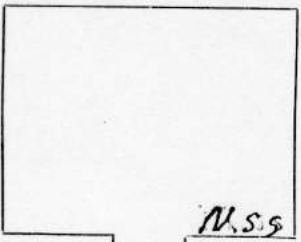


# Record of Funeral

No. \_\_\_\_\_ Date Jan. 16 - 1921 19  
 Name of the Deceased Infant of Amos Schaupler Sex M Color W  
 Charge to Amos Schaupler Order given by \_\_\_\_\_

How Secured Ordered by Ed Schaupler  
 Date of Funeral Jan 16 - 1921  
 Place of Death North of Troy  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan 16 - 1921  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months 2 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 2-0 white Lamb  
Ret Art  
 Manufactured by Ret Art  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 20.00
" Metallic Lining	.....
" Outside Box	.....
" Grave Vault	.....
" Burial Robe	.....
" Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with _____ Fluid)	.....
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$ _____	.....
Hearse	.....
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....

NAMES OF NEWSPAPERS	
Flowers	.....
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
Total Footing of Bill	20.00
By Amount Paid in Advance	.....
Balance <u>from Jan 075</u>	5.00
Entered into Ledger, page _____ or below	.....
Total Debit	20.00

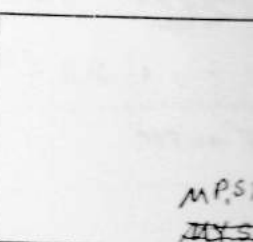
Jan. 17 1921 Credits local of wood

110 Page IV

No. \_\_\_\_\_ Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_  
 Birth Place Troy  
 Father W.D.  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or \_\_\_\_\_  
 Manufactured by Ret  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

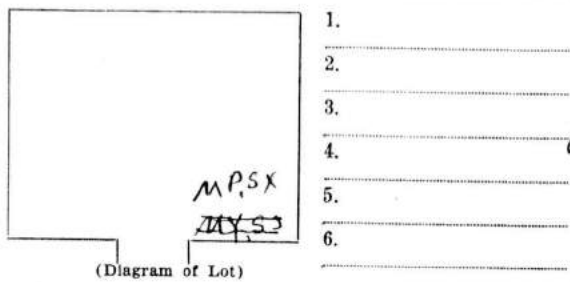
QUILL M 7-28200

# Record of Funeral

No. 20 Date Jan 16 1921  
 Name of the Deceased Russel William Kent Sex M. Color W  
 Charge to H. D. Kent Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 18-1921  
 Place of Death Home South of Troy  
 Funeral Services at Christian Church  
 Time of Funeral Services 11 AM  
 Clergyman Rev. Rodgers  
 Certifying Physician Dr. Condonier  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Jan 16-1921  
 Occupation of the Deceased Chief  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, 7 Months, \_\_\_\_\_ Days  
 Birth Place Troy, Tenn  
 Father H. D. Kent  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lead  
 Manufactured by R. A. Art  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

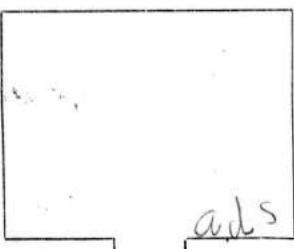
Price of Casket or Coffin	- - - - \$	25.00
“ Metallic Lining	- - - -	
“ Outside Box	- - - -	
“ Grave Vault	- - - -	
“ Burial Robe	- - - -	
“ Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)	- - - -	
Washing and Dressing	- - - -	5.00
Shaving	- - - -	
Disinfecting Rqoms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$ _____	- - - -	
Hearse	- - - -	
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	
NAMES OF NEWSPAPERS		
Flowers <u>Corn of 3 "til 4"</u>	- - - -	3.25
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	2.25
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	
Total Footing of Bill	- - - -	
By Amount Paid in Advance	- - - -	
Balance	- - - -	35.50
Entered into Ledger, page _____ or below	- - - -	
Total Debit	- - - - \$	

Jan 22 Credits Chs 35.50

# Record of Funeral

No. \_\_\_\_\_ Date Feb. 14 1921  
 Name of the Deceased Mellie Edgar Pruitt Sex M. Color W.  
 Charge to Chas Pruitt Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Feb. 14-1921  
 Place of Death Denvers Colo  
 Funeral Services at Christian Church  
 Time of Funeral Services 2 P  
 Clergyman Rev. Stanborough  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pneumonia  
 Date of Death Feb. 11-1921  
 Occupation of the Deceased Baker  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 24 Years, 7 Months, 26 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Plush State  
half round  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	_____	\$
" Metallic Lining	_____	
" Outside Box	_____	
" Grave Vault	_____	
" Burial Robe	_____	
" Burial Slippers and Hose	_____	
Engraving Plate	_____	
Embalming Body (with _____ Fluid)	_____	
Washing and Dressing	_____	
Shaving	_____	
Disinfecting Rooms	_____	
Use of Catafalque and Drapery	_____	
Use of Folding Chairs	_____	
Use of Candelabrum	_____	
Candles	_____	
Gloves	_____	
Crepe	_____	
Telephone	_____	
Telegraph	_____	
Number of Carriages @ \$ _____	_____	
Hearse <u>To Main &amp; funeral</u>	<u>15.00</u>	
Wagon Deliveries <u>Box to Cem</u>	<u>1.25</u>	
Death Notices in _____ Newspapers	_____	
NAMES OF NEWSPAPERS		
Flowers <u>5-0- tel &amp; etc</u>	<u>5.25</u>	
Outlay for Lot	_____	
Opening Grave	_____	
Lining Grave	<u>2.50</u>	
Shipping Charges, prepaid	_____	
Removal Charges	_____	
Cremation Charges	_____	
<u>Personal services</u>	<u>5.00</u>	
<u>express on box of flowers</u>	<u>.40</u>	
Total Footing of Bill	<u>29.40</u>	
By Amount Paid in Advance	_____	
Balance	_____	
Entered into Ledger, page _____ or below	_____	
Total Debit	_____	\$

Feb. 17 Credits Cash By De-hon 5.25  
April 5 " " 74.15

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured Ord  
 Date of Funeral \_\_\_\_\_  
 Place of Death M  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Se \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physicia \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the \_\_\_\_\_  
 Single, Married, D \_\_\_\_\_  
 Aged 13  
 Birth Place \_\_\_\_\_  
 Father W.  
 Birth Place \_\_\_\_\_  
 Maiden Name of \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped \_\_\_\_\_  
 Size and Style of C \_\_\_\_\_  
size 5-6  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handl \_\_\_\_\_  
 Interment at Go  
 Lot or Grave No. \_\_\_\_\_



(Diagram

Designate all Grav mark space for this Designate place fo Use space to the r in Lot.

Remarks: \_\_\_\_\_

NAMES OF PA \_\_\_\_\_

GRIFFIN 7-28290

# Record of Funeral

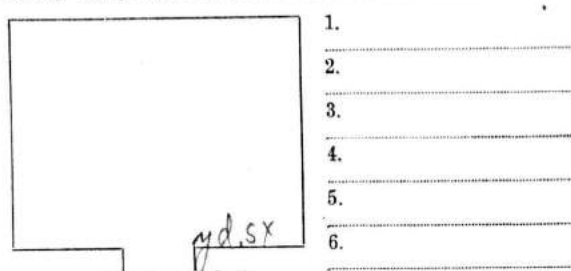
No. \_\_\_\_\_ Date March 14 1921  
 Name of the Deceased Mrs. Evelyn Marie Brown Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured Ordered by Tony Schroeder  
 Date of Funeral March 14-1921  
 Place of Death North of Lansing  
 Funeral Services at Sparks  
 Time of Funeral Services 2 P.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pneumonia  
 Date of Death March 12-1921  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 13 Years, \_\_\_\_\_ Months, 19 Days  
 Birth Place \_\_\_\_\_  
 Father W. W. Brown  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb  
size 5-6  
 Manufactured by Abernathy  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Colo = Sparks, MI Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 50.00
“ Metallic Lining	.....
“ Outside Box	.....
“ Grave Vault	.....
“ Burial Robe	.....
“ Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$	.....
Hearse	15.00
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....

NAMES OF NEWSPAPERS	
Flowers	.....
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
Total Footing of Bill	.....
By Amount Paid in Advance	.....
Balance	80.00
Entered into Ledger, page _____ or below	.....

Total Debit		Credits	
1921			
Oct 14	cash	15.00	
April 9	Ch. Dwyer & Co	35.00	
" 29	Ch. Schroeder	15.00	
June 15	Ch. Schroeder	5.00	
Oct 10	" Schroeder	5.00	
Feb. 3 1921	" "	5.00	
		80.00	



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

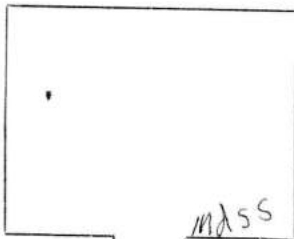
1921  
 \$ .....  
 \$ .....  
 15.00  
 1.25  
 5.25  
 2.50  
 5.00  
 40  
 29.40  
 \$ .....  
 5.75  
 27.15

# Record of Funeral

No. \_\_\_\_\_ Date March 27 1921  
 Name of the Deceased John Henry Horner Sex M Color W  
 Charge to John R Horner Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral March 24-1921  
 Place of Death Three Miles N.E. of Troy  
 Funeral Services at Home  
 Time of Funeral Services 10.30 am.  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death acute enteric cholera  
 Date of Death March 22-1921  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, 7 Months, 18 Days  
 Birth Place \_\_\_\_\_  
 Father John R Horner  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb  
2-6  
 Manufactured by Ponderbster  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Anne Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	25.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	5.00
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

### NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	2.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	32.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

12-20-1924 Credit Paid by note 32.00

QUINN M 728280

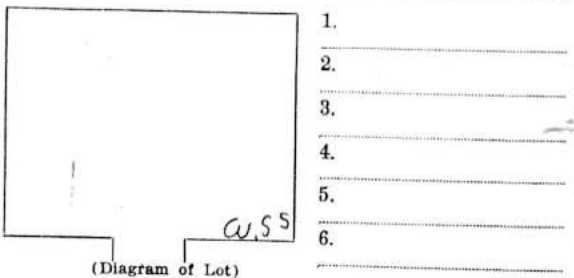
# Record of Funeral

27 1921  
Color W

No. \_\_\_\_\_ Date April 8 1921  
Name of the Deceased Calvin Abraham Morehead Sex M Color W  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES	
\$	25.00
Fluid)	5.00
	2.00
	32.00
or below	
\$	32.00

How Secured \_\_\_\_\_  
Date of Funeral April 8-1921  
Place of Death Steel City Neb.  
Funeral Services at \_\_\_\_\_  
Time of Funeral Services \_\_\_\_\_  
Clergyman Rev. Marshall  
Certifying Physician \_\_\_\_\_  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Date of Death April 5-1921  
Occupation of the Deceased \_\_\_\_\_  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged 69 Years, 6 Months, 14 Days  
Birth Place \_\_\_\_\_  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant \_\_\_\_\_  
Address \_\_\_\_\_  
Body to be shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin \_\_\_\_\_  
Manufactured by \_\_\_\_\_  
Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at Mt Olive Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse and Personal services	15.00
Wagon Deliveries <u>Ret. to Cem.</u>	1.00
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	
By Amount Paid in Advance	
Balance	18.50
Entered into Ledger, page _____ or below	
Total Debit	\$

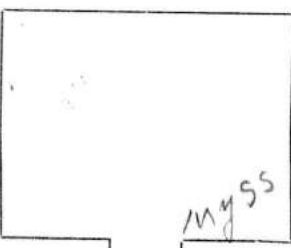
April 11 Credits cash 18.50

# Record of Funeral

No. \_\_\_\_\_ Date April 28 1921  
 Name of the Deceased Louis Eugene Tracy Sex M. Color W  
 Charge to Louis C. Tracy Order given by \_\_\_\_\_

How Secured Bendona  
 Date of Funeral April 29-1921  
 Place of Death B. W. Bendona  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death April 28-1921  
 Occupation of the Deceased Child  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, 1 Months, 19 Days  
 Birth Place \_\_\_\_\_  
 Father Louis C. Tracy  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb  
 Manufactured by Pound  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at McAlister Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

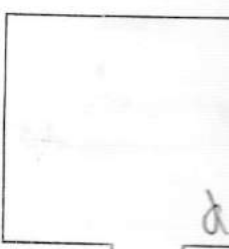
### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 20.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	
<u>Personal service</u>	5.00
<b>NAMES OF NEWSPAPERS</b>	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	25.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

May 3 Credits Cash 25.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date May 9 1921  
 Name of the Deceased Emily Kent Sex F Color W  
 Charge to Mrs. J. H. Fournier Order given by \_\_\_\_\_  
115 West Hyde Park Ave.

How Secured St. Joseph Mo.  
 Date of Funeral May 9 - 21  
 Place of Death St. Joseph Mo.  
 Funeral Services at M.C. Church Troy  
 Time of Funeral Services 11 P

Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_

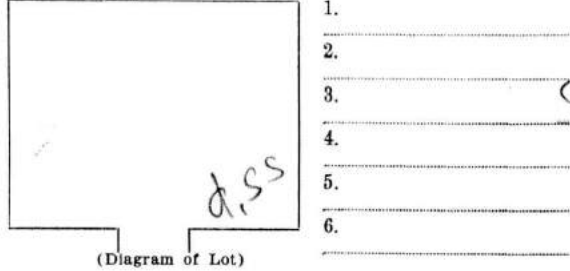
Cause of Death \_\_\_\_\_  
 Date of Death May 7 - 1921  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 86 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_

Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Gray Brodd Cloak  
 Manufactured by \_\_\_\_\_

Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.  
 Remarks: \_\_\_\_\_

## ITEMIZED CHARGES

Price of Casket or Coffin - - - - -	\$
“ Metallic Lining - - - - -	
“ Outside Box - - - - -	
“ Grave Vault - - - - -	
“ Burial Robe - - - - -	
“ Burial Slippers and Hose - - - - -	
Engraving Plate - - - - -	
Embalming Body (with _____ Fluid)	
Washing and Dressing - - - - -	
Shaving - - - - -	
Disinfecting Rooms - - - - -	
Use of Catafalque and Drapery - - - - -	
Use of Folding Chairs - - - - -	
Use of Candelabrum - - - - -	
Candles - - - - -	
Gloves - - - - -	
Crepe - - - - -	
Telephone - - - - -	
Telegraph - - - - -	
Number of Carriages @ \$ _____	
Hearse - - - - -	10 00
Wagon Deliveries <u>Not to Cemetery</u>	1 00
Death Notices in _____ Newspapers	
<u>Funeral Review</u>	5 00
NAMES OF NEWSPAPERS	
Flowers - - - - -	
Outlay for Lot - - - - -	
Opening Grave - - - - -	
Lining Grave - - - - -	
Shipping Charges, prepaid - - - - -	
Removal Charges - - - - -	
Cremation Charges - - - - -	
Total Footing of Bill - - - - -	16 00
By Amount Paid in Advance - - - - -	
Balance - - - - -	
Entered into Ledger, page _____ or below	
Total Debit - - - - -	\$

May 17 Credits Check 16 00

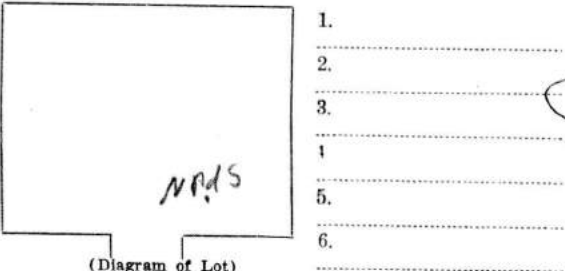
NAMES OF PALLBEARERS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



# Record of Funeral

No. \_\_\_\_\_ Date May 14 1971  
 Name of the Deceased Caroline Hale Sprattles Sex F Color W.  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral May 15 - 1971  
 Place of Death Gray Kansas  
 Funeral Services at Christian Church  
 Time of Funeral Services 3 P.M.  
 Clergyman Rev. J. Elden Sapp  
 Certifying Physician Dr. Cordone  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death May 13 - 1971  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 74 Years, 10 Months, 9 Days  
 Birth Place Indiana  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Encl. Lumber  
 Manufactured by Poid  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at McAllister Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

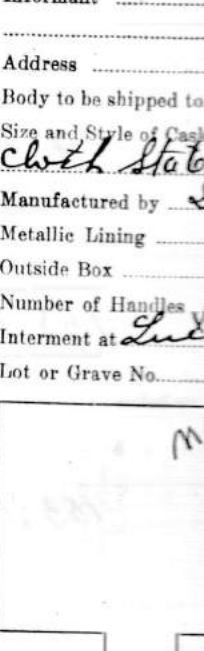
ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 125.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	10.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	1.25

NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	2.50
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill \_\_\_\_\_  
 By Amount Paid in Advance 153.75  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below

Total Debit \_\_\_\_\_ \$  
May 17 Credits Ch 153.75

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 51 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

