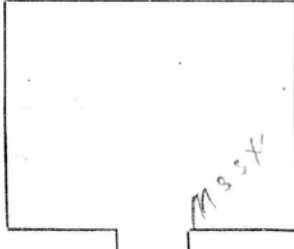


Record of Funeral

No. _____ Date Nov. 18 - 1922 19____
 Name of the Deceased Gordon Walker Nitz Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Nov. 17 - 1922
 Place of Death S.E. of Proj
 Funeral Services at Home
 Time of Funeral Services 3 P.M.
 Clergyman Rev. Campbell
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Nov. 18 - 1922
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years _____ Months 4 Days
 Birth Place _____
 Father Oliver Nitz
 Birth Place _____
 Maiden Name of Mother Emma Dubach
 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 Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(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 _____

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	- - - - -		

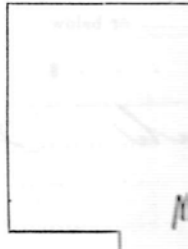
Total Footing of Bill	- - - - -	20.00
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	
Total Debit	- - - - -	\$

See 11-22 Credits cash 20.00

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 69 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 _____

7-28200

Record of Funeral

18-1922 19
Color *W*

No. _____ Date *Nov. 20-1922* 19
Name of the Deceased *Samuel James Finucane* Sex *M.* Color *W*
Charge to *Estate* Order given by _____

UNITEMIZED CHARGES

How Secured	
Date of Funeral	<i>Nov. 20-1922</i>
Place of Death	<i>Home Troy Mass</i>
Funeral Services at	<i>Catholic Church Troy</i>
Time of Funeral Services	<i>10 P.M.</i>
Clergyman	<i>Father Adrien</i>
Certifying Physician	<i>Dr. Cardoner</i>
His Residence	<i>Troy Ms</i>
Number of Burial Certificate	
Cause of Death	
Date of Death	<i>Nov. 17-1922</i>
Occupation of the Deceased	<i>Farmer</i>
Single, Married, Divorced	Religion
Aged <i>69</i> Years, <i>11</i> Months, <i>27</i> Days	
Birth Place	<i>Ireland (County Cork)</i>
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	<i>Cork State #27</i>
Manufactured by	<i>Dea. Homes</i>
Metallic Lining	
Outside Box	
Number of Handles	
Interment at	<i>St. Olive</i> Cemetery
Lot or Grave No.	Section No.
<div style="border: 1px solid black; width: 150px; height: 100px; margin: 10px auto; display: flex; align-items: center; justify-content: center;">Mdm. Sx</div>	
(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

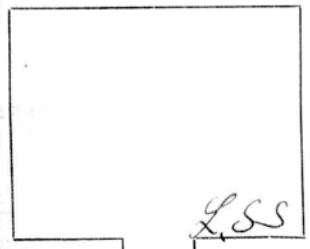
Price of Casket or Coffin	\$	<i>240.00</i>
“ Metallic Lining		
“ Outside Box		
“ Grave Vault		
“ Burial Robe		
“ Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)	\$	<i>15.00</i>
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		<i>15.00</i>
Wagon Deliveries		
Death Notices in _____ Newspapers		
NAMES OF NEWSPAPERS		
Flowers - <i>Ribbons</i>		<i>10.00</i>
Outlay for Lot		
Opening Grave		
Lining Grave		<i>4.50</i>
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		<i>2.50</i>
Total Footing of Bill		<i>287.00</i>
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit	\$	
Credits		
<i>Nov. 27</i>	<i>Chk.</i>	<i>287.00</i>

NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date Nov. 24 1927
 Name of the Deceased Infant of Mrs. Mabel W. Thomas Sex M Color R
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Nov. 24 - 1927
 Place of Death Wyo. Kansas
 Funeral Services at None
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Premature Birth
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, _____ Months, _____ Days
 Birth Place _____
 Father Ed. W. Thomas
 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 Les. Homes
 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	- - - - -	\$	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	- - - - -	
Total Debit	- - - - -	\$

Nov. 24 Credits ch. 15.00

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 7.8
 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)

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 _____

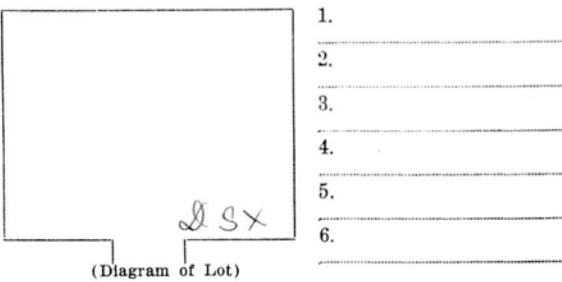
Record of Funeral

No. _____ Date December 6 1922
 Name of the Deceased Margaret Schlessinger Turk Sex F Color W
 Charge to _____ Order given by _____

How Secured Order By Mrs. Nair
 Date of Funeral Dec 6 - 1922
 Place of Death Kansas City, Mo.
 Funeral Services at M.E. Church
 Time of Funeral Services 1:30 P.M.
 Clergyman Rev. Campbell
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Dec 3 - 1922
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 78 Years, 5 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 Belk. Crepe
 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 <u>1</u> @ \$ <u>3.50</u>	✓	<u>3.50</u>
Hearses	✓	<u>15.00</u>
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	
<u>Personal services</u>	✓	<u>5.00</u>

NAMES OF NEWSPAPERS		
Flowers	- - - -	
Outlay for Lot	- - - -	
Opening Grave	- - - -	<u>7.00</u>
Lining Grave	- - - -	
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	
Total Footing of Bill	- - - -	<u>30.50</u>
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: _____

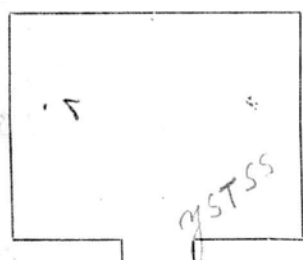
1922
 Color W
 RGES
 \$ 15.00
 Fluid)
 \$
 pers
 RS
 or below
 \$
15.00
15.00

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Record of Funeral

No. _____ Date Dec 16 1922
 Name of the Deceased Robert W. Sparks Sex M Color W
 Charge to Estate Order given by _____

How Secured _____
 Date of Funeral Dec 17 1922
 Place of Death 2 1/2 Miles East of Frederick
 Funeral Services at Christ Ch. Sparks Rd
 Time of Funeral Services 1:30
 Clergyman Rev. Ruamley
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Dec 16 1922
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 75 Years, 10 Months, 26 Days
 Birth Place Greensburg Ky
 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 W B.C.
1/2 Couch grey lining
 Manufactured by Daterville
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. John Cemetery (Cemetery)
 Lot or Grave No. _____ Section No. Sparks Rd



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	\$ 255.00
“ Metallic Lining	.....
“ Outside Box	.....
“ Grave Vault	.....
“ Burial Robe	75.00
“ 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

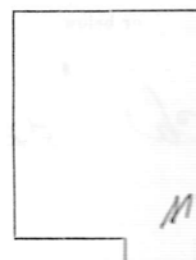
Flowers	12.50
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....

Total Footing of Bill	322.50
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....

Total Debit \$ _____
 Credits By Ch 322.50
Jan 20 1923

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 _____
Couch
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 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 _____

7-28208

Record of Funeral

-1922 19
Color *W*

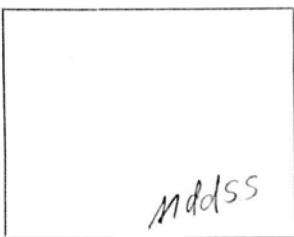
No. _____ Date *Dec 28-1922* 19
Name of the Deceased *Admiral Earl Cornell* Sex *F* Color *W*
Charge to *John (Jack) Cornell* Order given by _____

CHARGES	
Fluid)	2.55 00
	7.50 00
	15.00
	15.00
	12.50
	322.50
or below	
	322.50

How Secured _____
 Date of Funeral *Dec 29-1922*
 Place of Death *West of Sparks*
 Funeral Services at *Christ Church Sparks*
 Time of Funeral Services *1.30 P.M.*
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death *P.B.*
 Date of Death *Dec. 27-1922*
 Occupation of the Deceased *Housewife*
 Single, Married, Divorced _____ Religion _____
 Aged *32* Years, *9* Months, *18* Days
 Birth Place *Barber, Kans*
 Father *John Henry Sparks*
 Birth Place _____
 Maiden Name of Mother *Cora Blain*
 Birth Place _____
 Name of Husband *John (Jack) Cornell*
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin *Grey Plush 4 1/2*
Couch
 Manufactured by *Imperial*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *Walter Sparks* Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin	1.85 00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	30 00
" Burial Slippers and Hose <i>Hose</i>	1 00
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	
<i>Care of body no emb. 2 trips</i>	8 00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	239 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: _____

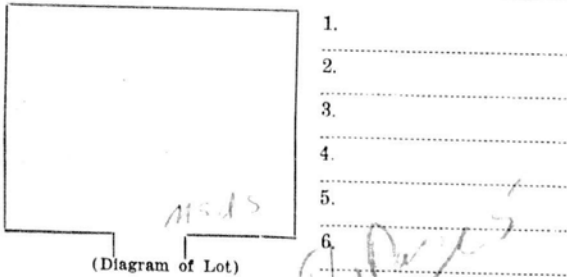
NAMES OF PALLBEARERS: _____

Record of Funeral

No. _____ Date Jan 27 1923
Name of the Deceased Elie Lucile Goodwin Sex F Color H
Charge to Ed. Goodwin Order given by _____

How Secured _____
Date of Funeral Jan 28 1923
Place of Death Troy Mass
Funeral Services at Home
Time of Funeral Services 7 P.M.
Clergyman Rev. Stanborough
Certifying Physician Dr. Waller
His Residence Troy Ms
Number of Burial Certificate _____
Cause of Death _____
Date of Death Jan 27 1923
Occupation of the Deceased Child
Single, Married, Divorced _____ Religion _____
Aged _____ Years, 5 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 White Sand.
Manufactured by Imperial Casket Co
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	\$	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 _____
Entered into Ledger, page _____ or below _____

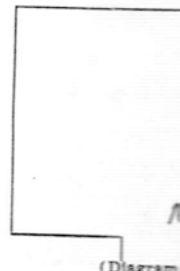
Total Debit _____ \$ _____

Credits _____

No. _____
Name of the Decedent _____
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 _____
Aged 54 _____
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 Sand
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 _____

7-26236

Record of Funeral

1923
Color *H*

No. _____ Date *Jan. Feb. 1* 19*23*
Name of the Deceased *Emma Augusta Schmelz* Sex *F* Color *H*
Charge to _____ Order given by _____

