embalming.....	25 00	6-19-64		25 00
	Outer Case or Vault.....				
	Washing and Dressing.....		5-22-65		10 00
	Shaving.....	6 40			
	Slumber Robe.....	416 40			
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				

To Funeral Complete

NAME OF DECEASED Hettie Lane Thomas RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH RLDS DATE 6-15-64 HOUR 2pm CLERGYMAN Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>ST Joseph Mo (WYATT N.H.)</u>
Casket No. <u>250</u> Style <u>Wagon</u>			Date of Death <u>June 13 1964</u>
Interior <u>gray velvet</u> Covering <u>light rose</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Sully</u>	DEBITS		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>10-13-1890</u> Age, Years <u>73</u> Months _____ Days _____
Embalming			Occupation <u>Home</u>
Clothing			How Long at Place of Death <u>4 days</u>
			Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
			Name of Father <u>B. F. THOMAS</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>NANCY CROW</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>HEAMAN</u> M.D. _____ Coroner _____
			Address <u>ST Joseph Mo</u> Date _____
			Interment at <u>MT Olive</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			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 Anna L Bembrick Charge to _____ Account No. 780
 Ordered by W A Ben Bembrick Guaranteed by _____ Serial No. 517
 Funeral at _____ Residence _____ Mortuary Church _____ Date 6-16-64 Hour 2:30 pm Annual No. 15
 Clergyman Campbell Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	427 00	7-1-64		406 09
	Embalming		7-1-64		369 53
	Outer Case or Vault <u>Corent</u>	60 00			
	Washing and Dressing				775 62
	Shaving				
	Slumber Robe	33 50			
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	30 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman	20 00			
	Singers	10 00			
	Casket Coach <u>Corent</u>	5 00			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision <u>TY</u>	11 74			
		797 24			

pd. in full

*check 210 2
 by 7-15-64*

Insurance Policies

To Funeral Complete

NAME OF DECEASED ANNA L Bembrick RESIDENCE ST Joseph Mo
FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 6-16-64 HOUR 2:30 CLERGYMAN Campbell
SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>ST Joseph Mo (PART #11)</u>
Casket No. _____ Style <u>Metal H. wood</u>		Date of Death <u>June 14 1964</u>
Interior <u>White</u> Covering <u>Silver</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____		Sex <u>FEMALE</u> Color or Race <u>White</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Feb 2-13-1872</u> Age, Years <u>92</u> Months _____ Days _____
Embalming _____		Occupation <u>Home</u>
Clothing _____		How Long at Place of Death <u>1 year</u>
		Birthplace—City or County <u>Doniphan Co</u> State or Country <u>Kansas</u>
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner
		Address _____ Date _____
		Interment at <u>Covater</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. _____ Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____
Total Net Cost of Funeral _____		
Gross Profit on Funeral _____		
*Less Overhead Per Funeral _____		
Net Profit Apparent _____		
REMARKS:		

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

Funeral of CLAUDE BRASEL Charge to _____ Account No. 781
 Ordered by MRS Emil SIGRIST Guaranteed by _____ Serial No. 518
 Funeral at _____ Residence Christian Church Date 6-25-64 Hour 2 pm Annual No. 16
 Clergyman Ted Chrystie Lodge Affiliations _____ Body Shipped to or from _____

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

ROBERT GOSS
 O. O. FULK
 FRANK WYKEET
 AMOR SCHAUFFLER
 CHAS MOSKAU
 CHAS RAMSEL

Singers

Rev James Campbell

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	762 00			
	Embalming.....		6/27/64		885 91
	Outer Case or Vault <u>Secluded</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..... <u>+ TAX</u>	25 63			
	Clergyman.....				
	Singers <u>\$5 each</u>	10 00			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars..... <u>TW</u>	12 94			
	Professional Supervision.....				
		910 87			
		24 66			
	<u>\$ 24.66 discount</u>	# 885 91			
	To Funeral Complete				

NAME OF DECEASED CLAUDE BRASEL RESIDENCE TBOY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 6-25-64 HOUR 2 pm CLERGYMAN CHRYSSTIC
 SINGERS Rev James Campbell LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Methodist Hospital - St. Joe</u>
Casket No. <u>2192C</u> Style <u>1/2 C ACCOSEAL</u>		Date of Death <u>June 23 1964</u>
Interior <u>Dusty Rose</u> Covering <u>oxidized BRONZE/SR</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Bellaire Corp AUBORA</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>10-26-1881</u> Age, Years <u>83</u> Months _____ Days _____
Embalming		Occupation <u>RETIRED FARMER</u>
Clothing		How Long at Place of Death <u>11 days</u>
		Birthplace—City or County <u>FARREST CITY</u> State or Country <u>MO</u>
		Name of Father <u>SAMUEL BRASEL</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>Ann Shirley HARGIS</u>
<u>S.S. No. 510-32-8016-A</u>		Birthplace of Mother <u>wife GERTAUDE</u>
		Signed <u>E. 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.