TQUILL M 7-28200

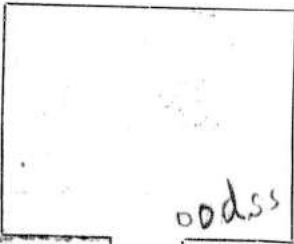


# Record of Funeral

No. \_\_\_\_\_ Date May 29-1921 19\_\_\_\_  
 Name of the Deceased Simon L. Ryan Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral May 30-1921  
 Place of Death Noyes Hosp. St. Joseph Mo  
 Funeral Services at Manatha Kans  
 Time of Funeral Services 11 To  
 Clergyman Rev. Messersphlyg  
 Certifying Physician Dr. Good  
 His Residence St. Joseph Mo  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death May 29-1921  
 Occupation of the Deceased Lawyer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 73 Years, 2 Months, 7 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to Manatha Kans  
 Size and Style of Casket or Coffin Grey velvet Metalic sealer  
 Manufactured by St. Louis  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Manatha Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

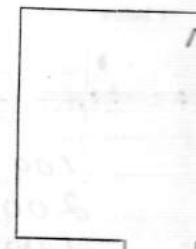
NAMES OF PALLBEARERS \_\_\_\_\_

## ITEMIZED CHARGES

Price of Casket or Coffin	\$ 425.00
Metallie Lining	
Outside Box	
Grave Vault	1.15.00
<del>Funeral Home</del> <u>Anderson</u>	2.00
Burial Slippers and Hose <u>hose</u>	50
Engraving Plate	
Embalming Body (with _____ Fluid)	40.00
Washing and Dressing <u>Washing</u>	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
<del>press</del> <u>press + clean suit</u>	1.00
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearses	
Wagon Deliveries	
Death Notices in _____ Newspapers	
<u>R.R. Ticket Carfare St. Joe to Kansas</u>	2.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	585.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

1921	Credits	
June 9	By ch.	100.00
June 24	" "	200.00
Aug 5-1921	" "	100.00
Sept 21-21	" "	185.50
		585.50

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of \_\_\_\_\_  
 Single, Married, \_\_\_\_\_  
 Aged 83  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped \_\_\_\_\_  
 Size and Style of \_\_\_\_\_  
Wheat  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

M 7-28200

# Record of Funeral

7-1921 19  
Color

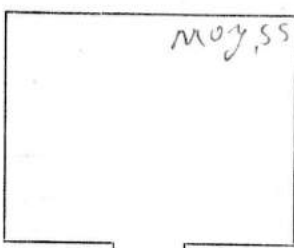
No. \_\_\_\_\_ Date June 9 1921  
Name of the Deceased Lurana Nargis Sex F Color W  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES	
.....	\$ 425.00
.....	1.15.00
.....	2.00
.....	50
.....	40.00
.....	1.00
.....	2.00
.....	585.50
.....	100.00
.....	200.00
.....	100.00
.....	185.50
.....	585.50

How Secured \_\_\_\_\_  
 Date of Funeral June 11-1921  
 Place of Death Moy, Kansas  
 Funeral Services at Christian Church  
 Time of Funeral Services 7 P.M.  
 Clergyman Rev. Fuller  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death June 9-1921  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 83 Years, 4 Months, 1 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Half Couch  
Wheat Road plan  
 Manufactured by K.C. Case & F.W. Co  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 185.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	10.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

10 NAMES OF NEWSPAPERS	
Flowers <u>Set # 30</u>	10.30
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	80
By Amount Paid in Advance	422
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS: \_\_\_\_\_

July 26 '21 Credits Ch. Mrs. H. Kirby	100.00
..... Ch. H. Kirby (flowers)	10.30
Dec. 9 Ch. H. Kirby (6 don.)	15.00
..... 9 Ch. Mrs. H. Kirby	97.50
.....	222.80

# Record of Funeral

No. \_\_\_\_\_ Date June 28 1921  
 Name of the Deceased Carnelice Nixon Sex F Color W  
 Charge to Frank Nixon Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral June 28-1921  
 Place of Death Troy Ram  
 Funeral Services at Carter Cemetery  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Fuller  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death June 27-1921  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 51 Years, 1 Months, 16 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Frank Nixon  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Black Case X  
Alernathy Firm Co  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Carter Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

### ITEMIZED CHARGES

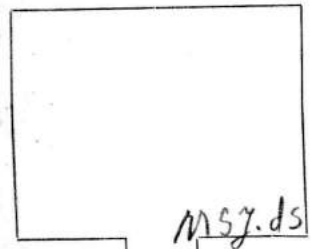
Price of Casket or Coffin	\$ 145.00
“ Metallic Lining	.....
“ Outside Box	.....
“ Grave Vault	.....
“ Burial Robe	5.00
“ Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$	.....
Hearse	10.00
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....

### NAMES OF NEWSPAPERS

Flowers	5.65
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....

Total Footing of Bill	180.65
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....
Total Debit	\$

June 28 Credits By check 180.65



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to Mrs  
 How Secured 4230  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the \_\_\_\_\_  
 Single, Married, \_\_\_\_\_  
 Aged 84  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped \_\_\_\_\_  
 Size and Style of \_\_\_\_\_  
State  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

M 7-28200  
 QUILL

# Record of Funeral

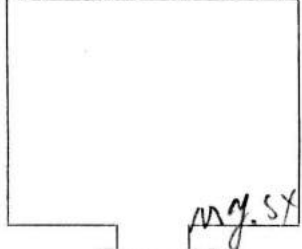
8 19 21  
Color Sw

No. \_\_\_\_\_ Date June 27 19 21  
Name of the Deceased C.C. Camp Sex \_\_\_\_\_ Color \_\_\_\_\_  
Charge to Mrs Anna L Patton Order given by \_\_\_\_\_

CHARGES  
\$ 145.00  
5.00  
Fluid) 15.00  
10.00  
5.65  
180.65  
or below

How Secured 423 E 9th Ada Okla  
Date of Funeral June 27-1921  
Place of Death Ada Oklahoma  
Funeral Services at Presb. Church Propts  
Time of Funeral Services 1:30 P.M.  
Clergyman \_\_\_\_\_  
Certifying Physician \_\_\_\_\_  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Date of Death 6-21-1921  
Occupation of the Deceased \_\_\_\_\_  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged 84 Years, 9 Months, 29 Days  
Birth Place \_\_\_\_\_  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant \_\_\_\_\_  
Address \_\_\_\_\_  
Body to be shipped By Cullison & Co  
Size and Style of Casket or Coffin Black B.C. No 6  
Manufactured by  \_\_\_\_\_  
Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at Mt Olive Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin		\$
" Metallic Lining		
Outside Box		
Grave Vault		
" Burial Robe		
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse <u>To Depot &amp; Funeral</u>		15.00
Wagon Deliveries <u>Bot to Cem.</u>		1.00
Death Notices in _____ Newspapers		
<u>Personal services</u>		10.00
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		5.00
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
<u>Mt Olive Cem &amp; Crem.</u>		7.00
Total Footing of Bill		38.00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$
Credits <u>By ch</u>		38.00



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

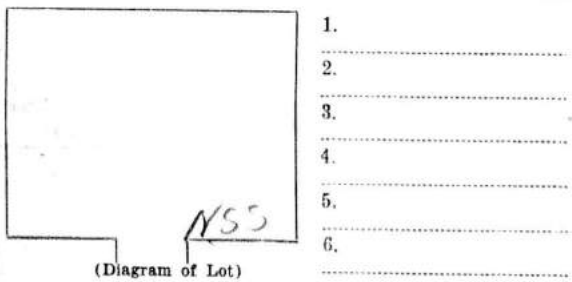
NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date July 29-1921 19\_\_\_\_  
 Name of the Deceased Everett Thornton Sex M Color W  
 Charge to Jephtha Thornton Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral July 29-1921  
 Place of Death Home  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death July 29-1921  
 Occupation of the Deceased Child  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months 11 Days  
 Birth Place \_\_\_\_\_  
 Father Jephtha Thornton  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb  
 Manufactured by Des Moines  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Corte Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 17.50
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	_____
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

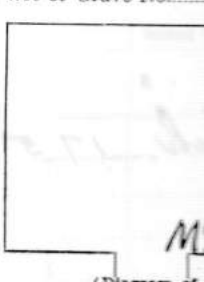
Total Footing of Bill \_\_\_\_\_  
 By Amount Paid in Advance 17.50  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below

Total Debit \_\_\_\_\_ \$  
Aug 15 Credits By Cash 17.50

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 53 Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Polk Cemetery  
 Lot or Grave No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL M 7-28200

# Record of Funeral

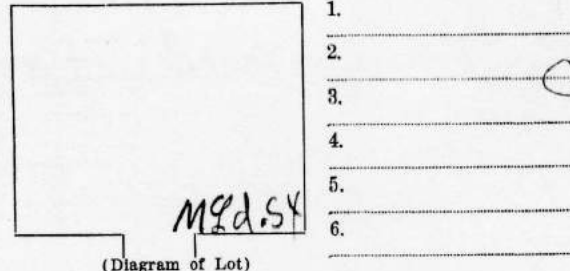
1921 19  
Color *W*

No. \_\_\_\_\_ Date *Aug 8* 19*21*  
Name of the Deceased *John Alfrey* Sex *M.* Color *W.*  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES  
\$ *17.50*  
Fluid)  
\$ *17.50*  
or below  
Cash *17.50*

How Secured \_\_\_\_\_  
Date of Funeral *Aug 11-1921*  
Place of Death *N.E. Sparks*  
Funeral Services at *Sparks Maus*  
Time of Funeral Services *2 P.M.*  
Clergyman \_\_\_\_\_  
Certifying Physician \_\_\_\_\_  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death *Broken neck*  
Date of Death *Aug 8-1921*  
Occupation of the Deceased *Farmer*  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged *53* Years, *5* Months, *21* Days  
Birth Place \_\_\_\_\_  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant \_\_\_\_\_  
Address \_\_\_\_\_  
Body to be shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin *Grey Oak*  
Manufactured by *Des Moines*  
Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at *Local Sparks R. Cemetery*  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 140.00
" Metallic Lining	
" Outside Box	
" Grave Vault	115.00
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	15.00
Wagon Deliveries	
Death Notices in Newspapers	
<i>short</i>	2.50
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<i>pressing suit</i>	1.50
Total Footing of Bill	289.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____
1922 <i>May 6</i> Credits <i>ch</i>	289.00



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

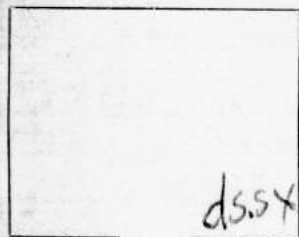
NAMES OF PALLBEARERS \_\_\_\_\_



# Record of Funeral

No. \_\_\_\_\_ Date Aug 8 1921  
 Name of the Deceased Margaret J. Parson Sex F Color N  
 Charge to B. J. Parson Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Aug 10-1921  
 Place of Death Proy Kansas  
 Funeral Services at MT. Olive Cemetery  
 Time of Funeral Services 7 P.  
 Clergyman Rev. Stanbrough  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Dropsy  
 Date of Death Aug 8-1921  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 62 Years, 11 Months, 29 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Blk Case  
 Manufactured by Pain of  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at MT Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - \$	75.00
" Metallic Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	- - - -	
" Burial Robe	- - - -	
" Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)		15.00
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$		
Hearse	- - - -	10.00
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers		

### NAMES OF NEWSPAPERS

Flowers	- - - -	
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	

Total Footing of Bill	- - - -	100.00
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below		

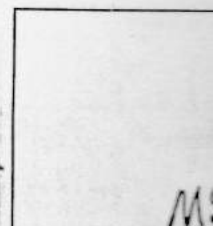
Total Debit - - - - \$ \_\_\_\_\_

Sept 1-21 Credits By cash 90.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to Mrs

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 77 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

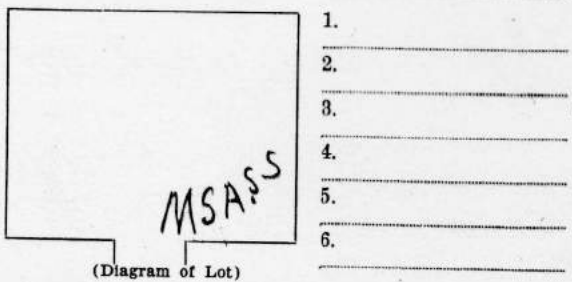
Color W 1921

No. \_\_\_\_\_ Date Aug 14 1921  
 Name of the Deceased Amie Mery  
 Charge to Mrs Wm Culp Order given by \_\_\_\_\_ Color \_\_\_\_\_

**CHARGES**

How Secured	\$ 75.00
Hose	
Fluid	15.00
@ \$	1.00.00
Newspapers	
APERS	
or below	
\$	100.00
cash	90.00

Date of Funeral August 15 1921  
 Place of Death Home of Wm Culp  
 Funeral Services at M.E. Church  
 Time of Funeral Services 2 P  
 Clergyman Rev Marshall  
 Certifying Physician Dr Waller  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Aug 13-1921  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 77 Years, 4 Months, 7 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Sil. Grey below  
 Manufactured by Secatur  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at MT Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

**ITEMIZED CHARGES**

Price of Casket or Coffin	\$ 140.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	

**NAMES OF NEWSPAPERS**

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	165.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit	\$	
1921		
Aug 16	Cred	155.00
" 24	" "	10.00
		<u>1.65.00</u>

**NAMES OF PALLBEARERS**

\_\_\_\_\_

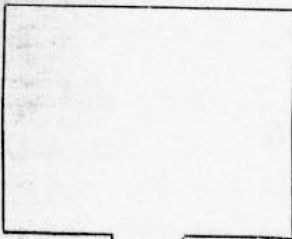
\_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Sept 1 1921  
 Name of the Deceased Corp. Louis B. Nemberg Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Sept. 1 - 1921  
 Place of Death Battle Field in France  
 Funeral Services at Proy. Haus  
 Time of Funeral Services 2:30 P.M.  
 Clergyman Rev. Sapp Rev. Marshall  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificates \_\_\_\_\_  
 Cause of Death Killed in Action  
 Date of Death October 29 - 1918  
 Occupation of the Deceased Plumber  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 28 Years, 1 Months, 26 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Regulation Government Case  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS: \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$ \_\_\_\_\_  
 Metallic Lining - - - - \_\_\_\_\_  
 Outside Box - - - - \_\_\_\_\_  
 Grave Vault - - - - \_\_\_\_\_  
 Burial Robe - - - - \_\_\_\_\_  
 Burial Slippers and Hose - - - - \_\_\_\_\_  
 Engraving Plate - - - - \_\_\_\_\_  
 Embalming Body (with \_\_\_\_\_ Fluid) - - - - \_\_\_\_\_  
 Washing and Dressing - - - - \_\_\_\_\_  
 Shaving - - - - \_\_\_\_\_  
 Disinfecting Rooms - - - - \_\_\_\_\_  
 Use of Catafalque and Drapery - - - - \_\_\_\_\_  
 Use of Folding Chairs - - - - \_\_\_\_\_  
 Use of Candelabrum - - - - \_\_\_\_\_  
 Candles - - - - \_\_\_\_\_  
 Gloves - - - - \_\_\_\_\_  
 Crepe - - - - \_\_\_\_\_  
 Telephone - - - - \_\_\_\_\_  
 Telegraph - - - - \_\_\_\_\_  
 Number of Carriages @ \$ \_\_\_\_\_  
 Hearse - - - - \_\_\_\_\_  
 Wagon Deliveries - - - - \_\_\_\_\_  
 Death Notices in \_\_\_\_\_ Newspapers - - - - \_\_\_\_\_

### NAMES OF NEWSPAPERS

Flowers \_\_\_\_\_  
 Outlay for Lot - - - - \_\_\_\_\_  
 Opening Grave - - - - \_\_\_\_\_  
 Lining Grave - - - - \_\_\_\_\_  
 Shipping Charges, prepaid - - - - \_\_\_\_\_  
 Removal Charges - - - - \_\_\_\_\_  
 Cremation Charges - - - - \_\_\_\_\_

Total Footing of Bill - No Charge  
 By Amount Paid in Advance  
 Balance - - - - \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below

Total Debit - - - - \$ \_\_\_\_\_

Credits \_\_\_\_\_

Returned Soldier's No Charge

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman Rev  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificates \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married \_\_\_\_\_  
 Aged 56  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS: \_\_\_\_\_

M 7-28200

QUILL

# Record of Funeral

No. \_\_\_\_\_ Date Sept 1 - 1921 19\_\_  
 Name of the Deceased Elizabeth May Hemberg Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

**D CHARGES**

Price of Casket or Coffin	\$
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	15.00
Wagon Deliveries	
Death Notices in Newspapers	

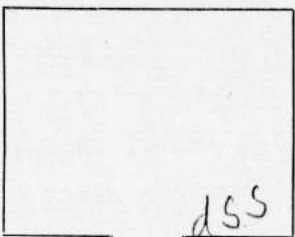
**NEWSPAPERS**

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Personal services	5.00
Total Footing of Bill	
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