CHARGES	\$	20.00
Fluid)		
papers		
ERS		
or below		
	\$	20.00

How Secured _____
 Date of Funeral _____
 Place of Death *N.M. of Mathena (Home)*
 Funeral Services at *Home*
 Time of Funeral Services *7:30 P.M.*
 Clergyman *Rev. Daiglow*
 Certifying Physician *Dr. Cardon*
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death *Apoplexy*
 Date of Death *Feb. 1-1923*
 Occupation of the Deceased *Housewife*
 Single, Married, Divorced _____ Religion _____
 Aged *54* Years, _____ 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 *Reg. Push*
half couch
 Manufactured by *Imperial*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *Belmont Mathena* Cemetery
 Lot or Grave No. _____ Section No. _____

MGLSS

(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	\$ 185.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe <i>dress</i>	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	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	225.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

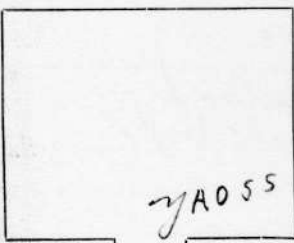
Total Debit	\$	
<i>1923</i>		
<i>March 10</i>	Credits <i>By Ch.</i>	225.00

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Jan Feb. 3-1923
 Name of the Deceased Mary Francis Fetter Sex F Color B
 Charge to _____ Order given by _____

How Secured By Albert Meigand
 Date of Funeral Feb. 6-1923
 Place of Death Waltham, Mass.
 Funeral Services at Home of Chas. Fetter
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Juddler
 Certifying Physician F. G. Thompson
 His Residence 9th & Charles St. Joseph
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Feb. 3-1923
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 73 Years, 4 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 Metallic Seal
Silver Finish
 Manufactured by Abernathy
 Metallic Lining _____
 Outside Box Cault
 Number of Handles _____
 Interment at Belmont-Waltham 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	\$ 2.50 ⁰⁰
" Metallic Lining	.....
" Outside Box	.....
" Grave Vault	1.10 ⁰⁰
" Burial Robe	.....
" 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 @ \$ _____	1.00 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	.....

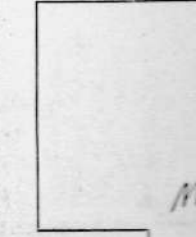
Total Footing of Bill	485.00
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....

Total Debit		\$
1923		
Feb. 27	Credits	409.18
" 27	Ch.	75.82
		485.00

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 27 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 _____
B.C. 1/2
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 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: Bo
642

NAMES OF PALLBEARERS _____

Record of Funeral

3-1923
Color *W*

No. _____ Date *Feb. 7-1923* 19
Name of the Deceased *Gertrude Marr* Sex *F* Color *W*
Charge to _____ Order given by _____

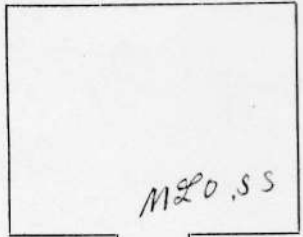
CHARGES	
How Secured	\$ 2.50 ⁰⁰
Date of Funeral	
Place of Death	
Funeral Services at	11.00 ⁰⁰
Time of Funeral Services	
Clergyman	
Certifying Physician	
His Residence	
Number of Burial Certificate	
Cause of Death	
Date of Death	
Occupation of the Deceased	
Single, Married, Divorced	
Religion	
Aged	
Years	
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	
Lot or Grave No.	
Section No.	
Cemetery	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	200.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page	
or below	
Total Debit	
Credits	
Cash	50.00
Light Draft	150.00
Remarks	
Names of Pallbearers	

How Secured _____
 Date of Funeral _____
 Place of Death *Troy Kansas*
 Funeral Services at *Warrensburg Mo.*
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician *Dr. Cordonier*
 His Residence *Troy Kansas*
 Number of Burial Certificate _____
 Cause of Death *Lobar Pneumonia*
 Date of Death *Feb. 7-1923*
 Occupation of the Deceased *Housewife*
 Single, Married, Divorced _____ Religion _____
 Aged *27* Years, *11* Months, *24* 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	\$ 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	

Address _____
 Body to be shipped to *Warrensburg Mo.*
 Size and Style of Casket or Coffin *Steel Tray*
B.C. 1/2 Couch
 Manufactured by *Des Moines Casket Co.*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *Body shipped to* Cemetery _____
 Lot or Grave No. *Warrensburg Mo.* Section No. _____

NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	200.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page	
or below	
Total Debit	
Credits	
Cash	50.00
Light Draft	150.00
Remarks	
Names of Pallbearers	



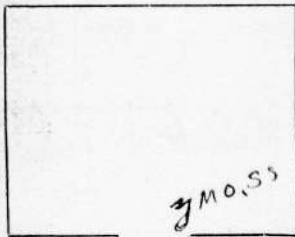
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.
 Remarks: *Body shipped Feb. 8-1923 on 642 G.S.*

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Feb. 10-1973 19__
 Name of the Deceased Albert Oscar Subach Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Feb. 11-1973
 Place of Death Home S.E. of Troy
 Funeral Services at M.E. Church Troy
 Time of Funeral Services 2:30 P.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Cardone
 His Residence Troy, Tenn
 Number of Burial Certificate _____
 Cause of Death accidental fall out of tree
 Date of Death Feb. 8-1973
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 67 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 Impiered Gro
cab. Shrugre oval Shrow
 Manufactured by Dea Nomes
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. 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	\$ 250.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	250.00
“ 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	1.50

NAMES OF NEWSPAPERS

Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	2.50
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
<u>Red lumber</u>	2.00

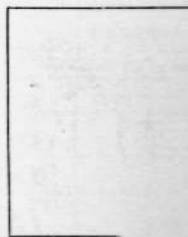
Total Footing of Bill	306.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit		\$ _____
1973		
Feb. 28	Credits Cash	50.00
Sept 10	“	25.00
Nov 24	“	75.00
Nov 6-25	“	100.00
Jan 12-1976	“	40.00
April 8-1977	check	16.00
		\$ 306.00

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 41
 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 or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 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 7-23200

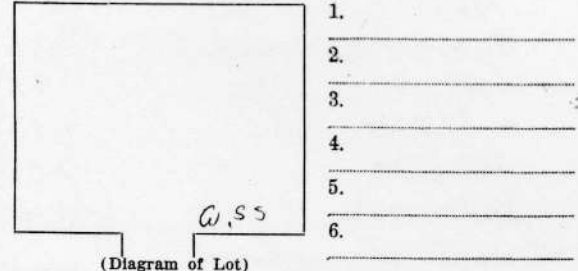
Record of Funeral

0-1973 19
Color *W*

No. _____ Date *Feb. 10-1973* 19
Name of the Deceased *Margaret Shellina Dykert* Sex *F* Color *W*
Charge to _____ Order given by _____

CHARGES	
	\$ 250.00
	250.00
Fluid)	15.00
	10.00
papers	1.50
PERS	
	2.50
X	2.00
	306.00
or below	
	50.00
	25.00
	75.00
	100.00
	40.00
ck	16.00
	306.00

How Secured _____
 Date of Funeral *Feb. 11-1973*
 Place of Death *Popokan Hall*
 Funeral Services at *Christian Church Prog.*
 Time of Funeral Services *11 AM*
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death *Lobar Pneumonia*
 Date of Death *Feb. 8-1973*
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged *41* Years, *9* Months, *18* 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 had Casket*
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *St. 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: *Shipped by Scheleberg & Son of Popokan*

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 <i>to train + funeral</i>	15.00
Wagon Deliveries <i>Box to Cemetery</i>	1.00
Death Notices in _____ Newspapers	

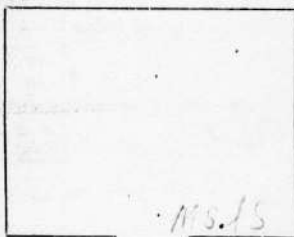
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	7.50
Shipping Charges, prepaid	
Removal Charges	
Cremaation Charges	
<i>Funeral services</i>	5.00
Total Footing of Bill	23.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit \$ _____
 1973
 May 16 Credits *Check* 23.50

Record of Funeral

No. _____ Date Feb. 14 - 1923 19____
 Name of the Deceased Leslie Robert Niles Sex M. Color W
 Charge to W. H. Niles Order given by _____

How Secured _____
 Date of Funeral Feb. 15 - 1923
 Place of Death West of Troy
 Funeral Services at Home
 Time of Funeral Services 1 P.M.
 Clergyman Rev. Stanbrough
 Certifying Physician Dr. Hallie
 His Residence Troy, Kan.
 Number of Burial Certificate _____
 Cause of Death Lobar Pneumonia
 Date of Death Feb. 14 - 1923
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, _____ Months, 18 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 Panel
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at McClure 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	- - - - -		

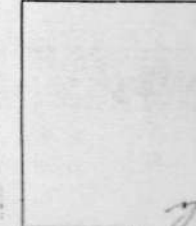
Total Footing of Bill	- - - - -	20.00
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below		
Total Debit	- - - - -	\$

Feb. 17 Credits By Ch. 20.00

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 69 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 half Co.
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Ca Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram)

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

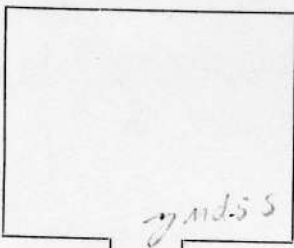
Record of Funeral

-1923
Color *W* 19

No. _____ Date *Feb. 21-1923* 19
Name of the Deceased *Eliza Jane Large* Sex _____ Color _____
Charge to _____ Order given by _____

How Secured	\$ 20.00
Hose	
Fluid	
Carriage	
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	
Total Debit	
Credits	20.00

How Secured _____
 Date of Funeral *Feb. 22-1923*
 Place of Death *N.E. of Troy*
 Funeral Services at *Home*
 Time of Funeral Services *1 P.M.*
 Clergyman *Rev. Stanborough*
 Certifying Physician *Dr. Duismore*
 His Residence *Troy, Kans*
 Number of Burial Certificate _____
 Cause of Death *Tuberculosis*
 Date of Death *Feb. 20-1923*
 Occupation of the Deceased *Housewife*
 Single, Married, Divorced _____ Religion _____
 Aged *69* Years, _____ Months, *18* 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, half Couch silver finish*
 Manufactured by *Hill - Abernathy*
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *Carster* 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	\$ 3.00.00
" 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