CR Hart

Funeral of Lawrence Kirby Charge to _____ Account No. 782
 Ordered by MRS A. E. Cordonick Guaranteed by _____ Serial No. 519
 Funeral at _____ Residence Christina Mortuary _____ Church _____ Date 7-6-64 Hour 2 pm Annual No. 17
 Clergyman Ted Christia Lodge Affiliations _____ Body Shipped to or from _____

Pall Bearers
RAY Weinberg
Geo Wasson
Ernie Myers
Joe Culp
Geo McEnnamphy
JACK GAPP

Singers
MRS E Myers
MRS T Christia

Abide With Me
 Beyond The Sunset
 Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	636 00	7-15-64		919 57
	Embalming				
	Outer Case or Vault <u>walnut</u>	180 00			
	Washing and Dressing				
	Shaving <u>Safety</u>	14 60			
	Slumber Robe				
	Suit or Dress	20 00			
	Other Articles of Clothing	2 50			
	Transferring Body				
	Door Badge				
	Opening Grave	40 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>4 T4</u>	25 63			
	Clergyman				
	Singers <u>2 quart 5, 10</u>	15 00			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars <u>grand equest</u>	11 00			
	Professional Supervision	944 73			
	<u>Recd \$25.16</u>				
	<u>4 pd by 8-6-64</u>				
	To Funeral Complete	119 57			

NAME OF DECEASED LAWRENCE EDGAR KIRBY RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE 7-6-64 HOUR 2pm CLERGYMAN Ted Christie
 SINGERS MRS ERNIE MYERS - MRS TED CHRISTIE LODGE AFFILIATIONS Lodge Bennett - Org 3

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TROY KANSAS (His Home)</u>
Casket No. _____ Style <u>Steel 1/2 C</u>			Date of Death <u>JULY 2 1964</u>
Interior <u>Blue STA</u> Covering <u>Blue + Silver</u>			Cause of Death <u>Heart failure</u> Contributory _____
Manufacturer <u>Quilt Flint</u>	DEBITS		Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____			Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case _____			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>7-6-1886</u> Age, Years <u>77</u> Months <u>11</u> Days <u>25</u>
Embalming _____			Occupation <u>Retired FARMER</u>
Clothing _____			How Long at Place of Death <u>15 yrs</u>
_____			Birthplace—City or County <u>Doniphan Co</u> State or Country <u>Kansas</u>
_____			Name of Father <u>HARAN Kirby</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Nancy HARGIS</u>
_____			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>A. F. Coaden</u> M.D. _____ Coroner
<u>510.37.7943</u>			Address <u>Troy Ks</u> Date _____
_____			Interment at <u>MT Olive</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. Date _____
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.

Ray G. G.

Funeral of OTTO A GAUL Charge to _____ Account No. 783
 Ordered by MRS LENA GAUL Guaranteed by _____ Serial No. 520
 Funeral at _____ Residence CHRIST Lutheran Mortuary _____ Church _____ Date 7-17-64 Hour 2pm Annual No. 18
 Clergyman Bingenheimer Lodge Affiliations _____ Body Shipped to or from _____

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

Leonard Gaul
 Edgar Gaul
 Floyd Ruhnke
 Archie Seitzer
 Roy Kichhoff
 Riley Franklin

Singers
 CAROL McKITTRICK
 Beulah Boeh
 ORGANIST

Insurance Policies
 ABide With Me
 I'm BUT A STRANGER
 HERE!

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	849.00	8-17-64		1092.00
	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	40.00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>+ TAX</u>	25.63			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>GRAVE equipment RENTAL</u>	11.00			
	<u>SALES TAX</u>	17.24			
		<u>1123.87</u>			
	<u>Disc By 8-15</u>	<u>30.87</u>			
	To Funeral Complete	1092.00			