No Charge

Returned Soldier's No Charge

How Secured \_\_\_\_\_  
 Date of Funeral Sept 1 - 1921  
 Place of Death Albert G. Higgins N.M.  
 Funeral Services at Tracy Kline  
 Time of Funeral Services 2:30 P.M.  
 Clergyman Rev. Sapp Rev. Marshall  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pulmonary Tuberc.  
 Date of Death Aug 28, 1921  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 56 Years, 2 Months, 20 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Olto Hemberg  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Metalee  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

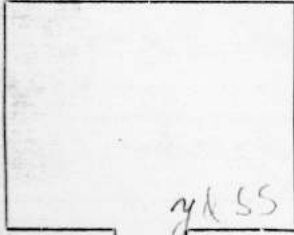
Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Sept 1-1921  
 Name of the Deceased Geo W. Abbott Sex M. Color W  
 Charge to Dech Abbott Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Sept 2-1921  
 Place of Death Home of Dech Abbott  
 Funeral Services at Carter Cemetery  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Stanborough  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death old age  
 Date of Death Sept 9-1921  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 83 Years, 3 Months, 3 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Blk Crepe  
 Manufactured by Des Moines  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Carter Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

## ITEMIZED CHARGES

Price of Casket or Coffin	\$ 50.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	1.00.00
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	1.50.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	1.00.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

## NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

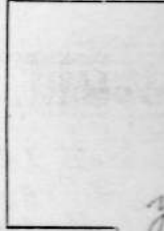
Total Footing of Bill	85.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Sept. 7 Credits Cash D. Abbott 10.00  
 " 8 Ch Donoghay Co. 50.00  
 April 20-22 Cash D. Abbott 25.00  
85.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 88 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin State  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

M  
 CRUILL  
 7-28209

# Record of Funeral

-1921-19  
Color W

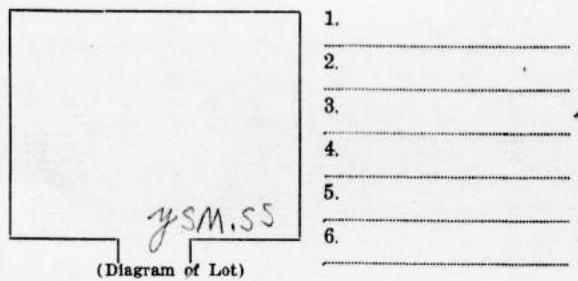
No. \_\_\_\_\_ Date Sept 3 1921  
Name of the Deceased Charissa C. Watkins Sex \_\_\_\_\_ Color \_\_\_\_\_  
Charge to Estate Order given by \_\_\_\_\_

CHARGES	
Fluid	50.00
	10.00
	15.00
	10.00
	85.00
	10.00
	50.00
	25.00
	85.00

How Secured \_\_\_\_\_  
 Date of Funeral Sept 4-1921  
 Place of Death Home of Sara Sartin  
 Funeral Services at Sartin's Home  
 Time of Funeral Services 1:30 P.M.  
 Clergyman Rev. Marshall  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Sept 1 1921  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 88 Years, 8 Months, 21 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Velour State  
 Manufactured by Globe Casket Co.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt. More St. Joseph's Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 275.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	15.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	_____
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

Total Debit \$ 305.00  
 1921  
 Sept 15 Credits By ch 305.00

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

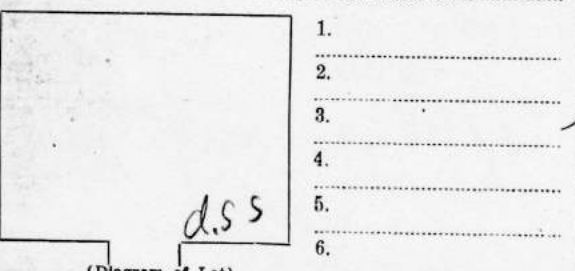
No. \_\_\_\_\_ Date Sept 18-1921 19\_\_\_\_  
 Name of the Deceased Gt Clyde J. Dawson Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured Shipped From France  
 Date of Funeral Sept 18-1921  
 Place of Death Killed in Action  
 Funeral Services at Trinity Christian Church  
 Time of Funeral Services 1:30 P.M.  
 Clergyman Rev Stambrough  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Killed in action  
 Date of Death Nov. 3-1918  
 Occupation of the Deceased U.S. Soldier  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin		\$
Metallie Lining		
Outside Box		
Grave Vault		
Burial Robe		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		15 00
Wagon Deliveries		
Death Notices in _____ Newspapers		
<u>Personal services</u>		5 00

Address \_\_\_\_\_  
 Body to be shipped to Buried at Douphhan  
 Size and Style of Casket or Coffin Regulation Army Case  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Douphhan Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		20 00
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		



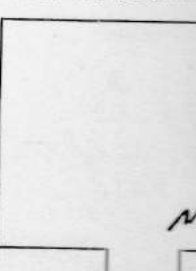
1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 78  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

# Record of Funeral

8-1921 19  
Color *W*

No. \_\_\_\_\_ Date *Sept 19* 19*21*  
Name of the Deceased *Jasper Wesley Calvert* Sex *M.* Color *W*  
Charge to *Mrs Calvert* Order given by \_\_\_\_\_

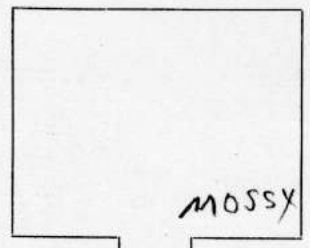
### CHARGES

Fluid	
15.00	
5.00	
20.00	
20.00	

How Secured \_\_\_\_\_  
 Date of Funeral *Sept 21-1921*  
 Place of Death *Proy Kans*  
 Funeral Services at *Christians Church*  
 Time of Funeral Services *2 1/2*  
 Clergyman *Rev Hambrough*  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death *Sept 19-1921*  
 Occupation of the Deceased *Carpenter*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged *78* Years, *2* Months, *27* Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at *Mt Olive* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 175.00
" Metallic Lining	
" Outside Box <i>lid lumber</i>	1.75
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	
<i>funeral notice</i>	1.25
NAMES OF NEWSPAPERS	
Flowers	5.70
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	210.70
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____



(Diagram of Lot)

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

*Sept 23-1921 Check 210.70*

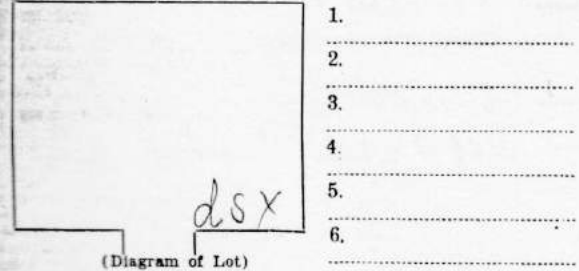


# Record of Funeral

No. \_\_\_\_\_ Date Oct. 23-1921 19  
 Name of the Deceased John L. Grant Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured Ordered by Mrs. Agee  
 Date of Funeral Oct 23-1921  
 Place of Death St Joseph Mo  
 Funeral Services at Parlors  
 Time of Funeral Services 2 1/2 P.M.  
 Clergyman Rev. Stambrough  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death T.B. Lung  
 Date of Death Oct 20-1921  
 Occupation of the Deceased Butcher  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 48 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Crepe  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at McClure Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS Butcher Union

ITEMIZED CHARGES	
Price of Casket or Coffin	-\$
Metallie Lining	-
Outside Box	-
Grave Vault	-
Burial Robe	-
Burial Slippers and Hose	-
Engraving Plate	-
Embalming Body (with Fluid)	-
Washing and Dressing	-
Shaving	-
Disinfecting Rooms	-
Use of Catafalque and Drapery	-
Use of Folding Chairs	-
Use of Candelabrum	-
Candles	-
Gloves	-
Crepe	-
Telephone	-
Telegraph	-
Number of Carriages @ \$	-
Hearse <u>Brain + Funeral</u>	<u>15.00</u>
Wagon Deliveries <u>Bot to Cem</u>	<u>1.00</u>
Death Notices in Newspapers	-

NAMES OF NEWSPAPERS	
Flowers	-
Outlay for Lot	-
Opening Grave	-
Lining Grave	-
Shipping Charges, prepaid	-
Removal Charges	-
Cremation Charges	-

Total Footing of Bill 16.00  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below

Total Debit - \$ \_\_\_\_\_  
Sec 2-1921 By cash 16.00

M  
 GRUILL 7-28200

# Record of Funeral

3-1921 19  
Color W

No. \_\_\_\_\_ Date Oct 24-1921 19  
Name of the Deceased Christian Niederhause Sex M Color W

Charge to John Niederhause Order given by \_\_\_\_\_

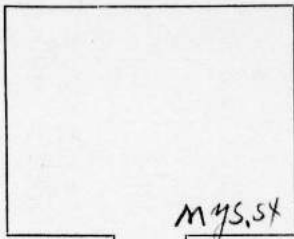
**CHARGES**  
\$  
Hose  
Fluid)

How Secured Maysville Mo.  
Date of Funeral Oct 25-1921  
Place of Death South of Lutheran Church  
Funeral Services at Maysville Mo.  
Time of Funeral Services  
Clergyman  
Certifying Physician  
His Residence  
Number of Burial Certificate  
Cause of Death Paralysis  
Date of Death Oct 23-1921  
Occupation of the Deceased Farmer  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged 80 Years 1 Months 29 Days  
Birth Place Switzerland  
Father  
Birth Place  
Maiden Name of Mother  
Birth Place  
Name of Husband  
Name of Wife

Informant John Niederhause  
Address Maysville Mo  
Body to be shipped to Maysville Mo  
Size and Style of Casket or Coffin Grey Birch 7/2 Case  
Manufactured by  
Metallic Lining  
Outside Box  
Number of Handles  
Interment at Maysville Mo Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

@ \$  
15 00  
1 00  
PAPERS  
16 00

16 00



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

## ITEMIZED CHARGES

Price of Casket or Coffin	\$ 170.00
Metallic Lining	_____
Outside Box	_____
Grave Vault	_____
Burial Robe	12 50
Burial Slippers and Hose <u>women</u>	1 75
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse for body & team	10.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

## NAMES OF NEWSPAPERS

Flowers	5 65
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
<hr/>	
Total Footing of Bill	214.90
By Amount Paid in Advance	_____
Balance	_____
<hr/>	
Entered into Ledger, page _____ or below	_____

Total Debit \$ \_\_\_\_\_  
Oct 24 1921 Credits \_\_\_\_\_ Credit 214.90

## NAMES OF PALLBEARERS

\_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Nov. 4-1921 19\_\_\_\_  
 Name of the Deceased Daniel Morgan Blevins Sex M Color W  
 Charge to Estate Order given by \_\_\_\_\_

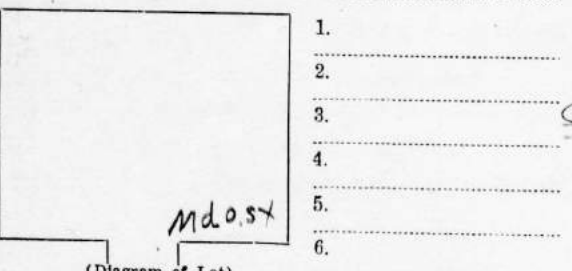
No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to Mrs. ...

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death Home of Chas Blevins  
 Funeral Services at Christian Church  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Nov. 4-1921  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 83 Years, 5 Months, 23 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant C. C. Blevins  
Des Moines Ia  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Very light  
 Manufactured by Geo M  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 185.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	20.00
Burial Slippers and Hose	4.00
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	12.50
Wagon Deliveries	
Death Notices in Newspapers	1.25

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	3.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	241.25
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

Nov. 7 Credits cho 241.25



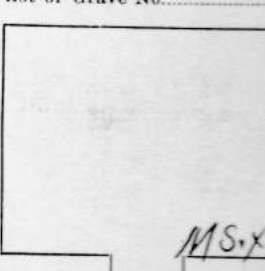
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Nov  
 Place of Death Top  
 Funeral Services at Ch  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Nov  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 54 Years  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Ans  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Belou  
 Manufactured by Geo  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Sola  
 Lot or Grave No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

M  
 QUILL 7-28200

# Record of Funeral

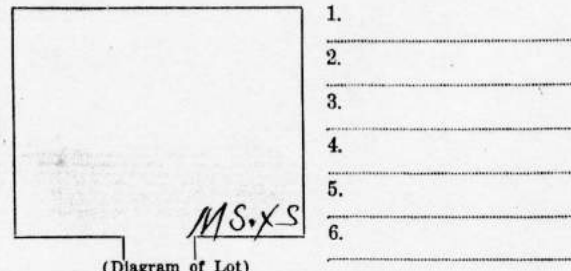
No. \_\_\_\_\_ Date Nov. 7-1921 19

Name of the Deceased \_\_\_\_\_ Sex F Color W

Charge to Mrs. Addie Seales Order given by Mrs. Robinson

ARGES	\$ 185.00
Fluid)	20.00
	4.00
	15.00
	12.50
	1.75
	3.50
	241.25
or below	241.25

How Secured \_\_\_\_\_  
 Date of Funeral Nov. 7-1921  
 Place of Death Topeka Kans  
 Funeral Services at Christ Church Sparks Ks  
 Time of Funeral Services 11 AM  
 Clergyman Rev. Fuller  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Nov. 5-1921  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 54 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Andrew Seales  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey wood  
Belmont 1/2 Couch  
 Manufactured by Geo. M.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at W. Sparks Ks Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	_____	\$
" Metallic Lining	_____	
Outside Box	_____	
Grave Vault	_____	
" Burial Robe	_____	
" Burial Slippers and Hose	_____	
Engraving Plate	_____	
Embalming Body (with _____ Fluid)	_____	
Washing and Dressing	_____	
Shaving	_____	
Disinfecting Rooms	_____	
Use of Catafalque and Drapery	_____	
Use of Folding Chairs	_____	
Use of Candelabrum	_____	
Candles	_____	
Gloves	_____	
Crepe	_____	
Telephone	_____	
Telegraph	_____	
Number of Carriages @ \$ _____	_____	
Hearse <u>From home</u>	_____	25.00
Wagon Deliveries <u>and funeral</u>	_____	
Death Notices in _____ Newspapers	_____	

### NAMES OF NEWSPAPERS

Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	25.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	_____

	Credits	
<u>Nov 12</u>	<u>By check</u>	<u>25.00</u>

# Record of Funeral

Date Nov. 14-1921 19

No. \_\_\_\_\_ Name of the Deceased Julian Oscar Nelson Sex M. Color W

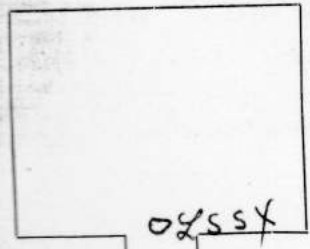
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Nov. 16-1921  
 Place of Death 1/2 Mi West of Moray School  
 Funeral Services at Moray Church  
 Time of Funeral Services 2:00 P  
 Clergyman Rev. Kraeger  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Tuberculosis  
 Date of Death Nov. 14-1921  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 25 Years, 7 Months, 28 Days  
 Birth Place \_\_\_\_\_  
 Father Olivier T. Nelson  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife Nada Royce Nelson  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Spartan funeral  
Metallic  
 Manufactured by St. Louis Coffin Co.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Moray Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 425.00
Metallie Lining	
Outside Box	
Grave Vault	115.00
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	15.00
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	
NAMES OF NEWSPAPERS	
Flowers for lying in state	5.50
Outlay for Lot	
Opening Grave	
Shipping Grave material	2.25
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Collar 15" x 150" horse 1.00	3.75
cleaning & pressing suit	2.00
Total Footing of Bill	583.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Dec 14-1921 Credits By ch. 583.00



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased Nelson  
 Charge to Everett  
 How Secured \_\_\_\_\_  
 Date of Funeral Nov  
 Place of Death Moray  
 Funeral Services at Moray  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Nov  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_ Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father Everett  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Moray  
 Lot or Grave No. \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL M 7-28200

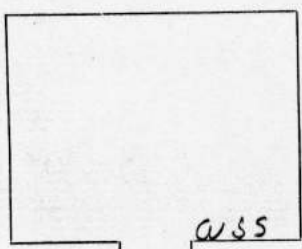
# Record of Funeral

1921 19  
Color *W*

No. \_\_\_\_\_ Date *Nov. 26 1921*  
Name of the Deceased *Everett Franklin Ramsey* Sex *M.* Color *W*  
Charge to *Everett Ramsey* Order given by \_\_\_\_\_

CHARGES	
_____	\$ 425.00
_____	11.50
_____	1.50
_____	1.50
_____	5.50
_____	2.25
_____	3.75
_____	2.00
_____	583.00
_____	583.00

How Secured \_\_\_\_\_  
 Date of Funeral *Nov. 27-1921*  
 Place of Death *Proy Kans*  
 Funeral Services at *Home*  
 Time of Funeral Services *2 P.M.*  
 Clergyman *Rev. Campbell*  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death *Nov. 26-1921*  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, *1* Months, *6* Days  
 Birth Place \_\_\_\_\_  
 Father *Everett Ramsey*  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *White Lamb*  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at *Mt Olive* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 18.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	_____
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

### NAMES OF NEWSPAPERS

Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	18.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