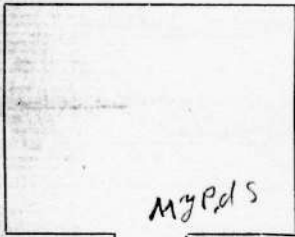
Flowers	5.00	565
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		330.65
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

Total Debit _____ \$
 1923
 Credits *Ch* 330.65

Record of Funeral

No. _____ Date Feb. 23 1923 19
 Name of the Deceased Margaret Fogelson Sex F. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Feb. 24 - 1923
 Place of Death South of Troy
 Funeral Services at Home
 Time of Funeral Services 2 P
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Lobar Pneumonia
 Date of Death Feb. 22 - 1923
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 89 Years, 3 Months, 11 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 Burned
half Court
 Manufactured by Abernathy
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Cordover Cemetery
 Lot or Grave No. _____ Section No. _____



(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 _____

ITEMIZED CHARGES

Price of Casket or Coffin	175.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe	20.00
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	
Washing and Dressing <u>a car</u>	8.00
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	12.50
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS

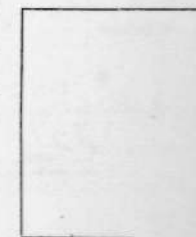
Flowers	10.65
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	226.15
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit 1922 \$
Feb. 27 Credits ch. 226.15

No. _____
 Name of the Deceased _____
 Charge to _____

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 30 Years, _____ Months, _____ Days
 Birth Place _____
 Father Jake
 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)

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 _____

ORVILLE M 7-23200

Record of Funeral

3-1973 19
Color *W*

No. _____ Date *Feb. 24-1973* 19_____
Name of the Deceased *Elmer Roy Hudson* Sex _____ Color _____
Charge to *Jake Hudson* Order given by _____

CHARGES	
	\$ 175.00
	20.00
Fluid)	8.00
	17.50
PERS	10.65
	226.15
or below	
	226.15

How Secured _____
Date of Funeral *Feb. 25-1973*
Place of Death *St. Joseph Mo.*
Funeral Services at *Christian Church Troy*
Time of Funeral Services *2:30 P.*
Clergyman *Rev. Stanbrough*
Certifying Physician *W. P. Timmerman Crown*
His Residence *St. Joseph Mo.*
Number of Burial Certificate _____
Cause of Death *Auto accident*
Date of Death *Feb. 22-1973*
Occupation of the Deceased *Farmer*
Single, Married, Divorced _____ Religion _____
Aged *30* Years, *1* Months, *13* Days
Birth Place _____
Father *Jake Hudson*
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*
Uplini standing frame
Manufactured by _____
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *St. Clinic* Cemetery
Lot or Grave No. _____ Section No. _____

a. 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	\$
“ 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 <i>Rs train & funeral</i>	15.00
Wagon Deliveries <i>Box to Court.</i>	1.00
Death Notices in _____ Newspapers	
<i>Personal services</i>	5.00
NAMES OF NEWSPAPERS	
Flowers <i>5.00 bl. & r. 2.5</i>	5.25
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	28.75
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$
<i>1973</i>	
<i>Nov. 1</i> Credits <i>By Ch.</i>	28.75

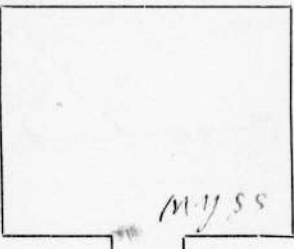
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Feb. 27-1973 19__
 Name of the Deceased Oliver F. Alford Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Feb. 27-1973
 Place of Death Rush City, Minnesota
 Funeral Services at Baptist Church Troy
 Time of Funeral Services 7:30 P.M.
 Clergyman Rev. Hanbrough
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Feb. 24-1973
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 53 Years, 6 Months, 12 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 Rush
half casket
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olaf 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 from Minnesota

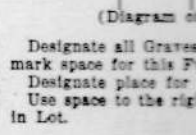
NAMES OF PALLBEARERS _____

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 Wagon & Funeral</u>		15.00
Wagon Deliveries <u>Bot. Cement</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		
<u>Funeral service</u>		10.00
Total Footing of Bill		28.50
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

Total Debit		
1973		
Feb 27	Credits <u>cash</u>	28.50

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 69
 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: _____

QUILL 7-28200

Record of Funeral

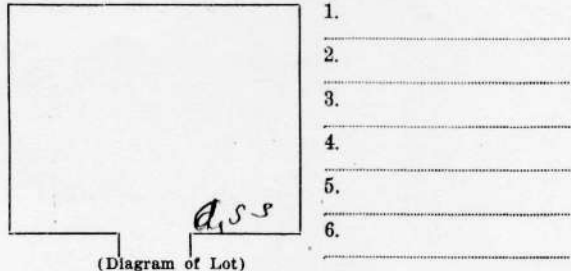
-1973
Color *W*

No. _____ Date Feb. 28 - 1973
Name of the Deceased Mrs. Ellen Bowerman Sex F Color W

Charge to _____ Order given by _____

CHARGES	
Hose	
Fluid)	
Embalming	15 00
Casket	1 00
Newspapers	
PAPERS	
	2 50
	10 00
	28 50
or below	
	28 50

How Secured _____
 Date of Funeral Feb. 28 - 1973
 Place of Death St. Joseph Mo.
 Funeral Services at Christ. Church Troy
 Time of Funeral Services 1:30 P.
 Clergyman Rev. Stanborough
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Feb. 26 - 1973
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 69 Years, 5 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 Broad Cloth
Elpster Steel
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. Deane 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

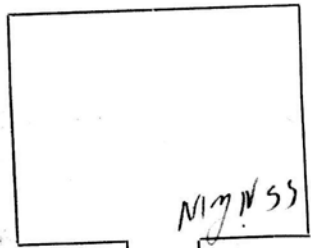
Price of Casket or Coffin		\$
" Metallic Lining		
" Outside Box		
" Grave Vault		
" Burial Robe		
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages		
Hearse <u>to Mass & funeral</u>	15 00	
Wagon Deliveries <u>to and from the Cemt.</u>	1 00	
Death Notices in _____ Newspapers		
<u>Personal services</u>	5 00	
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave	2 50	
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill	23 50	
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$
<u>1973</u>		
<u>March 2</u> Credits <u>By cash</u>	23 50	

Record of Funeral

No. _____ Date Feb. 28-1923 19____
 Name of the Deceased Mary Elizabeth Wilson Elmore Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral March 1-1923
 Place of Death Home May Kent
 Funeral Services at Home
 Time of Funeral Services 2 P.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Candomin
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Feb. 27-1923
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 74 Years, 10 Months, 12 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 Burmah
Half Couch
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Anne's 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
“ 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 @ \$ _____		10.00
Hearse		
Wagon Deliveries		1.50
Death Notices in _____ Newspapers		

NAMES OF NEWSPAPERS		
Flowers		10.25
Outlay for Lot		
Opening Grave		2.50
Lining Grave		
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
<u>Gravestone</u>		2.00
Total Footing of Bill		21.625
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below _____		

Total Debit		
1923		
March 5 Credits	<u>Ch</u>	78.32
	<u>Ch</u>	80.77
	<u>Cash</u>	57.16
		<u>21.625</u>

No. _____
 Name of the Deceased _____
 Charge to _____
 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 _____
 Aged 66 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 _____ Cemetery
 Lot or Grave No. _____ Section No. _____

Designate 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

1923
Color W

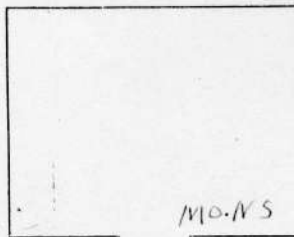
No. _____ Date March 14 1923
Name of the Deceased Mrs. Anna J. Furusund Sex F Color W
Charge to Estate Order given by _____

CHARGES	
How Secured	\$ 175.00
Hose	
Fluid	15.00
Carriage	
Newspapers	1.50
Flowers	10.75
Outlay for Lot	2.50
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	200
By Amount Paid in Advance	216.25
Balance	
Entered into Ledger, page _____ or below _____	

Date of Funeral March 14 1923
 Place of Death John Ollson
 Funeral Services at John Ollson
 Time of Funeral Services _____
 Clergyman Father Adrien
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Paralysis
 Date of Death March 11 1923
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 66 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 Plain Oak St.
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Anne's 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 home & cemetery</u>	15.00
Wagon Deliveries <u>to cemetery</u>	10.00
Death Notices in _____ Newspapers	
<u>Personal services</u>	10.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	4.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges <u>not buried</u>	2.50
Total Footing of Bill	33.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	

78.32
 80.77
 57.16
 216.25



(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.

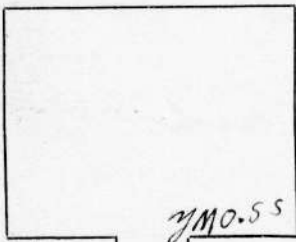
Remarks: _____

NAMES OF PALLBEARERS: _____

Record of Funeral

No. _____ Date March 29 1923
 Name of the Deceased Myrtle May Large Sex F Color R
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral March 30-1923
 Place of Death N.E. of Mo.
 Funeral Services at Home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Stanbrough
 Certifying Physician Dr. Denmark
 His Residence Brook No.
 Number of Burial Certificate _____
 Cause of Death P. B. of Lung
 Date of Death March 28-1923
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 33 Years, 10 Months, 21 Days
 Birth Place _____
 Father Geo. Large
 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
half Couch (Steel)
 Manufactured by Evans Chemically
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Courter 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	\$ 300.00
“ Metallic Lining	.....
“ Outside Box	.....
“ Grave Vault	.....
“ Burial Robe	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	10.00
Wagon Deliveries	.....
Death Notices in _____ Newspapers	.....

NAMES OF NEWSPAPERS

Flowers <u>500 lot + Exp 65</u>	5.65
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....

Total Footing of Bill	350.65
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....