PAID in FULL

Pd By Ct Bymers
Gaul

W.T. #1093.00

NAME OF DECEASED OTTO Adolph GAUL RESIDENCE TROY Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Lutheran DATE 7-17-64 HOUR 2pm CLERGYMAN Bingenheim
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Topeka Kansas Hospital</u>
Casket No. _____ Style <u>METAL 1/2 c</u>		Date of Death <u>July 15 1964</u>
Interior <u>ROSETA SATIN</u> Covering <u>white with Gold</u>		Cause of Death <u>Pulmonary Embolism</u>
Manufacturer <u>REV-ART</u> <u>Blending</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>7-27-1889</u> Age, Years <u>74</u> Months <u>11</u> Days <u>18</u>
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death <u>3 mths</u>
_____		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>CARL GAUL</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>CAROLINE WOLLVICK</u>
_____		Birthplace of Mother <u>Wife LENA Ruhnke</u>
_____		Signed _____ M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at <u>MT Olive</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral _____		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____

REMARKS:

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





Funeral of Leo Herman Libel Charge to..... Account No. 784
 Ordered by MRS MCGARRY & MRS GABRIEL Guaranteed by..... Serial No. 521
 Funeral at..... Residence..... Mortuary ST BENEDECTI Church..... Date July 27 1964 Hour 9:30 A Annual No. 19
 Clergyman ERNEST STAHLBAUMER Lodge Affiliations..... Body Shipped to or from.....

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
CHAS Libel
JERRY PARKER
Gus HALLING
Dick Delaney
Bill Meidinger
Selmer Hansen
 Singers
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	798 00			
	Embalming.....		8/20/64		1128 64
	Outer Case or Vault <u>ind. Mausoleum</u>	285 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing <u>TAX - Tie</u>	1 03			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	35 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....	15 00			
	Singers.....				
	Casket Coach <u>COPY COPIES</u>	8 00			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales TAX</u>	19 10			
	<u>Disc 8/25</u>	32.49			
		1161 13			
	<u>- Disc</u>	1128 64			
	To Funeral Complete				

NAME OF DECEASED Leo Herman Libel RESIDENCE Leona Kansas
FUNERAL AT RESIDENCE MORTUARY CHURCH ST Benedict's DATE 7-27-64 HOUR 9:30 A CLERGYMAN STALLBAUMER
SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Hiawatha Hospital</u>
Casket No. _____ Style <u>Sealer, Perfectum</u>			Date of Death <u>July 24 1964</u>
Interior <u>A.T. Crypt</u> Covering <u>Cappelen</u>			Cause of Death <u>CHRONIC NEPHRITIS Contributory</u>
Manufacturer _____ DEBITS			Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket			Sex <u>MALE</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>8-9-1889</u> Age, Years <u>74</u> Months _____ Days _____
Embalming _____			Occupation <u>RETIRED FARMER</u>
Clothing _____			How Long at Place of Death <u>10 days</u>
			Birthplace—City or County <u>Leona</u> State or Country <u>Kansas</u>
			Name of Father <u>John Libel</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>MARY HALLING</u>
			Birthplace of Mother <u>wife Effie Smith (deceased)</u>
			Signed <u>Ray Miedinger M.D.</u> Coroner _____
			Address <u>Hiawatha KS</u> Date <u>7-24-64</u>
			Interment at <u>ST Benedict's Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
			Source of Call _____
			Insured in _____ Amount _____
			Beneficiary _____
Total Net Cost of Funeral			
Gross Profit on Funeral			
*Less Overhead Per Funeral			
Net Profit Apparent			

REMARKS:

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



Funeral of Emery Ebid Nocks Charge to _____ Account No. 785
 Ordered by Elmer Nocks Guaranteed by _____ Serial No. 522
 Funeral at _____ Residence _____ Mortuary Church _____ Date 8-5-64 Hour 10 AM Annual No. 20
 Clergyman James Campbell Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

*Amor Schautika
 Albert Lame
 AAT Zeltwanger
 Robt Goss
 Geo Bridgman
 Russell Colp*

Singers

*Mrs Robt Spary
 Mrs Bennie Taylor
 Sherry Dishon
 ORGON
 Insurance Policies*

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services				
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <i>15x10</i>	<i>25 00</i>			
	Door Badge				
	Opening Grave <i>Egypt</i>	<i>30 00</i>			
	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>25 00</i>			
	<i>Rest of material</i>	<i>50 00</i>			
		<i>130 00</i>			
	To Funeral Complete				