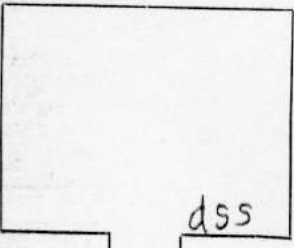
Total Debit	\$ _____
1921	_____
Dec 6. Credits <i>Cash</i>	18.00

# Record of Funeral

No. \_\_\_\_\_ Date Dec. 7-1921 19\_\_\_\_  
 Name of the Deceased Elmer C. Kibler Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec. 7-1921  
 Place of Death Topeka, Ks.  
 Funeral Services at M.C. Church, Topeka  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Dec. 5-1921  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 43 Years, \_\_\_\_\_ Months, 14 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Plush 1/2 Case  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin		
" Metallic Lining		
" Outside Box		
" Grave Vault		
" Burial Robe		
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$ _____		
Hearse <u>Topeka &amp; Funeral</u>	<u>15.00</u>	
Wagon Deliveries <u>Box to Cem.</u>	<u>1.00</u>	
Death Notices in _____ Newspapers		
<u>Lead Linen</u>	<u>2.00</u>	
NAMES OF NEWSPAPERS		
Flowers <u>50c left at 30.</u>	<u>5.30</u>	
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid	<u>2.52</u>	
Removal Charges		
Cremation Charges		
<u>Telephone to Topeka</u>	<u>.55</u>	
<u>Personal services</u>	<u>5.00</u>	
Total Footing of Bill		
By Amount Paid in Advance		
Balance	<u>31.35</u>	
Entered into Ledger, page _____ or below		
Total Debit		
<u>231.71</u> Credits <u>Ch.</u>		<u>31.35</u>



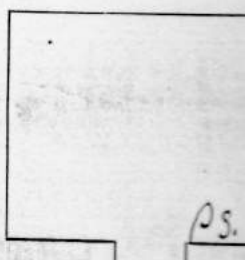
(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral Dec.  
 Place of Death Topeka  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Ill  
 Date of Death Dec.  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 76 Years  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Plain  
 Manufactured by Rey  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Wola  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

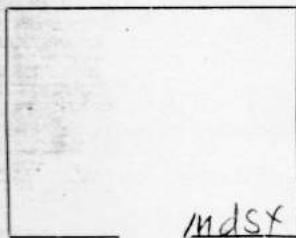




# Record of Funeral

No. \_\_\_\_\_ Date Dec 16 1921  
 Name of the Deceased John C. Martin Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Dec 18 - 1921  
 Place of Death Troy, Mo  
 Funeral Services at Christians Church  
 Time of Funeral Services 1:45 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician Dr. Walker  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Dec 16 - 1921  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 54 Years, 14 Months, 16 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Blk Crepe  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Carter Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	<u>all</u>	\$	<u>50.00</u>
Metallie Lining			
Outside Box			
Grave Vault			
Burial Robe			
Burial Slippers and Hose			
Engraving Plate			
Embalming Body (with _____ Fluid)			
Washing and Dressing			
Shaving			
Disinfecting Rooms			
Use of Catafalque and Drapery			
Use of Folding Chairs			
Use of Candelabrum			
Candles			
Gloves			
Crepe			
Telephone			
Telegraph			
Number of Carriages @ \$ _____			
Hearse			
Wagon Deliveries			
Death Notices in _____ Newspapers			

### NAMES OF NEWSPAPERS

Flowers			
Outlay for Lot			
Opening Grave			
Lining Grave			
Shipping Charges, prepaid			
Removal Charges			
Cremation Charges			

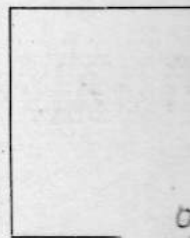
Total Footing of Bill			
By Amount Paid in Advance			
Balance			<u>50.00</u>
Entered into Ledger, page _____ or below			
Total Debit		\$	

12-19-21 Credits Subscriptions 15.00  
Jan 1-21 Longbar Co 35.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 35  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Belmont  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box wa  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

16 1921  
Color *W*

No. \_\_\_\_\_ Date *Jan. 5* 19*22*  
Name of the Deceased *Mrs Belle Blanton* Sex *F* Color *N*  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

### CHARGES

all	\$ 50.00
Hose	
Fluid	
per	
@ \$	
ewspapers	
PAPERS	
or below	50.00

How Secured \_\_\_\_\_  
 Date of Funeral *Jan. 8-1922*  
 Place of Death *Sparks Hall*  
 Funeral Services at *Sparks Hs*  
 Time of Funeral Services *2 PM*  
 Clergyman *Rev Stanbrough*  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death *Intermittent Fibroid*  
 Date of Death *Jan 5-1922*  
 Occupation of the Deceased *Housewife*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged *35* Years, *4* Months, *29* Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *Steel Grey*  
*velvet interior "w" Couch*  
 Manufactured by *St Louis*  
 Metallic Lining \_\_\_\_\_  
 Outside Box *velvet*  
 Number of Handles \_\_\_\_\_  
 Interment at *Sala* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

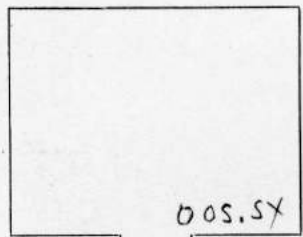
### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 375.00
Metallie Lining	
Outside Box	
Grave Vault	115.00
Burial Robe	30.00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	15.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

### NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	550.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

scriptions	15.00
an @	30.00



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

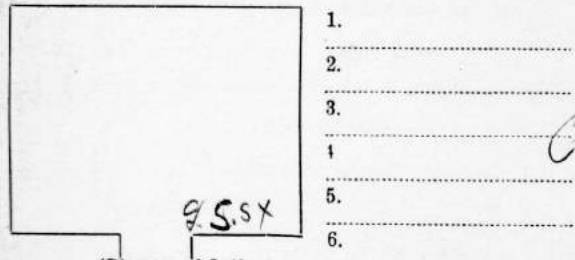
*Jan 9 1922* Credits *Cash* 550.00

# Record of Funeral

No. \_\_\_\_\_ Date Jan 4-1927 19  
 Name of the Deceased Carl Zehr Sex M. Color R  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Jan 11-1927  
 Place of Death 4 1/2 mi N.W. Mathenia  
 Funeral Services at Lutheran Ch.  
 Time of Funeral Services 2 P.  
 Clergyman Rev. Jaeglow  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Hanging (Suicide)  
 Date of Death Jan 9-1927  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 73 Years, 6 Months, 16 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Blk Crepe  
Des-Moines  
 Manufactured by Casket Co  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Lutheran Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 650.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	150.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	

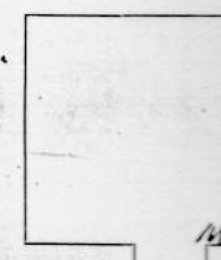
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	90.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

Jan 16 Credits cash 90.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

# Record of Funeral

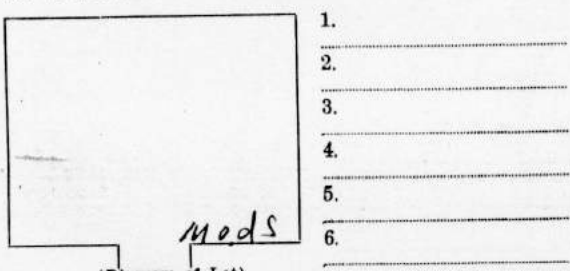
1922 19  
 Color *W*  
 RGES  
 \$ 65.00  
 Fluid) 15.00  
 10.00  
 apers  
 RS  
 or below  
 \$ 90.00  
 \$ 90.00

No. \_\_\_\_\_ Date *Jan 28* 19*22*  
 Name of the Deceased *Freda Ellen Smith* Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to *Elmer Smith* Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral *Jan 29 - 1922*  
 Place of Death *N.W. of Troy*  
 Funeral Services at *Troy*  
 Time of Funeral Services *2 P.M.*  
 Clergyman *Father Dennis*  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death *Pneumonia*  
 Date of Death *Jan 28 - 1922*  
 Occupation of the Deceased *Child*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, *1* Months, *13* Days  
 Birth Place \_\_\_\_\_  
 Father *Elmer E. Smith*  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *White Larch*  
 Manufactured by *Rex A*  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at *Catholic Central Burial Cemetery*  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 20.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing <i>Care of body</i>	5.00
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	25.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: *of page 3*

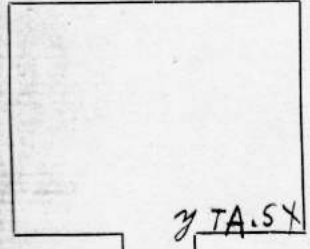
NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Feb. 16 1922 19  
 Name of the Deceased Frances Franklin Barge Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Feb. 17 1922  
 Place of Death Trinity Church  
 Funeral Services at M.E. Church  
 Time of Funeral Services 2:30 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Apoplexy  
 Date of Death Feb. 15 1922  
 Occupation of the Deceased Retired  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 76 Years, 4 Months, 17 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Metalec make  
 Manufactured by St. Louis  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

## ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$ 425.00
" Metallic Lining	- - - - -	.....
" Outside Box	- - - - -	.....
" Grave Vault	- - - - -	.....
" Burial Robe	- - - - -	.....
" Burial Slippers and Hose	- - - - -	.....
Engraving Plate	- - - - -	.....
Embalming Body (with _____ Fluid)	- - - - -	15.00
Washing and Dressing	- - - - -	.....
Shaving	- - - - -	.....
Disinfecting Rooms	- - - - -	.....
Use of Catafalque and Drapery	- - - - -	.....
Use of Folding Chairs	- - - - -	.....
Use of Candelabrum	- - - - -	.....
Candles	- - - - -	.....
Gloves	- - - - -	.....
Crepe	- - - - -	.....
Telephone	- - - - -	.....
Telegraph	- - - - -	.....
Number of Carriages @ \$ _____	- - - - -	.....
Hearse	- - - - -	10.00
Wagon Deliveries	- - - - -	.....
Death Notices in _____ Newspapers	- - - - -	.....

## NAMES OF NEWSPAPERS

Flowers	<u>10.00</u>	<u>10.75</u>
Outlay for Lot	<u>10.00</u>	<u>10.00</u>
Opening Grave	.....	.....
Lining Grave <u>Pa. Builders</u>	.....	1.00
Shipping Charges, prepaid	.....	.....
Removal Charges	.....	.....
Cremation Charges	.....	.....
<u>Red lumber</u>	.....	2.00

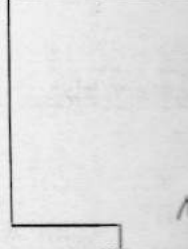
Total Footing of Bill	- - - - -	463.75
By Amount Paid in Advance	- - - - -	.....
Balance	- - - - -	.....
Entered into Ledger, page _____ or below	- - - - -	.....

Total Debit	- - - - -	\$ 463.75
<u>1922</u>	.....	.....
<u>Feb. 12</u>	Credits <u>By Ch.</u>	450.00
<u>" 12</u>	" "	13.75
		<u>463.75</u>

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 26  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

M 7-28209

# Record of Funeral

No. \_\_\_\_\_ Date Feb. 17-1922  
 Name of the Deceased Ralph W. Charles Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

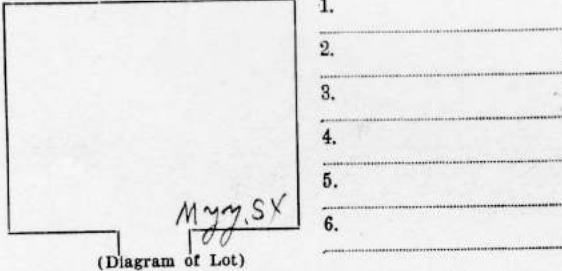
1922  
 Color W  
 CHARGES  
 \$ 425.00  
 Fluid) 15.00  
 10.00  
 10.75  
 1.00  
 2.00  
 463.75  
 450.00  
 13.75  
 463.75

How Secured \_\_\_\_\_  
 Date of Funeral Feb. 19-1922  
 Place of Death Erasmith Hosp. of Joseph  
 Funeral Services at Christ Church Prot  
 Time of Funeral Services 2:30 P  
 Clergyman Rev. Sapp  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death  pneumonia  
 Date of Death Feb. 17-1922  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 26 Years, 9 Months, 15 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Wey B.C.  
half couch  
 Manufactured by St. Norice  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Alice Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	175.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with <u>Mishoffen</u> Fluid)	28.00
Washing and Dressing	
<del>shaving</del> <u>shut</u> <u>to collar</u>	3.70
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in <u>Newspapers</u>	1.25
<u>heavy lumber for over lot</u>	2.00
NAMES OF NEWSPAPERS	
Flowers <u>10<sup>00</sup> total</u>	10.75
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges <u>to home to Joseph</u>	10.00
Cremation Charges	
Phone <u>Rev. Sapp</u>	1.90
<u>Ralph Charles</u>	.25
Total Footing of Bill	
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	244.85

Feb. 20 22 By Chs. 244.85  
 Credits



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

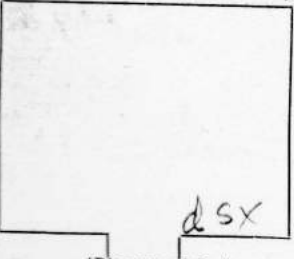
NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Feb. 18-1922 19\_\_\_\_  
 Name of the Deceased Berna Louise Jackson Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Feb. 18-1922  
 Place of Death \_\_\_\_\_  
 Funeral Services at Christ. Church, Sparks  
 Time of Funeral Services 2 P.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Diphtheria  
 Date of Death Feb. 16-1922  
 Occupation of the Deceased Chief  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 12 Years, \_\_\_\_\_ Months, 13 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Gold Springs, Va. Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: Body shipped to Sparks from N.C. Mo

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$	
"    Metallic Lining		
"    Outside Box		
"    Grave Vault		
"    Burial Robe		
"    Burial Slippers and Hose		
Engraving Plate		
Embalmng Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse & services		20.00
Wagon Deliveries		
Death Notices in _____ Newspapers		

### NAMES OF NEWSPAPERS

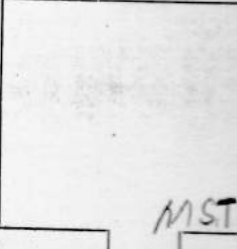
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill \_\_\_\_\_  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below

Total Debit \$ \_\_\_\_\_  
Feb. 18 Credits Cash 20.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to Sam  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_ Years  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

# Record of Funeral

8-1922  
Color *W*

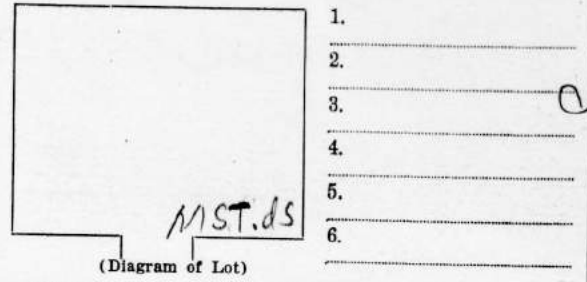
No. \_\_\_\_\_ Date *Feb. 22* 19 *22*  
Name of the Deceased *Minnie May Whittaker* Sex *F* Color *W*  
Charge to *Sam Whittaker* Order given by \_\_\_\_\_

HOSE CHARGES	
Hose	
Fluid	
Newspapers	<i>20.00</i>
APERS	
or below	
	<i>20.00</i>

How Secured *From Euswarth Hosp.*  
 Date of Funeral *Feb. 23 1922*  
 Place of Death *Euswarth Hosp.*  
 Funeral Services at *Mt. Church Prog.*  
 Time of Funeral Services *2:30*  
 Clergyman *Rev. Campbell*  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death *Peripneumonia*  
 Date of Death *Feb. 21 1922*  
 Occupation of the Deceased *Housewife*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged *22* Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband *Sam Whittaker*  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *Grey Plush*  
*half Couch*  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at *Mt. Olive* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ <i>150.00</i>
“ Metallic Lining	“
“ Outside Box	“
“ Grave Vault	“
“ Burial Robe <i>dress</i>	<i>20.00</i>
“ Burial Slippers and Hose <i>w/socks</i>	<i>2.50</i>
Engraving Plate	“
Embalming Body (with _____ Fluid)	<i>75.00</i>
Washing and Dressing	“
Shaving	“
Disinfecting Rooms	“
Use of Catafalque and Drapery	“
Use of Folding Chairs	“
Use of Candelabrum	“
Candles	“
Gloves	“
Crepe	“
Telephone	“
Telegraph	“
Number of Carriages @ \$ _____	“
Hearse	<i>10.00</i>
Wagon Deliveries	“
Death Notices in _____ Newspapers	“
<i>Hearse to St. Joseph</i>	<i>10.00</i>
NAMES OF NEWSPAPERS	
Flowers	“
Outlay for Lot	“
Opening Grave	“
Lining Grave	<i>2.50</i>
Shipping Charges, prepaid	“
Removal Charges	“
Cremation Charges	“
<i>Heavy timber, fuel, etc.</i>	<i>2.00</i>
Total Footing of Bill	<i>222.00</i>
By Amount Paid in Advance	“
Balance	“
Entered into Ledger, page _____ or below	“
Total Debit	\$ _____
Credits	<i>By ck 222.00</i>