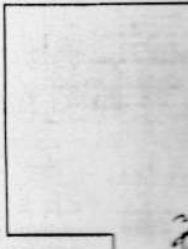
1923 Total Debit \$ _____

May 29 Credits ck by J. S. Norma 350.65

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death 5-1
 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 P. J. G.
 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 _____
2-6
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Pay
 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

29 1923
Color W

No. _____ Date March 29 1923
 Name of the Deceased Robt. Junior Buntin Sex _____ Color _____
 Charge to _____ Order given by _____

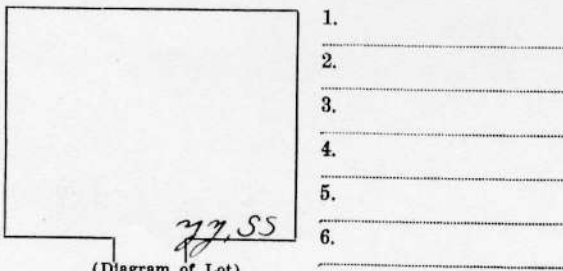
CHARGES	
300.00	
20.00	
Fluid) 15.00	
10.00	
5.65	
350.65	
or below	
Normal 350.65	

How Secured _____
 Date of Funeral March 30-1923
 Place of Death 5 Mi North of Blair
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Lobar Pneumonia
 Date of Death March 29-1923
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged 1 Years, 5 Months, 17 Days
 Birth Place _____
 Father R. J. Buntin
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to Ridgeway Mo.
 Size and Style of Casket or Coffin White Sand 2-6
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Ridgeway Mo. Cemetery
 Lot or Grave No. _____ Section No. _____

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)	10.00
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	
By Amount Paid in Advance	
Balance	35.00
Entered into Ledger, page _____ or below	
Total Debit	\$
1923	
March 29 Credits <u>Cash</u>	35.00



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.

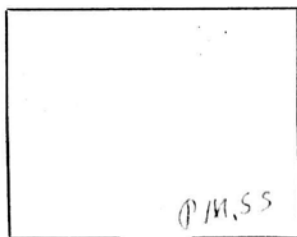
Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date April 10-1923 19____
 Name of the Deceased Nelson Loren Mitchell Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral April 11-1923
 Place of Death 2 mi South in Act. Burdena
 Funeral Services at Burdena
 Time of Funeral Services 11 AM
 Clergyman Rev. Styrre
 Certifying Physician Dr. Clutz
 His Residence Burdena
 Number of Burial Certificate _____
 Cause of Death Empyemic Pulmonary
 Date of Death April 9-1923
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 36 Years, 7 Months, 11 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 Moray 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 Father in Law T.S. Clark
R.F.D. 2. Horton Kamm

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	.....

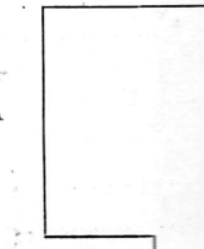
Total Footing of Bill	100.00
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....

Total Debit		\$
1923		
April 11	Credits SCOF Check	31.00
May 23	Ch. By Donphan Co	25.00
Aug 9	Ch. Mr. Mitchell	44.00
		100.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial _____
 Cause of Death _____
 Date of Death _____
 Occupation of the _____
 Single, Married, Divorced _____
 Aged 78 Years
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of _____
 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 M 7-28200

Record of Funeral

0-1923 19
Color W

No. _____ Date April 12 19 23
Name of the Deceased Elizabeth Jane Jackson Sex _____ Color _____
Charge to _____ Order given by _____

CHARGES

Casket	\$ 75.00
Hose	
Fluid	15.00
Flowers	10.00
Newspapers	
Palbearers	
Other	
Total	100.00

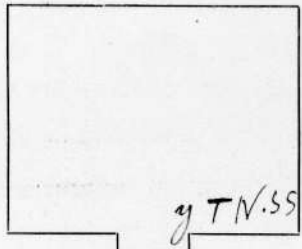
check 31.00
mylan 25.00
patches 44.00
100.00

How Secured _____
 Date of Funeral April 13-1923
 Place of Death South of Sparks
 Funeral Services at Home
 Time of Funeral Services 2:30
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death April 11-1923
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 78 Years, 8 Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Irwin Jackson
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Metallic Slab
 Manufactured by Belmont
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Sala Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 400.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	25.00
" Burial Slippers and Hose <u>hose</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 @ \$ _____	
Hearse	15.00
Wagon Deliveries	
Death Notices in _____ Newspapers	
NAMES OF NEWSPAPERS	
Flowers <u>5.00</u>	5.25
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	460.75
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Sept 10 1923 Credits by Note 460.75



(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

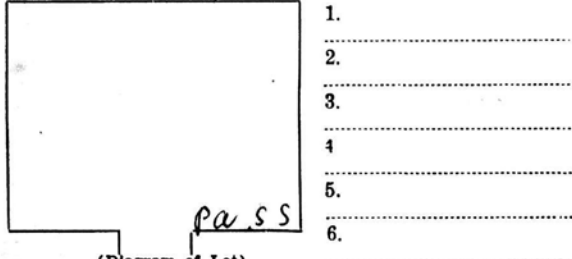
No. _____ Date April 18-1923 19____
 Name of the Deceased John Newton Malone Sex M Color W
 Charge to Estate Order given by Wm Hannon

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral April 20-1923
 Place of Death Home of Mrs Hannon - Troy
 Funeral Services at Beloit
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician Dr. Cordonner
 His Residence Troy, Mo.
 Number of Burial Certificate _____
 Cause of Death Cancer Stomach
 Date of Death April 17-1923
 Occupation of the Deceased Retired Farmer
 Single, Married, Divorced Married
 Aged 77 Years, 5 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 Beloit, Mo.
 Size and Style of Casket or Coffin Half Couch Gray Plain Burnish
 Manufactured by Imperial # 33 1/2
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Beloit Road 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)		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 @ \$ _____		15.00
Hearse		
Wagon Deliveries		
Death Notices in _____ Newspapers		
Phone to <u>J. D. Young</u>		1.45
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		
Shipping Charges, prepaid		
Removal Charges <u>Car fare + Transfer</u>		7.80
Cremation Charges		2.00
<u>sturt</u>		5.00
<u>he</u>		
Total Footing of Bill		226.75
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$ _____

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 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 or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 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. Car gone to J. D. Young 1.29
" Beloit 5.52
Transp. 1.00
7.81

May 1	Credits <u>Ch</u>	50.00
June 29	<u>Ch. By R. E. Hammett</u>	106.75
	<u>Dis. v. Cal</u>	70.00
		226.75

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 _____

QUILL # 7-28200

Record of Funeral

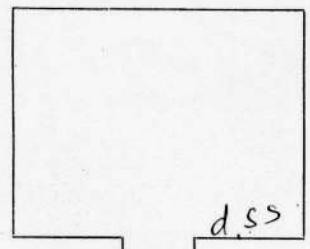
1923
 Color *W*

No. _____ Date *April 28* 19*23*
 Name of the Deceased *Nancy E. Berry* Sex *F* Color *W*
 Charge to _____ Order given by _____

CHARGES	
	\$ 175.00
Fluid	25.00
	15.00
	14.50
	7.80
	2.00
	50
	226.75
	50.00
	106.75
	70.00
	226.75

How Secured _____
 Date of Funeral *April 28-1923*
 Place of Death *Manhattan Park*
 Funeral Services at *M.E. Church*
 Time of Funeral Services *1 P.M.*
 Clergyman *Rev. Campbell*
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death *Cancer*
 Date of Death *April 25-1923*
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged *78* 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 *Octagon grey*
fresh
 Manufactured by *Imperial*
 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 <i>to train & funeral</i>	15.00
Wagon Deliveries <i>Port. to Cemetery</i>	1.00
Death Notices in _____ Newspapers	_____
<i>Personal service</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	21.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____
<i>1923</i>	_____
<i>Apr 28</i> Credits <i>ch.</i>	21.00



(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: _____

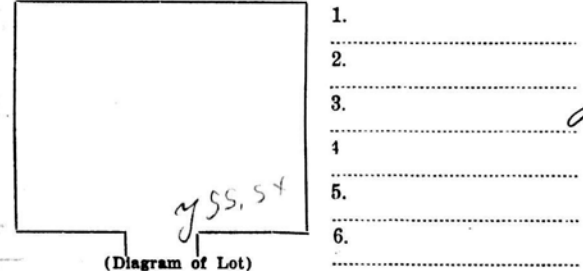
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date May 4 - 1923 19__
 Name of the Deceased Stallace Jewett Byers Sex M. Color R
 Charge to Estate Order given by _____

How Secured _____
 Date of Funeral May 5 - 1923
 Place of Death North of Troy
 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 Cancer of Throat
 Date of Death May 31 - 1923
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 68 Years, 5 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 Grey Plush
half couch 6-30
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M. Olive Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 185.00
“ 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 @ \$ _____	1.00
Hearse	“
Wagon Deliveries	“
Death Notices in _____ Newspapers	“
NAMES OF NEWSPAPERS	
Flowers	7.50
Outlay for Lot	“
Opening Grave	2.50
Lining Grave	“
Shipping Charges, prepaid	“
Removal Charges	“
Cremation Charges	“
Total Footing of Bill	335.00
By Amount Paid in Advance	“
Balance	“
Entered into Ledger, page _____ or below	“
Total Debit	\$ _____
1923	“
June 2	Credits <u>By Ch</u> 335.00



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 _____ 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. _____



NAMES OF PALLBEARERS _____

QUILL 7-28200

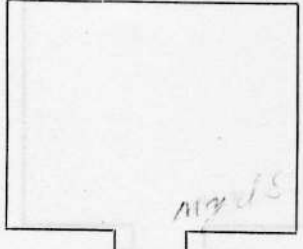
Record of Funeral

No. _____ Date May 10 1923
 Name of the Deceased Anna C Knight Sex _____ Color _____
 Charge to Geo Knight - St. Joseph Mo Order given by 725 Corby St.

EMERALD CHARGES	\$ 185.00
Hose	115.00
Fluid	15.00
Draperies	
Flowers	
Newspapers	10.00
COFFINS	7.50
Embalming	2.50
Other	
Total	335.00
Balance	
or below	
ch	335.00

How Secured _____
 Date of Funeral May 10 - 1923
 Place of Death St. Joseph Mo
 Funeral Services at Eagle Spring Mo
 Time of Funeral Services 2 PM
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Splenemia
 Date of Death May 8 - 1923
 Occupation of the Deceased Nurse
 Single, Married, Divorced _____ Religion _____
 Aged 38 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Geo Knight
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin 1/2 Case
Emb. velvet
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Sola Cemetery
 Lot or Grave No. _____ Section No. _____

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>2 trips</u>	25.00
Wagon Deliveries	
Death Notices in _____ Newspapers	
<u>Personal service</u>	10.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	2.50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	<u>373</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$
1923	
May 24 Credits <u>By Ch</u>	37.50



(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.