NAME OF DECEASED Emery Ebin Nocks RESIDENCE Willow Springs Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 8-5-64 HOUR 10 AM 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>Mountain View Mo</u>
Casket No. _____ Style _____			Date of Death <u>Aug 2 1964</u>
Interior _____ Covering _____			Cause of Death <u>NATURAL CAUSES</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket _____			Sex <u>male</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years <u>80</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County _____ State or Country _____
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother <u>Bussick</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 <u>Willow Springs Mo</u>
			Via <u>TRAIN</u> 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 EVA M Gordonice Charge to Account No. 786
 Ordered by Joseph C Gordonice Guaranteed by Serial No. 523
 Funeral at Residence Mortuary Christian Church Date 8-6-64 Hour 2 pm Annual No. 21
 Clergyman CHRISTIE Lodge Affiliations EASTERN STAR - REBECCAS Body Shipped ~~to~~ from

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

JACK GARREY
 Lyle Yingling
 Goo McConaughy
 Oliver NITZ
 CHESTER TRANT
 Roy HORNER

Singers
 Mrs Middleton
 Mrs Sallee
 Joyce Bennett
 OAGM
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	850 00			
	Embalming.....		8/13/64		1075 35
	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.....				
	Singers.....				
	Casket Coach.....				
	Use of Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>RENTAL GRAVE equip.</u>	11 00			
	<u>TAX</u>	17 25			
	<u>4 PERT Copies</u>	8 00			
		1106 25			
	<u>Less \$30.90</u>				
	To Funeral Complete				

NAME OF DECEASED EVA Myrtle Cardonick RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH CHRISTIAN DATE 8-6-64 HOUR 2pm CLERGYMAN Ted Chaystic
 SINGERS MRS Middleton Mrs Sallee LODGE AFFILIATIONS REBECCA & EASTERN STAR
degoe Bennett - OAGM

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		Place of Death <u>TROY KANSAS (Hoe Hunt)</u>
Casket No. <u>900 G</u> Style <u>1/2 C metal</u>		Date of Death <u>Aug 4 1964</u>
Interior <u>Silver Chrome</u> Covering <u>Silver shaded Gunmetal</u>		Cause of Death <u>D.O.A.</u> Contributory _____
Manufacturer <u>Miller</u> <u>PLATED Hardware</u>	DEBITS	Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>4-10-1897</u> Age, Years <u>67</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife (Former Teacher & bank employe)</u>
Clothing _____		How Long at Place of Death <u>20 years</u>
_____		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>Eli A ABEL</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>SARAH J Hunt</u>
_____		Birthplace of Mother _____
_____		Signed <u>A. J. Blair</u> <u>MD</u> Coroner _____
_____		Address <u>TROY</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 _____

SS no 512-14-350

REMARKS:

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





H.A.C.P.

Funeral of FLOBA STOTLAR Charge to _____ Account No. 787
 Ordered by OLIVER STOTLAR Guaranteed by _____ Serial No. 524
 Funeral at _____ Residence _____ Mortuary Church _____ Date 8-18-64 Hour 2 pm Annual No. 22
 Clergyman Twombly Lodge Affiliations _____ Body Shipped to or from _____

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

NORVAL GUSTIN
SHERLOCK GUSTIN
WILLIE SIMPSON
ALAN SIMPSON
OSCAR SIMPSON
ABE SIMPSON

Singers
CAROL CHAYSTIE
PHYLLIS HOFFMAN
ORGAN
Beyond the Sunset
He Understands
Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	325 00			
	Embalming (O.S.K.A.W.S.A.)	35 00	8/25/64		454 93
	Outer Case or Vault <u>wood box</u>	25 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <u>1 Under clothing - Hose</u>	15 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	20 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				
	<u>GRAVE equip RENTAL</u>	30 00			
	<u>SALOS TAX</u>	5 88			
		465 88			
	<u>Disc 9-16 10.95</u>	454 93			
	To Funeral Complete				

NAME OF DECEASED Flora Gladys STOTLAR RESIDENCE OSKALOOSA KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 8-18-64 HOUR 2 pm CLERGYMAN Twombly
 SINGERS CAROL CHRYSTIE - Phyllis LODGE AFFILIATIONS HoFFmnn - OBCm

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>OSKALOOSA Kansas (Best Honor)</u>
Casket No. _____ Style <u>Hinge Panel</u>			Date of Death <u>August 15 1964</u>
Interior <u>wool SATIN</u> Covering <u>GRAY dec</u>			Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>			Duration _____ Autopsy _____
Total Net Cost of Casket	DEBITS		Sex <u>Female</u> Color or Race <u>white</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>9-18-1899</u> Age, Years <u>64</u> Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>7 months</u>
			Birthplace—City or County <u>Doniphan Co</u> State or Country <u>Kansas</u>
			Name of Father <u>Henry Simpson</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Minerva Hedrick</u>
			Birthplace of Mother _____
			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Andrus 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.