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

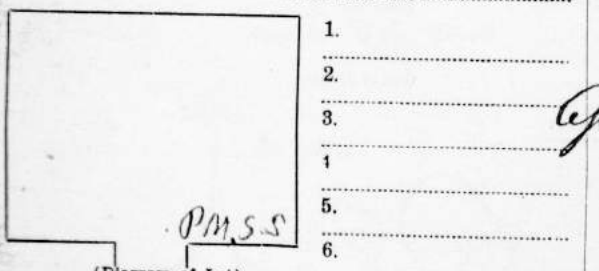


# Record of Funeral

No. \_\_\_\_\_ Date Feb. 23 1922  
 Name of the Deceased James C. Summers Sex M Color R  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured Ordered by Mrs. Wagner  
 Date of Funeral Feb. 24 - 1922  
 Place of Death Home of Sare Morgan  
 Funeral Services at Catholic Church No. 7  
 Time of Funeral Services 10 P.M.  
 Clergyman Father Desmaris  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Feb. 22 - 1922  
 Occupation of the Deceased Farm Laborer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 54 Years, \_\_\_\_\_ Months, 5 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Blk Crepe  
 Manufactured by Ref. Art  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Anne Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin		\$ 75.00
Metallie Lining		
Outside Box		
Grave Vault		
Burial Robe		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		15.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		15.00
Wagon Deliveries		
Death Notices in Newspapers		
<u>Underwear, shirt, tie</u>		3.75
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		108.75
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$

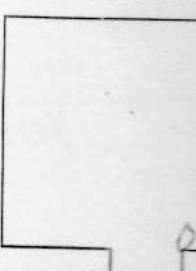


Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

M  
 7-28200  
 QUILL

# Record of Funeral

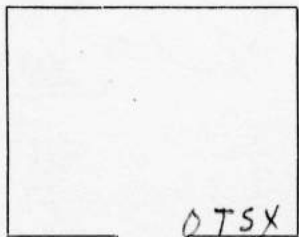
No. \_\_\_\_\_ Date Feb. 21 1922  
 Name of the Deceased Ralph Walters Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES	\$	75.00
Fluid		15.00
Flowers		3.75
Newspapers		15.00
SPAPERS		108.75
or below		108.75

How Secured Called by Sheriff  
 Date of Funeral \_\_\_\_\_  
 Place of Death 2 miles S.E. of Lawrence  
 Funeral Services at Manassa  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificates \_\_\_\_\_  
 Cause of Death Auto accident  
 Date of Death Feb. 20-1922  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 35 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to Manassa, Mo  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by Inter State #1185  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Manassa Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$	175.00
Metallic Lining		
Outside Box		
Grave Vault		
Burial Robe		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with Fluid)		75.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		100.00
Wagon Deliveries		
Death Notices in Newspapers		
Body brought in		5.00
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit	\$	



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

Credits

# Record of Funeral

No. \_\_\_\_\_ Date Feb. 21 1922  
 Name of the Deceased Joseph Holmes Sex M Color W

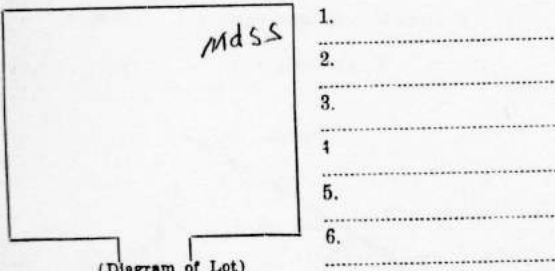
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured Called by Sheriff  
 Date of Funeral \_\_\_\_\_  
 Place of Death 2 mi S.E. Seward  
 Funeral Services at Mauiatha  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Auto accident  
 Date of Death Feb. 20-1922  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 67 Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

Address \_\_\_\_\_  
 Body to be shipped to Mauiatha  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mauiatha Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured Call  
 Date of Funeral \_\_\_\_\_  
 Place of Death 2 mi  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Auto  
 Date of Death Feb. 20  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 30  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped \_\_\_\_\_  
 Size and Style of Casket \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL M 7-28200

# Record of Funeral

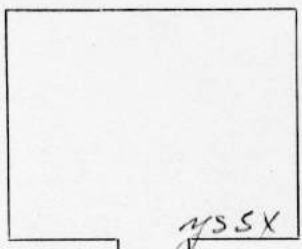
21 1922  
Color *W*

No. \_\_\_\_\_ Date *Feb-21* 19*22*  
Name of the Deceased *Charles Beauregard* Sex *M* Color *W*

Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured *Called by Sheriff*  
Date of Funeral \_\_\_\_\_  
Place of Death *2 mi S.E. of Lawrence*  
Funeral Services at *Nauvau*  
Time of Funeral Services \_\_\_\_\_  
Clergyman \_\_\_\_\_  
Certifying Physician \_\_\_\_\_  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death *Auto accident*  
Date of Death *Feb. 20 - 1922*  
Occupation of the Deceased \_\_\_\_\_  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged *30* Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
Birth Place \_\_\_\_\_  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant \_\_\_\_\_  
Address \_\_\_\_\_  
Body to be shipped to *Nauvau*  
Size and Style of Casket or Coffin \_\_\_\_\_  
Manufactured by *Ahernathy # 800 'in*  
Metallic Lining *Y.P.M.A. Md. S.S.*  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at *Nauvau* Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 85.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	25.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	10.00
Wagon Deliveries	
Death Notices in _____ Newspapers	
<i>Body brought in</i>	5.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____
Credits	



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

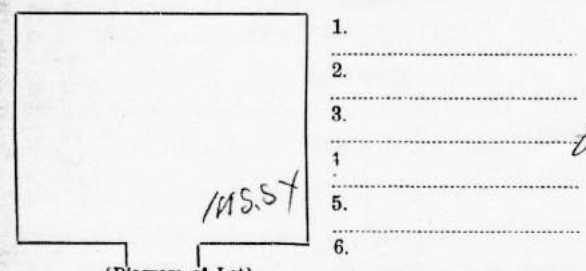
NAMES OF PALLBEARERS: \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Feb. 28 1922  
 Name of the Deceased Ketter Jasper Sex F Color W  
 Charge to Estate Order given by \_\_\_\_\_

How Secured by John Thomas  
 Date of Funeral 2-28-1922  
 Place of Death Grand Junction, Colo.  
 Funeral Services at St. Mark's Christ Church  
 Time of Funeral Services 2:00  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Phthisis Pulmonalis  
 Date of Death 2-23-1922  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 57 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Crepe  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at La Sparta R. Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin	- - - - -	\$
" Metallic Lining	- - - - -	
" Outside Box	- - - - -	
" Grave Vault	- - - - -	
" Burial Robe	- - - - -	
" Burial Slippers and Hose	- - - - -	
Engraving Plate	- - - - -	
Embalming Body (with _____ Fluid)	- - - - -	
Washing and Dressing	- - - - -	
Shaving	- - - - -	
Disinfecting Rooms	- - - - -	
Use of Catafalque and Drapery	- - - - -	
Use of Folding Chairs	- - - - -	
Use of Candelabrum	- - - - -	
Candles	- - - - -	
Gloves	- - - - -	
Crepe	- - - - -	
Telephone	- - - - -	
Telegraph	- - - - -	
Number of Carriages @ \$	- - - - -	
Hearse	- - - - -	12.50
<del>Wagon</del> Deliveries <u>From Train</u>	- - - - -	12.50
Death Notices in _____ Newspapers	- - - - -	
<u>Personal services</u>	- - - - -	10.00

NAMES OF NEWSPAPERS		
Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	
Lining Grave	- - - - -	
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	

Total Footing of Bill	- - - - -	35.00
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	

Total Debit - - - - - \$  
 July 19. Credits Ch. 35.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Res  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

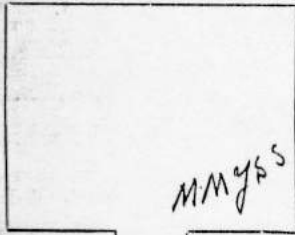
M  
 QUILL  
 7-28209



# Record of Funeral

No. \_\_\_\_\_ Date April 10-22 19\_\_\_\_  
 Name of the Deceased Elizabeth J. O'Connell Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral April 19-1922  
 Place of Death East of Troy  
 Funeral Services at Home  
 Time of Funeral Services 2 P.M.  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death April 10-1922  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 53 Years 9 Months 6 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Light grey  
See sketch  
 Manufactured by R. J. Art.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Vincent Procy Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

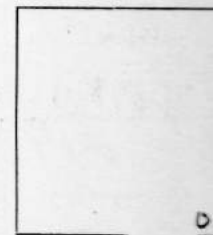
### ITEMIZED CHARGES

Price of Casket or Coffin	\$	175.00
Metallie Lining		
Outside Box		
Grave Vault		
Burial Robe		8.50
Burial Slippers and Hose	<u>Noe</u>	50
Engraving Plate		
Embalming Body (with _____ Fluid)		15.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$ _____		10.00
Hearse		
Wagon Deliveries		
Death Notices in _____ Newspapers		
NAMES OF NEWSPAPERS		
Flowers <u>5.00</u> <u>tip &amp; exp 40</u>		5.40
Outlay for Lot		
Opening Grave		
Lining Grave		2.50
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
<u>2 Phone Calls (Marcher)</u>		2.00
Total Footing of Bill		219.40
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit	\$	

Apr 28-22 Credits Ch. 219.40

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 72 Years \_\_\_\_\_ Months \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

# Record of Funeral

10-22 19  
Color *W*

No. \_\_\_\_\_ Date *April 8 1922* 19\_\_\_\_\_  
Name of the Deceased *Joseph Hagenbuch* Sex *M* Color *W*  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES	
.....	\$ 17.50
.....	8.58
Hose <i>Nov</i>	50
Fluid)	15.00
.....	10.00
.....	5.40
.....	2.50
.....	7.00
.....	30
.....	219.40
.....	219.40

How Secured .....

Date of Funeral *April 9 1922*

Place of Death *Home, Troy, Mo.*

Funeral Services at *Presb. Church*

Time of Funeral Services *2:30 P.M.*

Clergyman *Stambrough & Campbell*

Certifying Physician *Winters*

His Residence .....

Number of Burial Certificate .....

Cause of Death .....

Date of Death *April 7 1922*

Occupation of the Deceased *Merchant*

Single, Married, Divorced..... Religion.....

Aged *72* Years, *3* Months, *13* Days

Birth Place .....

Father .....

Birth Place .....

Maiden Name of Mother.....

Birth Place .....

Name of Husband .....

Name of Wife .....

Informant .....

Address .....

Body to be shipped to.....

Size and Style of Casket or Coffin *Metallic*  
*and tight Spanglers*

Manufactured by *Springfield*

Metallic Lining .....

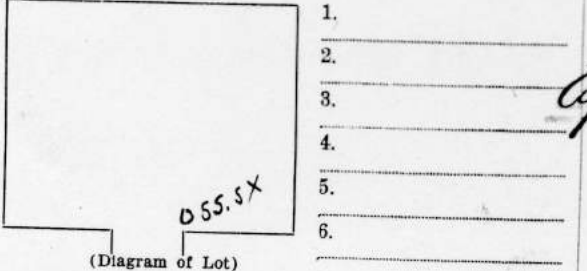
Outside Box .....

Number of Handles.....

Interment at *St. Louis* Cemetery

Lot or Grave No..... Section No.....

ITEMIZED CHARGES	
Price of Casket or Coffin	\$425.00
" Metallic Lining	.....
" Outside Box	.....
" Grave Vault	.....
" Burial Robe	.....
" Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with Fluid)	15.00
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$	.....
Hearse	10.00
Wagon Deliveries	.....
Death Notices in Newspapers	.....
<i>Ed. Hagenbuch</i>	2.00
NAMES OF NEWSPAPERS	
Flowers <i>12.00</i>	12.25
Outlay for Lot	.....
Opening Grave	.....
Lining Grave <i>To Septon</i>	1.00
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
<i>Phone Re. Hardware</i>	33-
Total Footing of Bill	465.66
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page..... or below	.....
Total Debit	\$



1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: .....

NAMES OF PALLBEARERS.....

April 19 22 Credits *Chs.* 465.66



# Record of Funeral

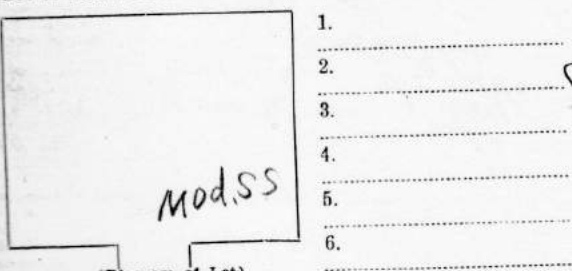
No. \_\_\_\_\_ Date April 24 1922  
 Name of the Deceased Alvina Hancock Sex F Color W  
 Charge to A. S. Hancock Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral April 25-1922  
 Place of Death Severance Kan.  
 Funeral Services at Hospital  
 Time of Funeral Services 2:30 P.M.  
 Clergyman Rev. Mubbe  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death April 22-1922  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced Widowed Religion \_\_\_\_\_  
 Aged 78 Years, 8 Months, 14 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 1 bed grey Broadcloth half Cochet  
 Manufactured by Des Moines  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Severance Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 1.80 <sup>00</sup>
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15 <sup>00</sup>
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	15 <sup>00</sup>
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	212 <sup>50</sup>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

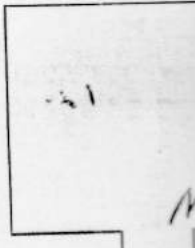
May 6 Credits Ch 212.50



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

NAMES OF PALLBEARERS \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to C. Cutler  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Mubbe  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 77 Years  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket half cochet  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at MS  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

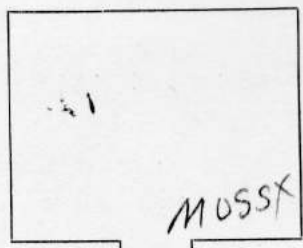
M  
 7-28200  
 QUILL

# Record of Funeral

No. \_\_\_\_\_ Date April 26 1922  
 Name of the Deceased Elizabeth Culp Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to C Culp Sr Order given by \_\_\_\_\_

CHARGES	
	\$ 180.00
Fluid)	15.00
	15.00
	2.50
	212.50
	212.50

How Secured \_\_\_\_\_  
 Date of Funeral April 27 1922  
 Place of Death Proy Home  
 Funeral Services at M.E. Church  
 Time of Funeral Services 2 7  
 Clergyman Rev. J. M. Campbell  
 Certifying Physician Dr. Hallett  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Apoplexy  
 Date of Death April 25 1922  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 77 Years, \_\_\_\_\_ Months, 21 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Box Plush  
half casket  
 Manufactured by Shinton  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 175.00
" Metallic Lining	.....
" Outside Box	.....
" Grave Vault	.....
" Burial Robe	.....
" Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with Fluid)	15.00
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$	.....
Hearse	10.00
Wagon Deliveries	.....
Death Notices in Newspapers	1.25

NAMES OF NEWSPAPERS	
Flowers	.....
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	2.50
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	2.00
	<u>205.75</u>
Total Footing of Bill	.....
By Amount Paid in Advance	14.00
Balance	<u>219.75</u>
Entered into Ledger, page _____ or below	.....
Total Debit	.....
1922	.....
May 1 Credits	<u>219.75</u>

# Record of Funeral

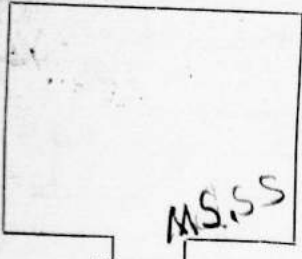
No. \_\_\_\_\_ Date May 6 1927  
 Name of the Deceased Martha Mary Norton Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral May 7 - 1927  
 Place of Death San Diego Cal  
 Funeral Services at Christ Church Propls  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Armstrong  
 Certifying Physician \_\_\_\_\_

His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pulmonary Tuberc  
 Date of Death May 1 - 1927  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 41 Years, 7 Months, 21 Days

Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Ralph Norton  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin grey BC half couch  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at MT Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

## ITEMIZED CHARGES

Price of Casket or Coffin	_____	\$
“ Metallic Lining	_____	
“ Outside Box	_____	
“ Grave Vault	_____	
“ Burial Robe	_____	
“ Burial Slippers and Hose	_____	
Engraving Plate	_____	
Embalming Body (with _____ Fluid)	_____	
Washing and Dressing	_____	
Shaving	_____	
Disinfecting Rooms	_____	
Use of Catafalque and Drapery	_____	
Use of Folding Chairs	_____	
Use of Candelabrum	_____	
Candles	_____	
Gloves	_____	
Crepe	_____	
Telephone	_____	
Telegraph	_____	
Number of Carriages _____ @ \$ _____	_____	
Hearse <u>to trans 5<sup>th</sup> funeral</u>	_____	15.00
Wagon Deliveries	_____	
Death Notices in _____ Newspapers	_____	
<u>Funeral services</u>	_____	18.00
NAMES OF NEWSPAPERS		
Flowers	_____	
Outlay for Lot	_____	
Opening Grave	_____	
Lining Grave	_____	
Shipping Charges, prepaid	_____	2.50
Removal Charges	_____	
Cremation Charges	_____	
<u>grey box</u>	_____	1.00
<u>Phone number</u>	_____	25
Total Footing of Bill	_____	28.75
By Amount Paid in Advance	_____	
Balance	_____	
Entered into Ledger, page _____ or below	_____	
Total Debit	_____	\$
<u>May 7-27 ch</u>	_____	28.75
Credits	_____	