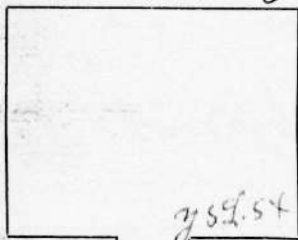
Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date May 21 1923
 Name of the Deceased Nuvia C. Noverson Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral May 22-1923
 Place of Death Royal Hospital - St Joe
 Funeral Services at Mary Chaffer
 Time of Funeral Services 2:30
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Past Disease
 Date of Death May 19 1923
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 40 Years, 1 Months, 15 Days
 Birth Place _____
 Father Frank Zimmerman
 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 Com. with top and state Imperial
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mary 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	\$ 2.75 ⁰⁰
“ Metallic Lining	.....
“ Outside Box	.....
“ Grave Vault	.....
“ Burial Robe	.....
“ Burial Slippers and Hose	.....
Engraving Plate <u>Fleming M. Hall</u>	.....
Embalming Body (with _____ Fluid)	2.50 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 <u>To St Joe + funeral by</u>	2.00 ⁰⁰
Wagon Deliveries	.....
Death Notices in _____ Newspapers	1.75

NAMES OF NEWSPAPERS

Flowers	7.50
Outlay for Lot	.....
Opening Grave	.....
Lining Grave	.....
Shipping Charges, prepaid	.....
Removal Charges	.....
Cremation Charges	.....

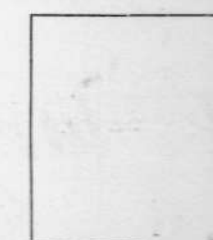
Total Footing of Bill	329.25
By Amount Paid in Advance	.....
Balance	.....
Entered into Ledger, page _____ or below	.....

Total Debit	\$
<u>1923</u>	.....
<u>May 26</u> Credits <u>By ch.</u>	329.25

No. _____
 Name of the Deceased _____
 Charge to Chaffer

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 Claud
 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 Co 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 _____

QUILL 7-28200

Record of Funeral

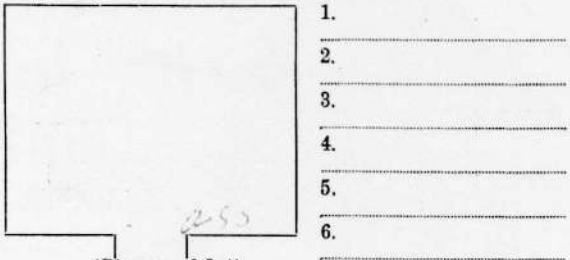
CHARGES	
	\$ 2.75 ⁰⁰
Fluid	25 ⁰⁰
	20 ⁰⁰
	17.5
	7.50
	329.25
	329.25

No. _____ Date May 22 1923
 Name of the Deceased Essie Mae Fern Thornton Sex F Color W
 Charge to Claud Thornton Order given by _____
Father

How Secured _____
 Date of Funeral May 23-1923
 Place of Death Sparks Ham
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death May 22 1923
 Occupation of the Deceased child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, 5 Months, 25 Days
 Birth Place _____
 Father Claud 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
2-0
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Center Cemetery
 Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 17.00
" 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	17.00
By Amount Paid in Advance	- - - -
Balance	- - - -
Entered into Ledger, page _____ or below	- - - -
Total Debit	\$ _____
Oct. 25 Credits <u>by Cash</u>	17.00



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: _____

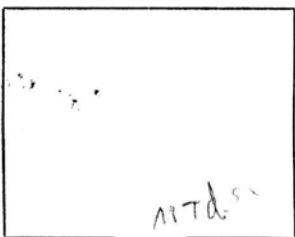
NAMES OF PALLBEARERS: _____

Record of Funeral

No. _____ Date May 31 - 1923
 Name of the Deceased Melissa Jane Schrab Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral June - 1 - 1923
 Place of Death Bendona, Kans
 Funeral Services at Bendona
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Storer
 Certifying Physician Dr. Clutz
 His Residence Bendona, Mo
 Number of Burial Certificate _____
 Cause of Death Cerebral Arteriosclerosis
 Date of Death May 30 - 1923
 Occupation of the Deceased House wife
 Single, Married, Divorced _____ Religion _____
 Aged 71 Years, 3 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 Permalactone half coach or Jasper velvet
 Manufactured by Midland Valley # 210
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Moray 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	\$ 180.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault <u>vault</u>	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	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	_____

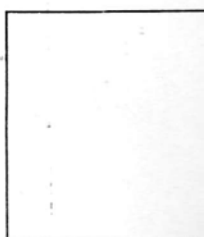
Total Footing of Bill	322.50
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit _____ \$
1923
June 19 Credits By Ch 322.50

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 _____ 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 M 7-28200

Record of Funeral

- 1923
Color W 19

No. _____ Date June 10 1923
Name of the Deceased Mrs Lena Ka Del Sex F Color W
Charge to _____ Order given by _____

CHARGES

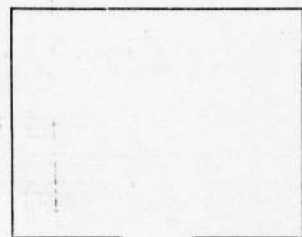
How Secured	\$ 180.00
Date of Funeral	June 10-1923
Place of Death	Severance, Ks
Funeral Services at	Severance, Ks
Time of Funeral Services	-
Clergyman	-
Certifying Physician	-
His Residence	-
Number of Burial Certificate	-
Cause of Death	Cerebral Degeneration
Date of Death	June 8-1923
Occupation of the Deceased	-
Single, Married, Divorced	-
Religion	-
Aged 52	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	Black B.C. Half Case
Manufactured by	-
Metallic Lining	-
Outside Box	-
Number of Handles	-
Interment at	St. Anne Cemetery
Lot or Grave No.	-
Section No.	-
Flowers	-
Outlay for Lot	-
Opening Grave	-
Lining Grave	-
Shipping Charges, prepaid	-
Removal Charges	-
Cremation Charges	-
Total Footing of Bill	10.00
By Amount Paid in Advance	-
Balance	-
Entered into Ledger, page	-
or below	-
Total Debit	\$ 322.50
Credits	10.00

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		
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	10.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page	
or below	
Total Debit	\$ 1923
Credits	10.00



(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.

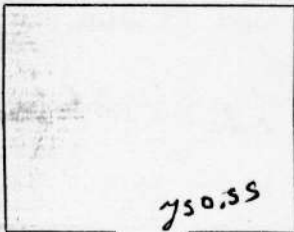
Remarks: _____

NAMES OF PALLBEARERS: _____

Record of Funeral

No. _____ Date June 21 1973
 Name of the Deceased Mellie Frances Zimmerman Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral June 21-1973
 Place of Death _____
 Funeral Services at Presb. Church
 Time of Funeral Services 2:30 P
 Clergyman Rev. Styer + Campbell
 Certifying Physician Dr. Hallett
 His Residence Brook St
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death June 19-1973
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 64 Years, 4 Months, 17 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Frank Zimmerman
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Round end
Sta to steel grey Jasper velvet
 Manufactured by Imperial #912
 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	\$ 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	10.00
Wagon Deliveries	_____
Death Notices in _____ Newspapers	1.75

NAMES OF NEWSPAPERS

Flowers <u>16.50 to 4 + 1.25</u>	16.75
Outlay for Lot	_____
Opening Grave	4.15
Lining Grave <u>Sheeting</u>	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges <u>Heavy led lumber</u>	2.05

Total Footing of Bill	324.70
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit _____
1973
June 21 Credits By Ch 324.70

No. _____
 Name of the Deceased _____
 Charge to E. R. G

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 78 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 M 7-28200

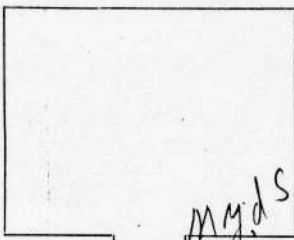
Record of Funeral

No. _____ Date June 27 1923
 Name of the Deceased John P. Clark Sex M. Color W.
 Charge to E. R. Sidenfaden Order given by E. R. Sidenfaden

CHARGES

Fluid	15.00
Flowers	1.75
Carriages	1.67.5
Trains	4.15
Other	2.05
Total	324.70

How Secured _____
 Date of Funeral _____
 Place of Death Mozy Ko
 Funeral Services at St. Joseph Mo
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Cerebral Hemorrhage
 Date of Death June 27-1923
 Occupation of the Deceased Merchant Grocery
 Single, Married, Divorced _____ Religion _____
 Aged 78 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 St. Joseph Mo
 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: _____

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)		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 <u>Express ticket</u>		2.01
Removal Charges	-	
Cremation Charges	-	

Total Footing of Bill		17.01
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		
Total Debit		\$

June 30 Credits Ch 17.01

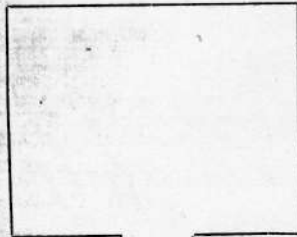
NAMES OF PALLBEARERS

Record of Funeral

Date July 14 - 19 1943

No. _____
Name of the Deceased John Downing Sex M Color W
Charge to _____ Order given by _____

How Secured _____
Date of Funeral July 14 - 1943
Place of Death North of Troy
Funeral Services at Mt Olive Cemetery
Time of Funeral Services 10 AM
Clergyman Rev. Clutter
Certifying Physician _____
His Residence _____
Number of Burial Certificate _____
Cause of Death Struck by lightning
Date of Death July 11 - 1943
Occupation of the Deceased Bury farmer
Single, Married, Divorced _____ Religion _____
Aged 3 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 Bel Crue
Hospital
Manufactured by Midland Valley
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: Graves stone to Angelique is near Mrs Gray

NAMES OF PALLBEARERS Ligyon in charge
Bro in law Mrs Gray - St. Joseph Mo.
at 6 - 1872 St 611 Angelique St

ITEMIZED CHARGES

Price of Casket or Coffin	..... \$	85.00
“ Metallic Lining	.....	.....
“ Outside Box	.....	.....
“ Grave Vault	.....	.....
“ Burial Robe	.....	.....
“ Burial Slippers and Hose	.....	.....
Engraving Plate	.....	.....
Embalming Body (with _____ Fluid)	.....	20.00
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	.....	5.00
_____ clothing	.....	.....

NAMES OF NEWSPAPERS

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

Total Footing of Bill	.....	125.00
By Amount Paid in Advance	.....	.....
Balance	.....	.....
Entered into Ledger, page _____ or below	.....	.....
Total Debit	..... \$	.....