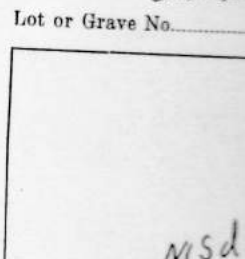
No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_

His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 63 Y

Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at MT  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot mark space for this Funeral Designate place for Monument Use space to the right of D in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

# Record of Funeral

6 1927  
Color *W*

No. \_\_\_\_\_ Date *May 6 - 1927*  
Name of the Deceased *John H. McNamee* Sex *M* Color *W*  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

ED CHARGES	
Fluid)	
Drapery	
Funeral	15.00
Newspapers	18.00
WSPAPERS	
	2.50
	1.00
	25
	28.75
or below	
	28.75

How Secured \_\_\_\_\_  
Date of Funeral *May 8 - 1927*  
Place of Death *6 mi south of Troy*  
Funeral Services at *Home*  
Time of Funeral Services *1 P*  
Clergyman *Rev. Armstrong*  
Certifying Physician \_\_\_\_\_  
His Residence \_\_\_\_\_  
Number of Burial Certificate \_\_\_\_\_  
Cause of Death \_\_\_\_\_  
Date of Death *May 6 - 1927*  
Occupation of the Deceased *Farmer*  
Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
Aged *63* Years, *9* Months, *6* Days  
Birth Place \_\_\_\_\_  
Father \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Maiden Name of Mother \_\_\_\_\_  
Birth Place \_\_\_\_\_  
Name of Husband \_\_\_\_\_  
Name of Wife \_\_\_\_\_  
Informant \_\_\_\_\_  
Address \_\_\_\_\_  
Body to be shipped to \_\_\_\_\_  
Size and Style of Casket or Coffin *Six grey oak*  
Manufactured by *Ref*  
Metallic Lining \_\_\_\_\_  
Outside Box \_\_\_\_\_  
Number of Handles \_\_\_\_\_  
Interment at *St. Olive* Cemetery  
Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Msd. 55

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
Designate place for Monument with a small square (□).  
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

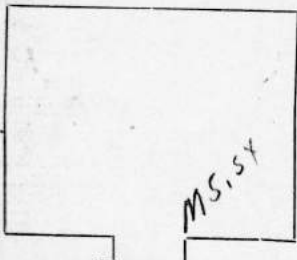
ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 120.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	25.00
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	17.50
Wagon Deliveries	
Death Notices in Newspapers	
NAMES OF NEWSPAPERS	
Flowers	8.15
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	183.75
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$
May 20 Credits	183.75

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date May 18 1922  
 Name of the Deceased John Trubless Sex M Color W  
 Charge to Caroline Trubless Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral May 18-1922  
 Place of Death Los Angeles Cal  
 Funeral Services at Moray Chappel  
 Time of Funeral Services 12 P.M.  
 Clergyman Rev. Sayre  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Chronic of G.I.  
 Date of Death May 12-1922  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 40 Years, \_\_\_\_\_ Months, 6 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin grey Crepe  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Moray Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

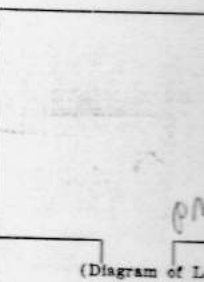
NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	_____	\$
“ Metallic Lining	_____	
“ Outside Box	_____	
“ Grave Vault	_____	
“ Burial Robe	_____	
“ Burial Slippers and Hose	_____	
Engraving Plate	_____	
Embalming Body (with _____ Fluid)	_____	
Washing and Dressing	_____	
Shaving	_____	
Disinfecting Rooms	_____	
Use of Catafalque and Drapery	_____	
Use of Folding Chairs	_____	
Use of Candelabrum	_____	
Candles	_____	
Gloves	_____	
Crepe	_____	
Telephone	_____	
Telegraph	_____	
Number of Carriages @ \$ _____	_____	
Hearse <u>to train + funeral</u>	_____	15.00
Wagon Deliveries	_____	
Death Notices in _____ Newspapers	_____	
<u>Personal services</u>	_____	10.00
NAMES OF NEWSPAPERS		
Flowers	_____	
Outlay for Lot	_____	
Opening Grave	_____	
Lining Grave	_____	
Shipping Charges, prepaid	_____	
Removal Charges	_____	
Cremation Charges	_____	
Total Footing of Bill	_____	75.00
By Amount Paid in Advance	_____	
Balance	_____	
Entered into Ledger, page _____ or below	_____	
Total Debit	_____	\$

June 9-22 Credits Ch. 25.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 47 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 4-3  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

M 7-28200

MORAY

# Record of Funeral

No. \_\_\_\_\_ Date May 29-1922  
 Name of the Deceased Laura Costin Carroll Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

**CHARGES**

Fluid	
Funeral	15.00
Newspapers	10.00
PAPERS	
25.00	
25.00	

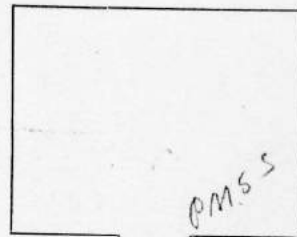
How Secured \_\_\_\_\_  
 Date of Funeral May 29-1922  
 Place of Death Alchison, Kans  
 Funeral Services at Christ Ch. Troy, Mo  
 Time of Funeral Services 2:30 P.M.  
 Clergyman Rev Campbell  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Acute Gastritis  
 Date of Death May 27-1922  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 67 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to From Alchison to Troy  
 Size and Style of Casket or Coffin grey Lamb  
6-3  
 Manufactured by Ret Art  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

**ITEMIZED CHARGES**

Price of Casket or Coffin	\$ 85.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	15.00
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <u>4 trips</u>	25.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

**NAMES OF NEWSPAPERS**

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	2.00
Total Footing of Bill	144.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$



(Diagram of Lot)

1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

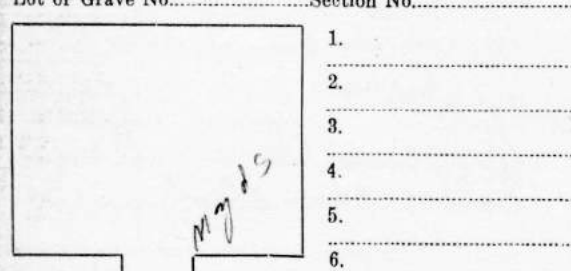
NAMES OF PALLBEARERS: \_\_\_\_\_

July 7	Credits	By Ch	50.00
" 25	"	"	94.50
			<u>144.50</u>

# Record of Funeral

No. \_\_\_\_\_ Date May 31 1922  
 Name of the Deceased Isaac H. Jackson Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured Ordered By Mrs. Bonham  
 Date of Funeral June 1 - 1922  
 Place of Death Liebert Cal.  
 Funeral Services at Bonham Home Sparks  
 Time of Funeral Services 1:30 P.M.  
 Clergyman Rev. [unclear]  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Bright Disease  
 Date of Death May 28 1922  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 82 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Alk Case  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Sola Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin	- - - - -	\$
" Metallic Lining	- - - - -	
" Outside Box	- - - - -	
" Grave Vault	- - - - -	
" Burial Robe	- - - - -	
" Burial Slippers and Hose	- - - - -	
Engraving Plate	- - - - -	
Embalming Body (with _____ Fluid)	- - - - -	
Washing and Dressing	- - - - -	
Shaving	- - - - -	
Disinfecting Rooms	- - - - -	
Use of Catafalque and Drapery	- - - - -	
Use of Folding Chairs	- - - - -	
Use of Candelabrum	- - - - -	
Candles	- - - - -	
Gloves	- - - - -	
Crepe	- - - - -	
Telephone	- - - - -	
Telegraph	- - - - -	
Number of Carriages @ \$ _____	- - - - -	
Hearse <u>Two trips</u>	- - - - -	<u>25.00</u>
Wagon Deliveries	- - - - -	
Death Notices in _____ Newspapers	- - - - -	
<u>Personal services</u>	- - - - -	<u>10.00</u>

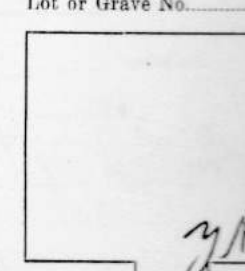
NAMES OF NEWSPAPERS		
Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	
Lining Grave	- - - - -	<u>2.50</u>
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	

Total Footing of Bill \_\_\_\_\_  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Total Debit - - - - - \$ \_\_\_\_\_  
Aug 75 Credits By Ch. 37.50

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev.  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pro  
 Date of Death Jun  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 1 Year, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 3-0  
 Manufactured by P  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at M  
 Lot or Grave No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

# Record of Funeral

31  
 Color W 1922

No. \_\_\_\_\_ Date June 3 1922  
 Name of the Deceased Marjorie Pearl Schuff Sex F Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

ED CHARGES	
and Hose	
Fluid)	
Drapery	
Newspapers	25.00
NEWSPAPERS	10.00
paid	2.50
advance	
age or below	
by Ch.	37.50

How Secured June 4-1922  
 Date of Funeral June 4-1922  
 Place of Death Noyes Hospital  
 Funeral Services at Fanning  
 Time of Funeral Services 2:30 P.M.  
 Clergyman Rev. Proulx  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Bronchial Pneumonia  
 Date of Death June 2-1922  
 Occupation of the Deceased Child  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 1 Years, 11 Months, 20 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Gault  
3-0  
 Manufactured by Poid  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Alvine Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

YM.SX

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 30.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	45.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$
1922	
Nov. 16 Credits Ch	10.00
1923	
March 19 Mdnr & Cash	30.00

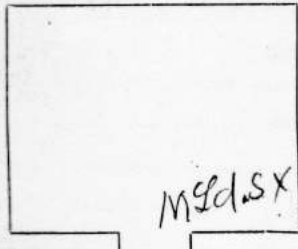
NAMES OF PALLBEARERS \_\_\_\_\_



# Record of Funeral

No. \_\_\_\_\_ Date June 7 1922  
 Name of the Deceased Jesse C Pollard Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to Sons Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral June 9-1922  
 Place of Death Doniphan Kans  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services 10<sup>00</sup>  
 Clergyman Rev Armstrong  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Heart Failure Arteriosclerosis  
 Date of Death June 7-1922  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 73 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin grey Plush  
hay comb  
 Manufactured by Imperial  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS: \_\_\_\_\_

### ITEMIZED CHARGES

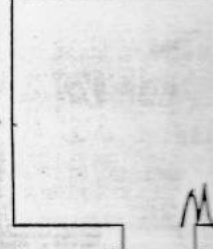
Price of Casket or Coffin	\$185.00
Metallc Lining	
Outside Box	
Grave Vault	
Burial Robe <u>suit</u>	20.00
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

### NAMES OF NEWSPAPERS

Flowers <u>5<sup>00</sup> tel. x 7. 30</u>	5.30
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges <u>hd lumber</u>	2.25
Total Footing of Bill	230.05
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit	\$
1922	
June 10 Credits <u>Cash</u>	75.00
" 20 <u>Cash</u>	155.05
	<u>230.05</u>

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_ Y  
 Birth Place \_\_\_\_\_  
 Father John  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Fa  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS: \_\_\_\_\_

M  
 QUILL 7-28206

# Record of Funeral

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 20.00
"    Metallic Lining	
"    Outside Box	
"    Grave Vault	
"    Burial Robe	
"    Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	5.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<b>Total Footing of Bill</b>	<b>25.00</b>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page or below	
<b>Total Debit</b>	<b>\$</b>
<b>Credits</b>	
Cash	75.00
Cash	155.05
	230.05

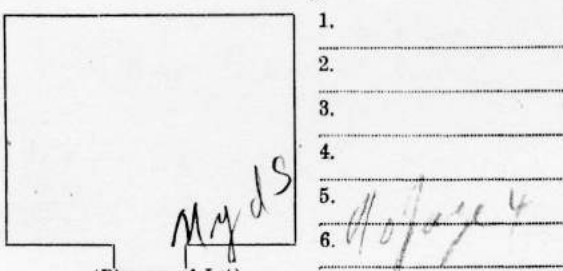
No. \_\_\_\_\_ Date June 8 1922  
 Name of the Deceased Loreta Elwood Sparks Sex F Color W  
 Charge to John Sparks Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral June 10-1922  
 Place of Death Sparks Room  
 Funeral Services at Home  
 Time of Funeral Services 9 P  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death June 8-1922  
 Occupation of the Deceased Child  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years 4 Months 16 Days  
 Birth Place \_\_\_\_\_  
 Father John Sparks  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Price of Casket or Coffin . . . . . \$ 20.00  
 " Metallic Lining . . . . .  
 " Outside Box . . . . .  
 " Grave Vault . . . . .  
 " Burial Robe . . . . .  
 " Burial Slippers and Hose . . . . .  
 Engraving Plate . . . . .  
 Embalming Body (with Fluid) . . . . .  
 Washing and Dressing . . . . .  
 Shaving . . . . .  
 Disinfecting Rooms . . . . .  
 Use of Catafalque and Drapery . . . . .  
 Use of Folding Chairs . . . . .  
 Use of Candelabrum . . . . .  
 Candles . . . . .  
 Gloves . . . . .  
 Crepe . . . . .  
 Telephone . . . . .  
 Telegraph . . . . .  
 Number of Carriages @ \$ . . . . .  
 Hearse . . . . .  
 Wagon Deliveries . . . . .  
 Death Notices in Newspapers . . . . . 5.00

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Fleming No. Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

**NAMES OF NEWSPAPERS**  
 Flowers \_\_\_\_\_  
 Outlay for Lot \_\_\_\_\_  
 Opening Grave \_\_\_\_\_  
 Lining Grave \_\_\_\_\_  
 Shipping Charges, prepaid \_\_\_\_\_  
 Removal Charges \_\_\_\_\_  
 Cremation Charges \_\_\_\_\_  
 Total Footing of Bill . . . . . 25.00  
 By Amount Paid in Advance . . . . .  
 Balance . . . . .  
 Entered into Ledger, page or below . . . . .



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date June 18 1922  
 Name of the Deceased James Jaynes Newton Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased Mr. Newton  
 Charge to \_\_\_\_\_

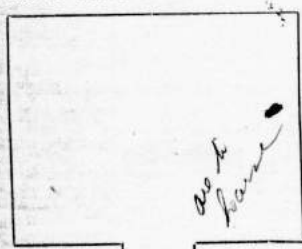
How Secured Ordered By Mrs. Russell Taylor  
 Date of Funeral June 18 1922  
 Place of Death Kansas City Mo  
 Funeral Services at Christ Church Severance  
 Time of Funeral Services 1:30 P.M.  
 Clergyman Rev.  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Obstruction of Bowels  
 Date of Death June 15 1922  
 Occupation of the Deceased Salesman  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 44 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin		\$
"    Metallic Lining		
"    Outside Box		
"    Grave Vault		
"    Burial Robe		
"    Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse <u>for funeral</u>		<u>15.00</u>
Wagon Deliveries		
Death Notices in _____ Newspapers		

How Secured \_\_\_\_\_  
 Date of Funeral June 18  
 Place of Death Kans  
 Funeral Services at Christ Church  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev.  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Obstruction of Bowels  
 Date of Death June 15  
 Occupation of the Deceased Salesman  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 38 Year  
 Birth Place Delaware  
 Father F. P.  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		<u>15.00</u>
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket \_\_\_\_\_  
 Manufactured by ...  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at ... Cemetery  
 Lot or Grave No. \_\_\_\_\_

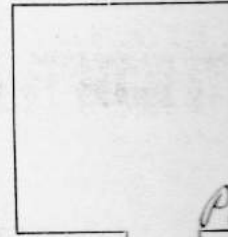


(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

June 18 Credits Ch 15.00



(Diagram of Lot)  
 Designate all Graves in mark space for this Funeral  
 Designate place for Monument  
 Use space to the right of in Lot.

Remarks: Funeral of Member  
 NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

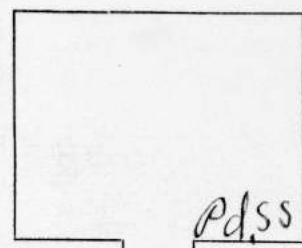
# Record of Funeral

18  
Color W 1922

No. \_\_\_\_\_ Date July 1 1922  
 Name of the Deceased Wilhelm Albert Gartner Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

CHARGES	
How Secured	
Date of Funeral	
Place of Death	
Funeral Services at	
Time of Funeral Services	
Clergyman	
Certifying Physician	
His Residence	
Number of Burial Certificate	
Cause of Death	
Date of Death	
Occupation of the Deceased	
Single, Married, Divorced	
Religion	
Aged	
Years	
Months	
Days	
Birth Place	
Father	
Birth Place	
Maiden Name of Mother	
Birth Place	
Name of Husband	
Name of Wife	
Informant	
Address	
Body to be shipped to	
Size and Style of Casket or Coffin	
Manufactured by	
Metallic Lining	
Outside Box	
Number of Handles	
Interment at	
Cemetery	
Lot or Grave No.	
Section No.	
1.	
2.	
3.	
4.	
5.	
6.	
Remarks:	
NAMES OF PALLBEARERS	

How Secured \_\_\_\_\_  
 Date of Funeral July 2 - 1922  
 Place of Death Kentworth St Joseph  
 Funeral Services at Home  
 Time of Funeral Services 2 P.M.  
 Clergyman Rev. Campbell  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Blood Poison  
 Date of Death June 30 - 1922  
 Occupation of the Deceased Physician  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 38 Years, 10 Months, 10 Days  
 Birth Place Delaware Ohio  
 Father F. G. Gartner  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Steel Grey Oak  
 Manufactured by Imperial  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Cleve Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 Remarks: Funeral in charge of Chamber Post Am Legion  
 NAMES OF PALLBEARERS \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 100.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate <u>Messnerhoffer</u>	
Embalming Body (with <u>W. C. Co.</u> Fluid)	28.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <u>No. St Joseph's</u>	10.00
Wagon Deliveries <u>Chairs</u>	
Death Notices in <u>Newspapers</u>	
<u>crayage on chair</u>	1.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges <u>heavy lumber</u>	2.00
Total Footing of Bill	193.50
By Amount Paid in Advance	8.00
Balance	151.50
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

July 24	Credits	Ch	100.00
July 28		Ch. <u>Chamber Post Am Legion</u>	51.50
			151.50

# Record of Funeral

No. \_\_\_\_\_ Date July 5 - 1922 19  
 Name of the Deceased Charles R. Hewins Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

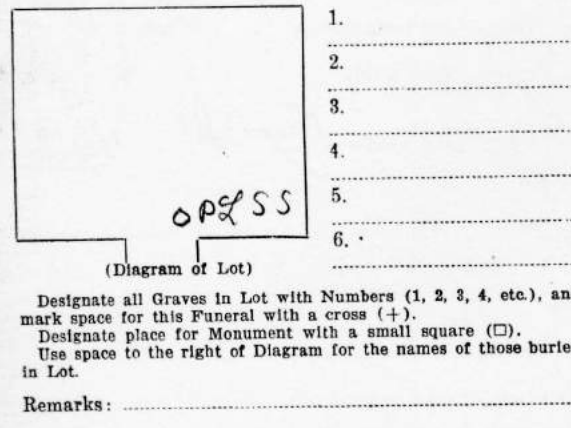
No. \_\_\_\_\_  
 Name of the Deceased Mary  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral July 7 - 1922  
 Place of Death Court yard Troy, Mo.  
 Funeral Services at Court yard Troy, Mo.  
 Time of Funeral Services 9:30 A.M.  
 Clergyman Rev. Stanborough  
 Certifying Physician Dr. Cordouan  
 His Residence Troy, Mo.  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death July 4 - 1922  
 Occupation of the Deceased County Supt. of Schools  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 55 Years, 7 Months, 3 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Silver Spate  
Sealer Stab  
 Manufactured by H. Jones  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

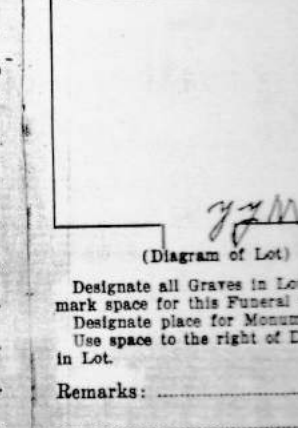
ITEMIZED CHARGES	
Price of Casket or Coffin	\$ <u>425.00</u>
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	<u>125.00</u>
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	<u>15.00</u>
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	<u>10.00</u>
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Closing Grave	<u>2.50</u>
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
<u>cleaning &amp; pressing suit</u>	<u>1.25</u>
Total Footing of Bill	<u>578.75</u>
By Amount Paid in Advance <u>none</u>	<u>1.50</u>
Balance	<u>580.25</u>
Entered into Ledger, page _____ or below	_____

Total Debit	\$ _____
<u>1922</u>	
<u>Aug. 4</u> Credits <u>By Ch</u>	<u>580.25</u>



How Secured \_\_\_\_\_  
 Date of Funeral July  
 Place of Death S. E. of  
 Funeral Services at St. Louis  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Pe  
 Certifying Physician Dr  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Tube  
 Date of Death July  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 34 Years  
 Birth Place \_\_\_\_\_  
 Father Joseph  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Cha  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or \_\_\_\_\_  
Metallic  
 Manufactured by Ba  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at German  
 Lot or Grave No. \_\_\_\_\_



NAMES OF PALLBEARERS \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL M 7-28200

# Record of Funeral

5-1922  
Color *W*

No. \_\_\_\_\_ Date *July 14* 19 *22*  
Name of the Deceased *Mary Augusta Gaul* Sex *F* Color *W*  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

### ED CHARGES

.....	\$ <i>425 00</i>
.....	<i>125 00</i>
.....	<i>15 00</i>
.....	<i>10 00</i>
.....	<i>2 50</i>
.....	<i>1 25</i>
.....	<i>5 75</i>
.....	<i>5 80</i>
.....	<i>5 80 75</i>

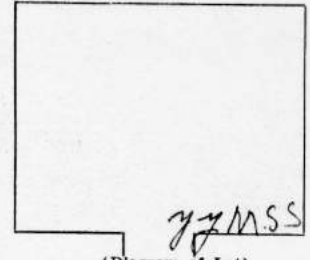
How Secured \_\_\_\_\_  
 Date of Funeral *July 16 - 1922*  
 Place of Death *S. E. of Troy*  
 Funeral Services at *Sw Lutheran Church*  
 Time of Funeral Services *11 A*  
 Clergyman *Rev. Pennypacker*  
 Certifying Physician *Dr. Condover*  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death *Tuberculosis*  
 Date of Death *July 14 - 1922*  
 Occupation of the Deceased *Housewife*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged *34* Years, *8* Months, *15* Days  
 Birth Place \_\_\_\_\_  
 Father *Joseph Hley*  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband *Chas Gaul*  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *Steel Grey B.C. Metallic*  
 Manufactured by *Batesville*  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at *Herman Lutheran* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ <i>400 00</i>
" Metallic Lining	.....
" Outside Box	.....
" Grave Vault	.....
" Burial Robe	<i>20 00</i>
" Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with _____ Fluid)	<i>15 00</i>
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$ _____	.....
Hearse	<i>12 50</i>
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....

### NAMES OF NEWSPAPERS

Flowers	.....
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
Total Footing of Bill	<i>447 50</i>
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

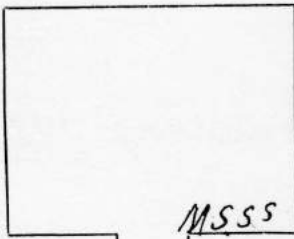
NAMES OF PALLBEARERS \_\_\_\_\_

Total Debit \$ \_\_\_\_\_  
*1922*  
 Aug 21. Credits *By Ch* *447 50*

# Record of Funeral

No. \_\_\_\_\_ Date July 22 1922  
 Name of the Deceased James Goodwin Sex M Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral July 22 - 1922  
 Place of Death Brook Kansas  
 Funeral Services at Grave  
 Time of Funeral Services 9 A  
 Clergyman Rev. Armstrong  
 Certifying Physician Dr. Walker  
 His Residence \_\_\_\_\_  
 Number of Burial Certificates \_\_\_\_\_  
 Cause of Death Still Born  
 Date of Death July 22 - 1922  
 Occupation of the Deceased Infant  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged Born Years, decd Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb  
 Manufactured by Imperial  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

### NAMES OF PALLBEARERS

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	20.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

### NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

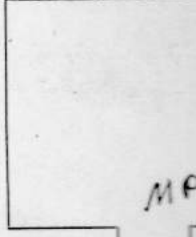
Total Footing of Bill - - - - - 20.00  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance - See page 170  
 Entered into Ledger, page \_\_\_\_\_ or below \_\_\_\_\_

Total Debit		- - - - -	\$	
1923				
Jan 29	Credits cash			5.00
July 25 - 1923	Cash			5.00
June 10	by painting car			5.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificates \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 52 Years \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 3 Corn  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

### NAMES OF PALLBEARERS

# Record of Funeral

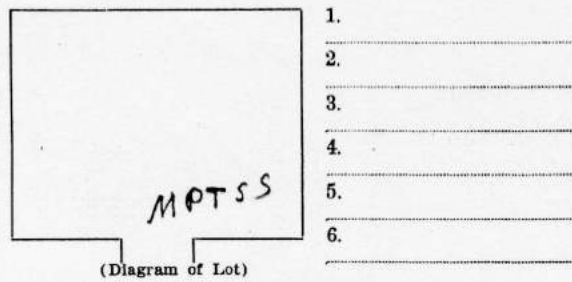
No. \_\_\_\_\_ Date Aug. 10-1922 19\_\_\_\_  
 Name of the Deceased Chas. A. Minter Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Aug 10-1922  
 Place of Death Troy Kans  
 Funeral Services at Denton Kans  
 Time of Funeral Services 2 P  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Auto hit by train  
 Date of Death Aug 8-1922  
 Occupation of the Deceased Prop. Restaurant  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 52 Years, 9 Months, 4 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Sawn  
3 Couch  
 Manufactured by Midland Valley  
 Metallic Lining \_\_\_\_\_  
 Outside Box venet  
 Number of Handles \_\_\_\_\_  
 Interment at Denton Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 150.00
" Metallic Lining	
" Outside Box	
" Grave Vault	1.00.00
" Burial Robe <u>pants</u>	4.50
" Burial Slippers and Hose <u>hose</u>	2.5
Engraving Plate	
Embalming Body (with _____ Fluid)	2.50.00
Washing and Dressing <u>1.50 to .50</u>	2.00
<del>Shaving</del> <u>On Neck</u> <u>shirt</u>	1.00
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <u>2 trips</u>	25.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	307.75
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

Oct. 19 Credits Chas. A. Minter 307.75



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

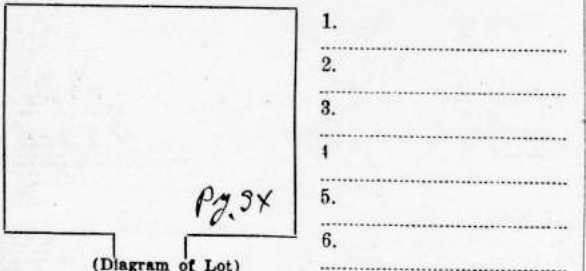
1922  
 Color W  
 CHARGES  
 \$ 2.00.00  
 Fluid)  
 \$  
 \$ 2.00.00  
 page 170  
 below  
 \$ 5.00  
 \$ 5.00  
 \$ 5.00



# Record of Funeral

No. \_\_\_\_\_ Date August 17 1922  
 Name of the Deceased John Thomas Brunton Sex M. Color W.  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral August 17-1922  
 Place of Death Troy Kans.  
 Funeral Services at Home of Jas Randal  
 Time of Funeral Services 2 PM  
 Clergyman Rev. Stanborough  
 Certifying Physician Dr. Dunsmore  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death August 16-1922  
 Occupation of the Deceased Retiree of farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 84 Years, 8 Months, 14 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Plk Cape  
 Manufactured by Ref  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 75.00
“ Metallic Lining	.....
“ Outside Box	.....
“ Grave Vault	.....
“ Burial Robe	10.00
“ Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$ _____	10.00
Hearse	.....
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....

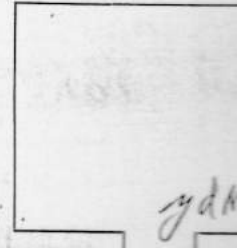
NAMES OF NEWSPAPERS	
Flowers	.....
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....

Total Footing of Bill	.....
By Amount Paid in Advance	.....
Balance	110.00
Entered into Ledger, page _____ or below	.....

Total Debit	\$ 1922
Credit	Oct 13 By Ch 110.00

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured As per  
 Date of Funeral \_\_\_\_\_  
 Place of Death 5 mi  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Service \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pa  
 Date of Death Aug  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged 78 Years \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband Ed  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 1/2 Couch 150 x 120 x 18 Superior  
 Manufactured by Int  
 Metallic Lining # 11  
 Outside Box Case  
 Number of Handles 4  
 Interment at Mozg  
 Lot or Grave No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: This is for Mt Olive  
Troy Kans  
 NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

# Record of Funeral

17 19 22  
Color *W*

No. \_\_\_\_\_ Date *Aug 17 - 1922*  
Name of the Deceased *Mary Cathern Moser* Sex *F* Color *W*  
Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

### CHARGES

Fluid	\$ 75.00
Hose	10.00
Fluid	15.00
Fluid	10.00
Fluid	110.00

How Secured *Ordered by John Moser*  
 Date of Funeral *Aug 18 - 1922*  
 Place of Death *5 mi North of Troy*  
 Funeral Services at *Home*  
 Time of Funeral Services *2:30 P*  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death *Paralysis*  
 Date of Death *Aug 16 - 1922*  
 Occupation of the Deceased *Housewife*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged *78* Years, *11* Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband *Erud Moser Sr.*  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	\$ 285.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	110.00
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	_____
Hearse	12.50
Wagon Deliveries	_____
Death Notices in _____ Newspapers	_____

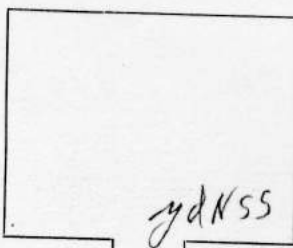
### NAMES OF NEWSPAPERS

Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill	422.50
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit \_\_\_\_\_  
 Credits *By Ch* *1922* *Sept 5* *422.50*

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *Grey Boarded 1 1/2 Couch 246 metal corners Blue Gray silk interior*  
 Manufactured by *Interstate Casket Co*  
 Metallic Lining # *1157* *KC Mo*  
 Outside Box *Vault*  
 Number of Handles *Sides and ends*  
 Interment at *Mosquito Creek* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



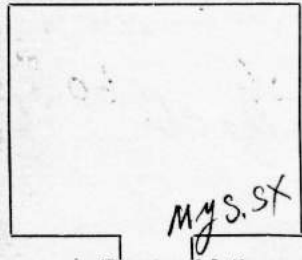
(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: *This body was removed to Mt Ararat Cemetery Troy Mass Nov. 5 - 1924*  
 NAMES OF PALLBEARERS \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date August 26 1922  
 Name of the Deceased Richard Solomon Nelson Sex M. Color W  
 Charge to (Self) Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral August 27-1922  
 Place of Death Woods Hospital St. Joseph Mo.  
 Funeral Services at Christian Church  
 Time of Funeral Services 2 P.  
 Clergyman Rev. Wm. H. Brown  
 Certifying Physician P. J. Brown  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death August 25-1922  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 18 Years, 2 Months, 25 Days  
 Birth Place Droy, Kansas  
 Father W. D. Nelson  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin 1/2 Comb. (Special)  
 Manufactured by Des Moines  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Mt Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

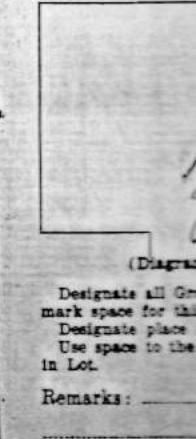
NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES		
Price of Casket or Coffin		\$ <u>175</u> <sup>00</sup>
Metallie Lining		
Outside Box		
Grave Vault		
Burial Robe		
Burial Slippers and Hose		
Engraving Plate	<u>To Remain in Casket</u>	
Embalming Body (with _____ Fluid)		<u>25</u> <sup>00</sup>
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages		
Hearse	<u>To St. Joseph Mo.</u>	
Wagon Deliveries		
Death Notices in _____ Newspapers		

NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		<u>202</u> <sup>00</sup>
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

Total Debit \_\_\_\_\_ \$  
1922  
 Sept 2 Credits By Ch. 202<sup>00</sup>

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to Fra  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman Fa  
 Certifying Physi \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the \_\_\_\_\_  
 Single, Married, \_\_\_\_\_  
 Aged 6  
 Birth Place Pa  
 Father Pro  
 Birth Place \_\_\_\_\_  
 Maiden Name of \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped \_\_\_\_\_  
 Size and Style of \_\_\_\_\_  
4-0  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Hand \_\_\_\_\_  
 Interment at \_\_\_\_\_  
 Lot or Grave No \_\_\_\_\_



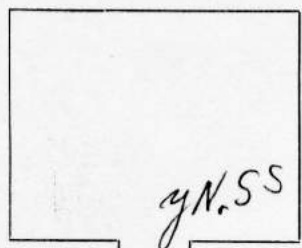
NAMES OF P \_\_\_\_\_

# Record of Funeral

No. \_\_\_\_\_ Date Sept 7-1922 19\_\_  
 Name of the Deceased Mabel Catherine M<sup>c</sup>Kernan Sex F Color W  
 Charge to Frank M<sup>c</sup>Kernan Order given by \_\_\_\_\_