Aug 10 Credits Ch Downing Co. 25.00
March 7, 1926 Ch By W. B. Gray 100.00
..... 125.00

QUILL M 7-28200

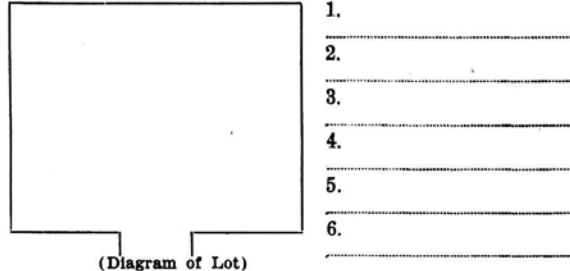
Record of Funeral

No. _____ Date July 14 1923
 Name of the Deceased Lizzie Downing Sex _____ Color _____
 Charge to _____ Order given by _____

CHARGES	
Price of Casket or Coffin	85.00
Embalming Body (with Fluid)	20.00
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	5.00
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	125.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	
Total Debit	125.00
Cred. Aug. 10. <u>Ch. Doughton County</u>	25.00
July 14 <u>cards in pocket</u>	17.00
July 14 <u>Berry tickets</u>	27.00
Claim made to Court. 1-27-1926	

How Secured _____
 Date of Funeral July 14-1923
 Place of Death 6 mi North of Prosser
 Funeral Services at Mt Olive Cemetery
 Time of Funeral Services 10:30
 Clergyman Rev. Clutter
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death struck by lightning
 Date of Death July 11-1923
 Occupation of the Deceased Berry picker
 Single, Married, Divorced _____ Religion _____
 Aged 25 Years, _____ Months, _____ Days
 Birth Place Sam M. Cloud
 Father Sam M. Cloud
 Birth Place Fulton Mo.
 Maiden Name of Mother 209 W-2nd St.
 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 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	
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	20.00
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	5.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	125.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below _____	
Total Debit	125.00
Cred. Aug. 10. <u>Ch. Doughton County</u>	25.00
July 14 <u>cards in pocket</u>	17.00
July 14 <u>Berry tickets</u>	27.00
Claim made to Court. 1-27-1926	



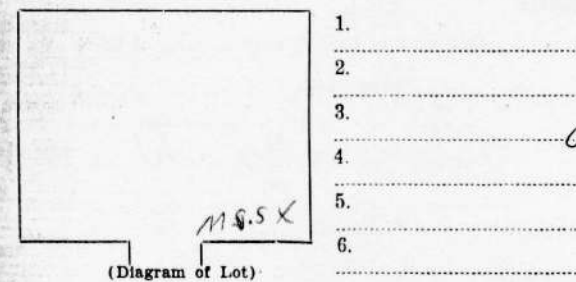
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.
 Remarks: Mothers
Mrs. Sarah W. Peters
Numbers, Ark

NAMES OF PALLBEARERS Father = Sam M. Cloud
Fulton Mo.
209 W-2nd St.

Record of Funeral

No. _____ Date July 14 - 1973 19__
 Name of the Deceased Mr. Hayton Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral July 14 - 1973
 Place of Death Glendale Colo.
 Funeral Services at Mt Olive Cemetery
 Time of Funeral Services 4:30 P.
 Clergyman In charge of Holy Sepulch. Ch. + G.M.
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Cerebral Hemorrhage
 Date of Death July 10 - 1973
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 63 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 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 _____

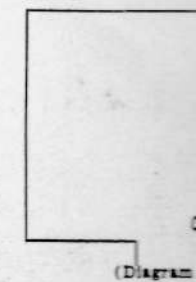
ITEMIZED CHARGES

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	- - - - -	15.00
Wagon Deliveries	- - - - -	
Death Notices in _____ Newspapers		
<u>Personal Service</u>		10.00
NAMES OF NEWSPAPERS		
Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	
Lining Grave	- - - - -	4.00
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	
<u>Delivery lot to Cemetery</u>		1.00
<u>Funeral notice</u>		1.75
Total Footing of Bill	- - - - -	31.75
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below		

Total Debit _____ \$
1923
July 14 Credits By Ch 31.75

No. _____
 Name of the Deceased _____
 Charge to Estab

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman Mrs
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 89 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 _____

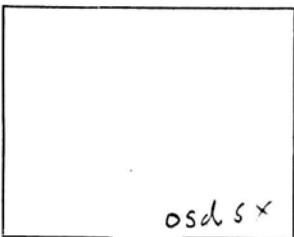
M 7-28200
 QUILL

Record of Funeral

No. _____ Date July 22 1923
 Name of the Deceased Mary Frances Rappelye Sex W Color Bl
 Charge to Estate Order given by _____

CHARGES	AMOUNT
Fluid	15 00
Papers	10 00
	4 00
	1 00
	1 75
	31 75
	31 75

How Secured _____
 Date of Funeral July 23-1923
 Place of Death Home Troy, Mo
 Funeral Services at Home
 Time of Funeral Services 10 AM
 Clergyman Mrs. Rev. Campbell
 Certifying Physician Dr. Hatter
 His Residence Troy, Mo
 Number of Burial Certificate _____
 Cause of Death Causes of nose
 Date of Death July 21-1923
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 89 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 Metallic - State
 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 _____

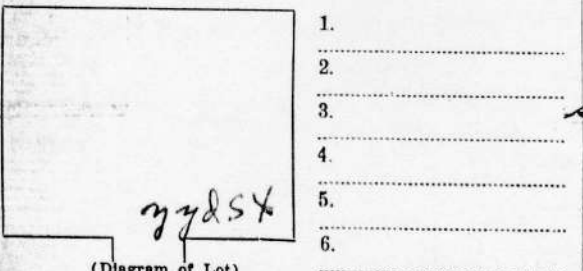
ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 425 00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	25 00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10 00
Wagon Deliveries	
Death Notices in Newspapers	
Flowers <u>NAMES OF NEWSPAPERS - 15 75</u>	15 75
Outlay for Lot	
Opening Grave	
Lining Grave	5 00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges <u>heavy led lumber</u>	2 50
Total Footing of Bill	483 25
By Amount Paid in Advance <u>interred</u>	15 25
Balance	498 50
Entered into Ledger, page _____ or below	
Total Debit	
1923 <u>July 23</u> Credits <u>By wh</u>	498 50

Record of Funeral

No. _____ Date July 27 1929
 Name of the Deceased James Gordon Miller Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral July 29 - 1929
 Place of Death Home North of Troy
 Funeral Services at Christian Church
 Time of Funeral Services 2:45
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Chronic Endocarditis
 Date of Death July 26 - 1929
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 68 Years, 8 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 Steel B.C. Metal
half Court
 Manufactured by Rey 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

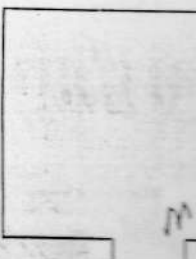
Price of Casket or Coffin	2.00 00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	115 00
“ Burial Robe suit	35 00
“ Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15 00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	12 50
Wagon Deliveries	
Death Notices in Newspapers	1 75
<u>shut 200 rollar 25</u>	2 75
NAMES OF NEWSPAPERS	
Flowers	7 50
Outlay for Lot	
Opening Grave	
Lining Grave	7 50
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	391 50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____

Sept. 5 Credits By Check 391 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 38
 Birth Place _____
 Father Mar
 Birth Place Ada
 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
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 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

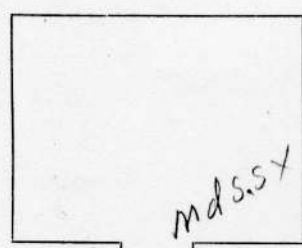
Record of Funeral

No. _____ Date Aug 2 1923
 Name of the Deceased Charlie Fredrick Kaufman Sex M. Color W
 Charge to _____ Order given by _____

CHARGES

200.00 ✓
 115.00 ✓
 35.00 ✓
 Fluid 1.50 ✓
 12.50 ✓
 1.75 ✓
 2.75 ✓
 7.50 ✓
 7.50 ✓
 391.50
 check 391.50

How Secured _____
 Date of Funeral Aug 2 - 1923
 Place of Death Stanton farm West of Troy
 Funeral Services at Morag
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Styer
 Certifying Physician Dr. Haller
 His Residence Troy Mo.
 Number of Burial Certificate _____
 Cause of Death Struck by lightning
 Date of Death Aug 1 - 1923
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 38 Years, 9 Months, 23 Days
 Birth Place _____
 Father Martin Kaufman
 Birth Place Address, Lebanon Mo.
 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 Blue silver
Plush 1/2 Couch 807
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Somphor 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 _____

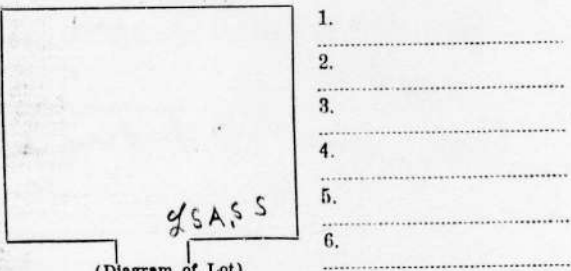
ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 185.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	_____
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	2.50
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
Use 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	_____
<u>Runderson</u>	1.00
NAMES OF NEWSPAPERS	
Flowers <u>7.50</u> <u>Jul 24</u> <u>35</u>	7.85
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	2.50
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
Total Footing of Bill	236.35
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit _____ \$ _____
 1923
 Aug 29 Credits By ch 236.35

Record of Funeral

No. _____ Date Aug 5-1973 19__
 Name of the Deceased Myron Gerald Cummings Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Aug 5-1973
 Place of Death N.E. of Troy at home
 Funeral Services at New Hope Church
 Time of Funeral Services 2 P.M.
 Clergyman Campbell & Stanbrough
 Certifying Physician Dr. Cordover
 His Residence Troy, N.Y.
 Number of Burial Certificate _____
 Cause of Death Diphtheria
 Date of Death Aug 3-1973
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 26 Years, 11 Months, 27 Days
 Birth Place _____
 Father E.C. Cummings
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Nellie Lorge Cummings
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Upright Bronze
French (Arms)
 Manufactured by Hill
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. 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 _____

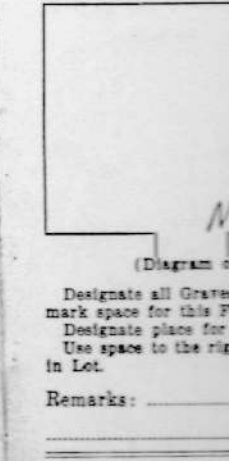
ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 550.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe <u>shirt</u>	2.50
“ Burial Slippers and Hose	_____
Engraving Plate	_____
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	_____
Shaving	_____
Disinfecting Rooms	_____
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	2.50
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____
<u>heavy box lumber bid</u>	2.50
Total Footing of Bill	582.50
By Amount Paid in Advance <u>flowers</u>	17.95
Balance	600.45
Entered into Ledger, page _____ or below	_____
Total Debit	\$ _____