CHARGES  
175.00  
 (Hose)  
 (M<sup>c</sup>Kernan Fluid) 25.00  
 (Newspapers)  
 (Papers)  
 (or below)  
202.00  
202.00

How Secured \_\_\_\_\_  
 Date of Funeral Sept 7-1922  
 Place of Death Home Troy Mo.  
 Funeral Services at No Service  
 Time of Funeral Services 9:30 P.M.  
 Clergyman Father Edwin Karsen  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Diphtheria  
 Date of Death Sept. 6-1922  
 Occupation of the Deceased Child  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 6 Years 6 Months 9 Days  
 Birth Place Troy Kans  
 Father Frank M<sup>c</sup>Kernan  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother Lilla Renshaw  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Lamb  
4-0  
 Manufactured by Powderly  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Fanning Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_  
 2. \_\_\_\_\_  
 3. \_\_\_\_\_  
 4. \_\_\_\_\_  
 5. \_\_\_\_\_  
 6. \_\_\_\_\_  
 (Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 35.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

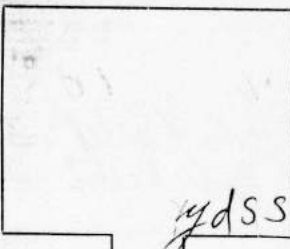
Total Footing of Bill	60.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit	\$
1922	
Oct 11	Credits <u>By ch</u> 60.00

# Record of Funeral

No. \_\_\_\_\_ Date Sept. 16 1927  
 Name of the Deceased James Clyde Guarnierman Sex M Color W  
 Charge to Carl Moser & Co. Order given by \_\_\_\_\_

How Secured Ordered by Carl Moser  
 Date of Funeral Sept 17-1927  
 Place of Death Country Farm  
 Funeral Services at St. Olive Cemetery  
 Time of Funeral Services 2 P.  
 Clergyman Rev. Campbell  
 Certifying Physician Dr. Waldman  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Multiple Neuritis  
 Date of Death Sept 16-1927  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 57 Years, 3 Months, 16 Days  
 Birth Place Doniphan County  
 Father John B. Guarnierman  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Montross  
 Manufactured by Montross  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ <u>45.00</u>
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	<u>5.00</u>
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	_____
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use of Catafalque and Drapery	_____
Use of Folding Chairs	_____
Use of Candelabrum	_____
Candles	_____
Gloves	_____
Crepe	_____
Telephone	_____
Telegraph	_____
Number of Carriages @ \$ _____	<u>10.00</u>
Hearse	_____
Wagon Deliveries	_____
Death Notices in _____ Newspapers	<u>80</u>

NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill 60.80  
 By Amount Paid in Advance \_\_\_\_\_  
 Balance \_\_\_\_\_  
 Entered into Ledger, page \_\_\_\_\_ or below

Total Debit	
1927	_____
Oct 24	Ch. Doniphan <u>25.00</u>
Nov. 14	Ch. Wm. E. Guarnierman <u>17.90</u>
Nov. 14	Ch. Carl Moser <u>17.90</u>
	<u>60.80</u>

(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: C.H. Mrs. Aaron

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL 7-28200

# Record of Funeral

No. \_\_\_\_\_ Date Sept. 28-1922 19  
 Name of the Deceased Wm Pettet Sex M. Color W.  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

ED CHARGES

Price of Casket or Coffin	\$ 45.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	5.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	10.00
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	
Newspapers	80
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	60.80
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	

How Secured \_\_\_\_\_  
 Date of Funeral Sept 29-1922  
 Place of Death Pross Kansas  
 Funeral Services at Bethel Church  
 Time of Funeral Services South of St Joseph  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Sept. 28-1922  
 Occupation of the Deceased Retired farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 65 Years, 9 Months, 23 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Blk Crepe  
 Manufactured by Ret Art  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Bethel South of St Joseph Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

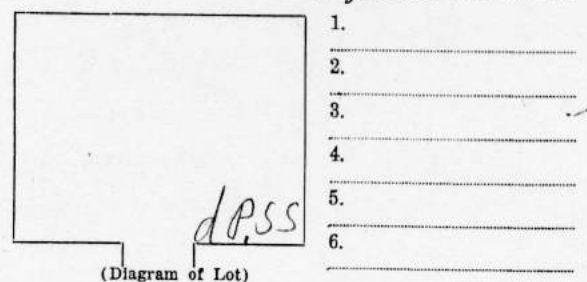
ITEMIZED CHARGES

Price of Casket or Coffin	\$ 70.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	15.00
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	100.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	

Funeral Co	25.00
Funerians	17.90
Moses	17.90
	60.80



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: C.H. Pettet (Brother)  
Mrs. Aaron Reno Hall v. M.  
sister

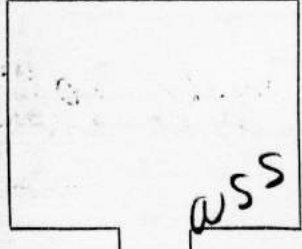
NAMES OF PALLBEARERS \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Sept 28 Cash By C.H. Pettet 50.00  
 Credits  
 " 30 Cash By L.O. Pettet 20.00

# Record of Funeral

No. \_\_\_\_\_ Date Louis Oct 2 1922  
 Name of the Deceased Louis Goodwin Sex M Color W  
 Charge to L Goodwin Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Oct 2 - 1922  
 Place of Death Troy Kans  
 Funeral Services at Home  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman By Stanbrough  
 Certifying Physician Dr. Hall  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death Oct. 1, 1922  
 Occupation of the Deceased Child  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, 2 Months, 9 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Laurel  
 Manufactured by Imperial  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at St. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	20.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

### NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

Total Footing of Bill	- - - - -		20.00
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		See page 16
Entered into Ledger, page _____ or below	- - - - -		15

Total Debit - - - - - \$

Credits \_\_\_\_\_

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to \_\_\_\_\_  
 How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_  
 Aged \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL M 7-28200

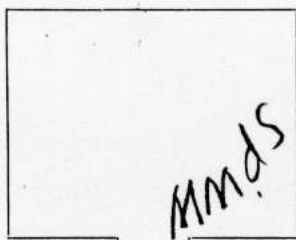
# Record of Funeral

Oct 7 1922  
 Color *W*

No. \_\_\_\_\_ Date *October 8* 1922  
 Name of the Deceased *Louis Leroy Clay* Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to *Louis W. Clay* Order given by \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 20.00
Metallc Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	5.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

How Secured \_\_\_\_\_  
 Date of Funeral *Oct. 8 - 1922*  
 Place of Death *Troy Kans.*  
 Funeral Services at *Home*  
 Time of Funeral Services *1 P.M.*  
 Clergyman *Rev. Stanbrough*  
 Certifying Physician *Dr. Cordonier*  
 His Residence *Troy Kans.*  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death *Oct. 7 - 1922*  
 Occupation of the Deceased *Child*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, *3* Months, *11* Days  
 Birth Place *Troy Kans.*  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *White Lamb*  
*2-0*  
 Manufactured by *Imperial*  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at *Carter* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 20.00
Metallc Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in Newspapers	5.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

Oct 9	Credits	By cash	10.00
11	31		15.00
			<u>25.00</u>

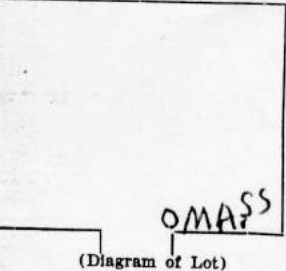


# Record of Funeral

No. \_\_\_\_\_ Date Oct. 20-1922 19\_\_\_\_  
 Name of the Deceased Frank Allen Kenney Sex M. Color W  
 Charge to \_\_\_\_\_ Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Oct. 20-1922  
 Place of Death Home Troy Kans  
 Funeral Services at Home  
 Time of Funeral Services 2:30 P.  
 Clergyman Rev. Pells Highland  
 Certifying Physician Dr. Densmore  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Pneumonia  
 Date of Death Oct. 19-1922  
 Occupation of the Deceased Farmer  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 65 Years, 6 Months, 5 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Grey Cedar  
Metallic half coach  
 Manufactured by St. Louis Coffin Co.  
 Metallic Lining \_\_\_\_\_  
 Outside Box Casket  
 Number of Handles \_\_\_\_\_  
 Interment at St. Anne Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 375.00
" Metallic Lining	.....
" Outside Box	.....
" Grave Vault	110.00
" Burial Robe	.....
" Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone <u>Mrs. M<sup>rs</sup> Annie Alderson</u>	25
Telegraph	.....
Number of Carriages @ \$ _____	.....
Hearse	10.00
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....
<u>Short 10<sup>0</sup> column 2<sup>0</sup> be 1<sup>00</sup></u>	2.70

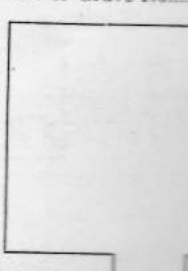
NAMES OF NEWSPAPERS	
Flowers	12.50
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	2.50
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
Total Footing of Bill	527.95
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....

Total Debit \$ \_\_\_\_\_  
Nov. 7.3 Credits ch. 527.95

No. \_\_\_\_\_  
 Name of the Deceased \_\_\_\_\_  
 Charge to Att

How Secured \_\_\_\_\_  
 Date of Funeral \_\_\_\_\_  
 Place of Death \_\_\_\_\_  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death \_\_\_\_\_  
 Occupation of the Deceased \_\_\_\_\_  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_

Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin \_\_\_\_\_  
 Manufactured by \_\_\_\_\_  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at \_\_\_\_\_ Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_

QUILL M 7-28200

# Record of Funeral

1922 19  
Color *W*

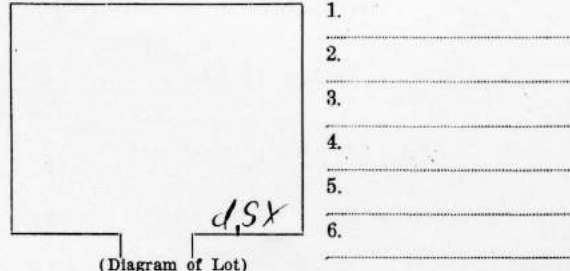
No. \_\_\_\_\_ Date *Oct 19-1922* 19  
Name of the Deceased *Herman Richard Schmiedke M.* Color *W*  
Charge to *Ette Schmiedke* Order given by \_\_\_\_\_

CHARGES	
.....	\$ 375.00
.....	110.00
.....	15.00
.....	25
.....	10.00
.....	2.70
.....	12.50
.....	2.50
.....	527.95
.....	527.95

How Secured \_\_\_\_\_  
 Date of Funeral *Oct 20-1922*  
 Place of Death *Home*  
 Funeral Services at \_\_\_\_\_  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death \_\_\_\_\_  
 Date of Death *Oct 19-1922*  
 Occupation of the Deceased *Child*  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, *4* Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin *White Lamb*  
 Manufactured by *Imperial*  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at *Herman Lutheran* Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 15.00
“ Metallic Lining	.....
“ Outside Box	.....
“ Grave Vault	.....
“ Burial Robe	.....
“ Burial Slippers and Hose	.....
Engraving Plate	.....
Embalming Body (with _____ Fluid)	.....
Washing and Dressing	.....
Shaving	.....
Disinfecting Rooms	.....
Use of Catafalque and Drapery	.....
Use of Folding Chairs	.....
Use of Candelabrum	.....
Candles	.....
Gloves	.....
Crepe	.....
Telephone	.....
Telegraph	.....
Number of Carriages @ \$	.....
Hearse	.....
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....

NAMES OF NEWSPAPERS	
Flowers	.....
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....
Total Footing of Bill	15.00
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_

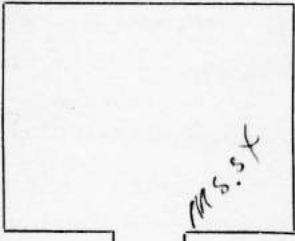
NAMES OF PALLBEARERS \_\_\_\_\_

Total Debit	\$	.....
Nov. 4	Credits	<i>By Ch.</i> 15.00

# Record of Funeral

No. \_\_\_\_\_ Date Oct. 24-1922 19\_\_\_\_  
 Name of the Deceased Leonard Lee Jeschke Sex \_\_\_\_\_ Color \_\_\_\_\_  
 Charge to Emil Jeschke Order given by \_\_\_\_\_

How Secured \_\_\_\_\_  
 Date of Funeral Oct 24-1922  
 Place of Death Home  
 Funeral Services at Home  
 Time of Funeral Services 1.0 P.  
 Clergyman \_\_\_\_\_  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Expiration Pneumonia  
 Date of Death Oct. 23-1922  
 Occupation of the Deceased Chell  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged \_\_\_\_\_ Years, \_\_\_\_\_ Months, 6 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother Ida Hopkins  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin White Pine  
 Manufactured by Emaha Casket Co.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at M. Olive Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: \_\_\_\_\_  
 \_\_\_\_\_

NAMES OF PALLBEARERS \_\_\_\_\_  
 \_\_\_\_\_

### ITEMIZED CHARGES

Price of Casket or Coffin	.....	\$	<u>20.00</u>
“ Metallic Lining	.....		
“ Outside Box	.....		
“ Grave Vault	.....		
“ Burial Robe	.....		
“ Burial Slippers and Hose	.....		
Engraving Plate	.....		
Embalming Body (with _____ Fluid)	.....		
Washing and Dressing	.....		
Shaving	.....		
Disinfecting Rooms	.....		
Use of Catafalque and Drapery	.....		
Use of Folding Chairs	.....		
Use of Candelabrum	.....		
Candles	.....		
Gloves	.....		
Crepe	.....		
Telephone	.....		
Telegraph	.....		
Number of Carriages @ \$ _____	.....		
Hearse	.....		
Wagon Deliveries	.....		
Death Notices in _____ Newspapers	.....		

### NAMES OF NEWSPAPERS

Flowers	.....		
Outlay for Lot	.....		
Opening Grave	.....		
Lining Grave	.....		
Shipping Charges, prepaid	.....		
Removal Charges	.....		
Cremation Charges	.....		

Total Footing of Bill	.....		
By Amount Paid in Advance	.....		<u>20.00</u>
Balance	.....		
Entered into Ledger, page _____ or below	.....		
Total Debit	.....	\$	

No. 7 Credits By cash 20.00

QUILL M 7-28200

# Record of Funeral

4-1927 19  
Color

No. \_\_\_\_\_ Date Nov. 12 1927  
Name of the Deceased Sarah Ann Goacher Sex F Color W  
Charge to Family Order given by \_\_\_\_\_

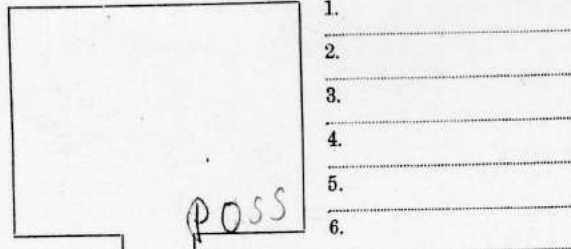
ED CHARGES	
and Hose	
Fluid)	
Drapery	
@ \$	
Newspapers	
NEWSPAPERS	
paid	
dvance	<u>20.00</u>
page or below	
\$	
By cash	<u>20.00</u>

How Secured \_\_\_\_\_  
 Date of Funeral Nov. 12-1927  
 Place of Death Troy Mass  
 Funeral Services at E. F. Hall Parlors  
 Time of Funeral Services \_\_\_\_\_  
 Clergyman Rev. Campbell  
 Certifying Physician \_\_\_\_\_  
 His Residence \_\_\_\_\_  
 Number of Burial Certificate \_\_\_\_\_  
 Cause of Death Electrocuted (Tire wire)  
 Date of Death Nov. 11-1927  
 Occupation of the Deceased Housewife  
 Single, Married, Divorced \_\_\_\_\_ Religion \_\_\_\_\_  
 Aged 72 Years, 4 Months, 21 Days  
 Birth Place \_\_\_\_\_  
 Father \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birth Place \_\_\_\_\_  
 Name of Husband \_\_\_\_\_  
 Name of Wife \_\_\_\_\_  
 Informant \_\_\_\_\_  
 Address \_\_\_\_\_  
 Body to be shipped to \_\_\_\_\_  
 Size and Style of Casket or Coffin Dark Crepe  
 Manufactured by Ret Art.  
 Metallic Lining \_\_\_\_\_  
 Outside Box \_\_\_\_\_  
 Number of Handles \_\_\_\_\_  
 Interment at Moray Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ <u>75.00</u>
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	<u>15.00</u>
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	<u>10.00</u>
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	
By Amount Paid in Advance	
Balance	<u>100.00</u>
Entered into Ledger, page _____ or below	
Total Debit	\$ _____
1923	
McK 2 Credits	<u>cash 100.00</u>



(Diagram of Lot)  
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).  
 Designate place for Monument with a small square (□).  
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: Daughter Mrs Clara King  
Highland

NAMES OF PALLBEARERS \_\_\_\_\_