Aug 27 Credits By Ck 600.45

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 74
 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 case
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 Lot or Grave No. _____



NAMES OF PALLBEARERS _____

QUILL M 7-28200

Record of Funeral

923 19
Color *W*

No. _____ Date August 9-1923 19____
Name of the Deceased Isaac T. Fleck Sex M. Color W
Charge to _____ Order given by _____

CHARGES	
Fluid	5.50 00
	2.50
Fluid	1.50 00
	10.00
	2.50
	2.50
flowers	582.50
	17.95
	600.45
or below	
	600.45

How Secured _____
 Date of Funeral August 10-1923
 Place of Death 2 mi North of Blair
 Funeral Services at Blair
 Time of Funeral Services 2 P.M.
 Clergyman _____
 Certifying Physician E. P. Karr - Coroner
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Apoplexy
 Date of Death Aug 8-1923
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 74 Years, 6 Months, 20 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Jay Fleck
 Informant Jay Fleck
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Janzen Nelson
Half Court
 Manufactured by Mulla Valley
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Alvine Cemetery
 Lot or Grave No. _____ Section No. _____

Mds. 5x

(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: _____

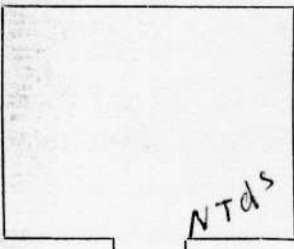
ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 18.00 00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe <u>suit</u>	30.00
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$ _____	
Hearse	10.00
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	
<u>heavy lumber</u>	2.50
<u>sheet 1.00 to 50</u>	1.50
Total Footing of Bill	241.50
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$ _____
<u>Aug 31</u> Credits <u>By Chas & Co</u>	241.50
<u>Ransom ch</u>	38.96
<u>Ransom ch</u>	1.50
<u>cent</u>	52.54
	241.50

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date August 21-1973
 Name of the Deceased Virginia Parker Sex F Color W
 Charge to H. G. Parker Order given by _____

How Secured _____
 Date of Funeral Aug 22-1973
 Place of Death Home - Troy Mo
 Funeral Services at Home
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Cordover
 His Residence Troy Mo
 Number of Burial Certificate _____
 Cause of Death Carcinoma of gall bladder
 Date of Death Aug 20-1973
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 55 Years, _____ Months, 11 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband H. G. Parker
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Grey Crepe
 Manufactured by Batesville
 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	\$ 100.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe <u>dress</u>	18.00
“ 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

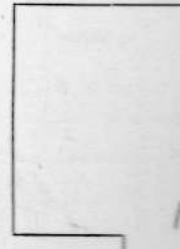
Flowers <u>7.50</u>	8.00
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	7.50
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

Total Footing of Bill	153.50
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

Total Debit	\$ _____
<u>1973</u>	_____
Sept. 11 Credits <u>B. G. Ch.</u>	25.00
Oct. 11 " "	128.50
	<u>153.50</u>

MORILL 7-28200

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 _____
 Cause of Death _____
 Date of Death _____
 Occupation of the _____
 Single, Married, _____
 Aged 58 _____
 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 _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Hand _____
 Interment at _____
 Lot or Grave No. _____



(Diagram)
 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

21-1923

No. _____ Date Aug 28-1923 19__

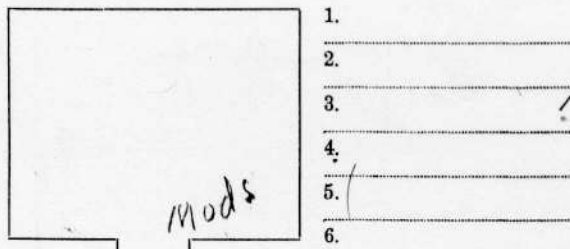
Name of the Deceased Elizabeth V. Clayton Sex F Color W

Charge to _____ Order given by _____

CHARGES	\$ 100.00
Fluid	18.00
Fluid	15.00
Fluid	10.00
Fluid	8.00
Fluid	2.50
Fluid	1.53
Fluid	2.50
Fluid	128.50
Fluid	153.50

How Secured _____
 Date of Funeral Aug 29-1923
 Place of Death K. E. Mo.
 Funeral Services at Proy Kans. M.E. Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Campbell
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Carcinoma of Colon
 Date of Death Aug 27-1923
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 58 Years, 7 Months, 1 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Jeff Clayton
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin They Plant
oysters with overthrow
 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 Mt Olive Funeral</u>	20.00
Wagon Deliveries <u>to Cem</u>	1.00
Death Notices in _____ Newspapers	1.75
<u>Personal services</u>	10.00
NAMES OF NEWSPAPERS	
Flowers	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	2.50
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	2.50
Total Footing of Bill	37.75
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____
Total Debit	_____
Credits	_____
By Ch	37.50



(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.

Remarks: _____

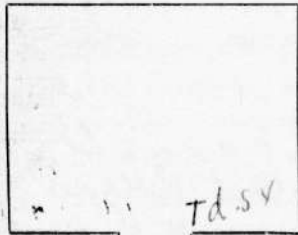
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Sept 2 - 1923 19
 Name of the Deceased Charles White Sex M. Color W
 Charge to Estate Order given by _____

How Secured Coroner call
 Date of Funeral Sept 3 - 1923
 Place of Death Doniphan Kans
 Funeral Services at Hill City Kans
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician Coroner
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Gun shot in abdomen, Homicide
 Date of Death Aug 31 - 1923
 Occupation of the Deceased Blacksmith
 Single, Married, Divorced _____ Religion _____
 Aged 51 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife May White
 Informant Doniphan Kans

Address _____
 Body to be shipped to Edmond Kans
 Size and Style of Casket or Coffin Wagon
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Hill City Mo 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. Brother = Sam White

Remarks: Hill City Mo
son Char White Jr.

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 125.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	15.00
“ 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	_____

NAMES OF NEWSPAPERS

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

Total Footing of Bill	175.00
By Amount Paid in Advance	15.00
Balance	190.00
Entered into Ledger, page _____ or below	_____

Total Debit	\$ _____
1924	_____
2-15-24 cash 23.05	_____
Credits check 51.95	75.00
Feb. 3-1926 By check	101.00
Discount	13.40
	190.00

(Diagram) Designate all Graves mark space for this funeral. Designate place for monument. Use space to the right in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

QUILL 7-28200

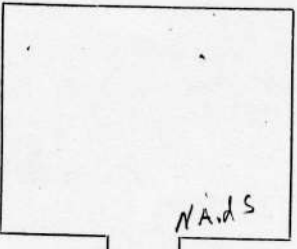
Record of Funeral

No. _____ Date Sept 20 1923
 Name of the Deceased Henry Edwards Sex _____ Color _____
 Charge to _____ Order given by _____

CHARGES	
	\$ 125.00
	15.00
Fluid)	25.00
	1.00
	175.00
	15.00
	190.00
	75.00
	107.50
	13.40
	190.00

How Secured _____
 Date of Funeral Sept 21-1923
 Place of Death Proy, Kans
 Funeral Services at Christan Church
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Bloom St. Joseph
 Certifying Physician Dr. Haller
 His Residence Proy, Mo.
 Number of Burial Certificate _____
 Cause of Death Cerebral Hemorrhage
 Date of Death Sept 19-1923
 Occupation of the Deceased Retired farmer
 Single, Married, Divorced _____ Religion _____
 Aged 80 Years, 3 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 Sil-grey crepe #130
 Manufactured by Ret-art
 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	\$ 85.00
“ Metallic Lining	
“ Outside Box	
“ Grave Vault	
“ Burial Robe <u>suit</u>	35.00
“ 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	1.75
<u>calls 20 to 5</u>	90

NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>heavy lid lumber</u>	2.50

Total Footing of Bill	149.95
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

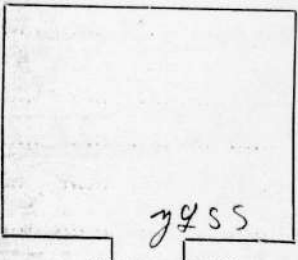
Total Debit	\$ 192.4
Pub. 3-1923 Credits <u>by each</u>	75.00
July 30-24 <u>By Cash (Burial)</u>	37.50
May 24-25 <u>" " Mrs. Mark</u>	37.00
	149.50

Record of Funeral

No. _____ Date Oct. 20 1923
 Name of the Deceased Robert Lee Neumberg Sex M. Color W
 Charge to Roy Neumberg Order given by _____

How Secured _____
 Date of Funeral Oct 21 - 1923
 Place of Death Roy Harris
 Funeral Services at Home
 Time of Funeral Services 2:30 P
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Scarlet + Enteritis
 Date of Death Oct 20 - 1923
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years 3 Months 27 Days
 Birth Place Roy Harris
 Father Roy Neumberg
 Birth Place _____
 Maiden Name of Mother Alta Eader
 Birth Place Roy Harris
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Laurel
Drop side Couch
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt 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	\$ 35.00
" 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	3.30
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill	43.30
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

Nov. 3 - 1923	Credits	Roy cash	10.00
Dec. 17 - 23	"	"	5.00
Feb. 1 - 24	Cash		10.00
Feb. 26 - 24	"	"	5.00
June 10	"	"	5.00
July 22 - 1924	Cash		8.30
			43.30

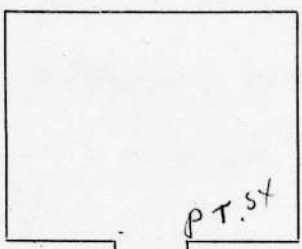
QUILL 7-28200

Record of Funeral

No. _____ Date Nov. 5-1973
 Name of the Deceased Ira O. Godfrey Sex M. Color W
 Charge to _____ Order given by _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 85
“ Metallic Lining	“
“ Outside Box	“
“ Grave Vault	“
“ Burial Robe	“
“ Burial Slippers and Hose	“
Engraving Plate	“
Embalming Body (with Fluid)	15
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
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	115
By Amount Paid in Advance	“
Balance	“
Entered into Ledger, page _____ or below	“
Total Debit	\$
Credits <u>Ch. Howard School</u>	115
(adm)	“

How Secured _____
 Date of Funeral Nov. 5-1973
 Place of Death 1 1/2 mi. South Benders
 Funeral Services at Church Benders
 Time of Funeral Services 2 30
 Clergyman Ray Styer
 Certifying Physician Dr. Clutz
 His Residence Benders Mo
 Number of Burial Certificate _____
 Cause of Death Angioma Periton
 Date of Death Nov. 2-1973
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 51 Years, 5 Months, 8 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 Ref. Art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mokey 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.

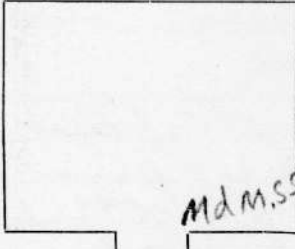
Remarks: _____

NAMES OF PALLBEARERS: _____

Record of Funeral

No. _____ Date Nov. 12 1923
 Name of the Deceased Elyz Jane Howland Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Nov. 11-1923
 Place of Death Denton Kans
 Funeral Services at Denton Kans
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Fullerton
 Certifying Physician Dr. Gross
 His Residence Denton
 Number of Burial Certificate _____
 Cause of Death Lobar Pneumonia
 Date of Death Nov. 9-1923
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 75 Years 3 Months 22 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 Burnah
Seclair 1/2 round
 Manufactured by Midland of Calby
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Maroy Cemetery
 Lot or Grave No. _____ Section No. _____



(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: _____

ITEMIZED CHARGES	
Price of Casket or Coffin	\$ 180.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe <u>dress</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	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	230.00

Total Debit \$ _____
1923
Nov. 15 Credits by Ch. 230.00

QUILL 7-28200

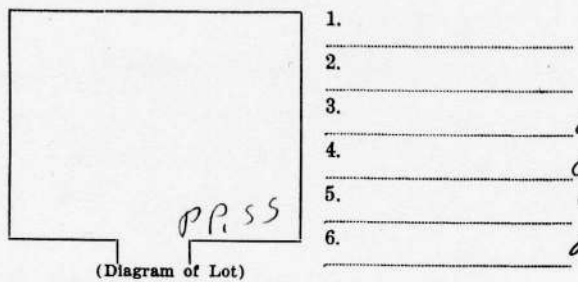
Record of Funeral

No. _____ Date Nov. 17-1923 19____
 Name of the Deceased Mary Ellen Jones Sex F Color W
 Charge to Jess Hoar Order given by _____

CHARGES	
Fluid)	\$ 1.80 ⁰⁰
	20.00
	15.00
	15.00
	230.00
	230.00

How Secured _____
 Date of Funeral Nov. 18-1923
 Place of Death Brenner St. Ann
 Funeral Services at Home
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Canshield
 Certifying Physician Dr. Miller
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Lobar Pneumonia
 Date of Death Nov. 16-1923
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 59 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband B. F. Jones
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blk. Crepe
Ret. Art
 Manufactured by _____
 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	\$ 75.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	9.00
" 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	
<u>underneath home</u>	1.50
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	110.50
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: 11/20/23

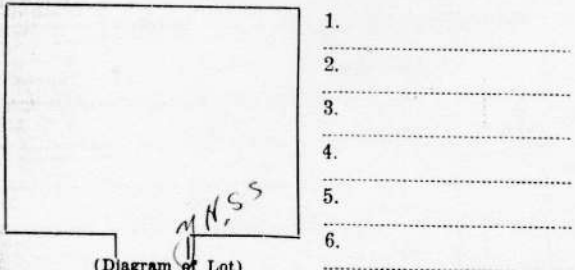
NAMES OF PALLBEARERS _____

Total Debit		Total
1924		
June 7	Credits Ch. By J. Hoar	20.00
June 29	Ch. by J. Hoar	20.00
June 27-25	Cash by B. F. Jones	2.00
July 26-26	By P. D. Order	3.00

Record of Funeral

No. _____ Date Nov. 19 - 1973 19
 Name of the Deceased Frank Barore Sex M. Color W
 Charge to Amoy Carroll Order given by _____

How Secured _____
 Date of Funeral Nov. 19 - 1973
 Place of Death Home of Amoy Carroll
 Funeral Services at Mosquito Creek Cem.
 Time of Funeral Services 3 P.M.
 Clergyman Rev. Scarborough
 Certifying Physician Dr. Paul Coroner
 His Residence Woyhaus
 Number of Burial Certificate _____
 Cause of Death Apoplectic fit
 Date of Death Nov. 17 - 1973
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 63 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 Blk Crepe
Hospital
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mosquito Creek 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: _____
Nov 19 - 10

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin <u>Royal</u>	\$	50.00
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 _____ \$ 50.00
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below

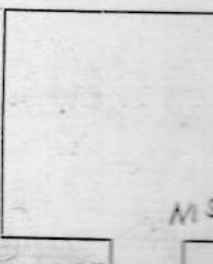
Total Debit _____ \$

1973
 Dec 11 Credits Ch. by Amoy C. 25.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Serv _____
 Clergyman Ray
 Certifying Physician _____
 His Residence _____
 Number of Burial Cer _____
 Cause of Death _____
 Date of Death _____
 Occupation of the De _____
 Single, Married, Div _____
 Aged 26 _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mo _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

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



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funer _____
 Designate place for Mon _____
 Use space to the right _____
 in Lot.

Remarks: _____

NAMES OF PALLE _____

M ORQUILL 7-28200

Record of Funeral

- 1973 19
Color *W*

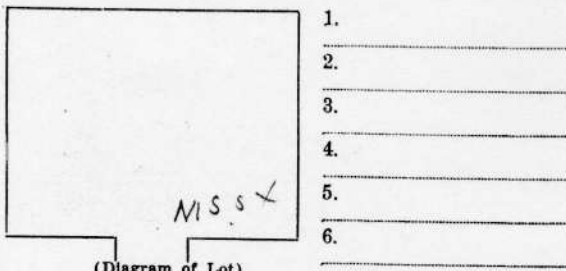
No. _____ Date *Nov. 29* 19*73*
Name of the Deceased *Arthur Woolnick* Sex *M.* Color *W*
Charge to *Mr. Woolnick* Order given by _____

ARGES
tel \$ *50.00*

How Secured _____
Date of Funeral *Nov. 29 - 1973*
Place of Death *Jefferson City, Mo.*
Funeral Services at *Mr. Woolnick's home*
Time of Funeral Services *2:30 P.*
Clergyman *Ray Styer*

Certifying Physician _____
His Residence _____
Number of Burial Certificate _____
Cause of Death *Chronic Lead poisoning*
Date of Death *Nov. 25 - 1973*
Occupation of the Deceased *Painter*
Single, Married, Divorced _____ Religion _____
Aged *26* 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 *W. Crepe*
Manufactured by _____
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *Sumner Lutheran* 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	
“ 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 <i>to transport house & funeral</i>	<i>25.00</i>
Wagon Deliveries <i>funeral</i>	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS

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

Dec 7 - 73 Credits *By Ch* *25.00*

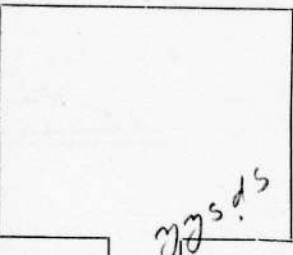
NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date Dec 3 - 1923 19
 Name of the Deceased James Samuel Mallows Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec - 4 - 1923
 Place of Death Sparks Kansas
 Funeral Services at Christ Church Sparks
 Time of Funeral Services 2 1/2
 Clergyman Rev. Armstrong
 Certifying Physician Dr. [unclear]
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Leucemia Uterina
 Date of Death Dec 2 - 1923
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 49 Years, _____ Months, 3 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Hattie Mallows
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Gray Trunk
half Couch # 270
 Manufactured by Rest
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Iola 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	\$ 1.75.00
Metallie Lining	
Outside Box	
Grave Vault	1.15.00
Burial Robe	35.00
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

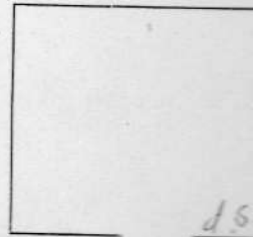
Flowers	3.00
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

Total Footing of Bill 355.50
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below

Total Debit _____ \$
 1923
 Dec 26 Credits By Ch 355.50

No. _____
 Name of the Deceased _____
 Charge to Ed M
 How Secured _____
 Date of Funeral 12
 Place of Death Mo
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death St
 Date of Death 12
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged Barry Years
 Birth Place _____
 Father Ed M
 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 Con
 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 Diagram for the names of those buried in Lot.

Remarks: _____

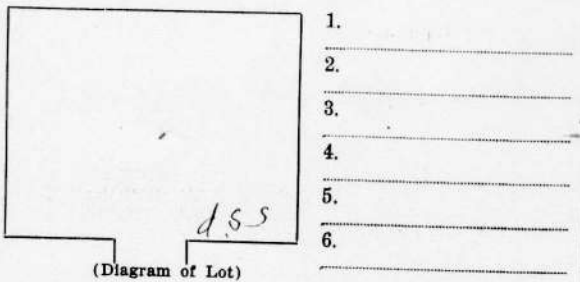
NAMES OF PALLBEARERS _____

QUILL 7-28200

Record of Funeral

No. _____ Date Dec 4-1923
 Name of the Deceased Infant of Mr & Mrs Ed M. M. Sex M. Color W
 Charge to Ed M. M. Order given by _____

How Secured _____
 Date of Funeral 12-4-23
 Place of Death North of Hwy
 Funeral Services at Home
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Still Born
 Date of Death 12-3-1923
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged Born Dec 1 Years _____ Months _____ Days _____
 Birth Place _____
 Father Ed M. M.
 Birth Place _____
 Maiden Name of Mother Minnie Young
 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 Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Courter 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	\$ 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 _____

Total Debit _____ \$
1923
Feb. 15 Credits By Ch 15.00

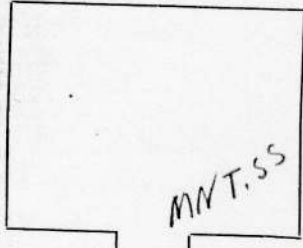
1923
 Color W
 \$ 175.00
 115.00
 35.00
 Fluid) 15.00
 17.50
 3.00
 2.00
 355.50
 or below
 355.50

Record of Funeral

No. _____ Date Dec. 14-1923 19____
 Name of the Deceased William Schmal Sr. Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec 16-1923
 Place of Death Home near Bendena
 Funeral Services at Church Bendena
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Styer
 Certifying Physician DuChet
 His Residence Bendena Mo
 Number of Burial Certificate _____
 Cause of Death Harding stroke
 Date of Death Dec 14-1923
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 71 Years, 11 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 Jasper (Quinn)
Yellow
 Manufactured by Midland Valley
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Novay 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	\$ 1.80 ⁰⁰
Metallic Lining	
Outside Box	
Grave Vault	1.15 ⁰⁰
Burial Robe	
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	1.25 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	

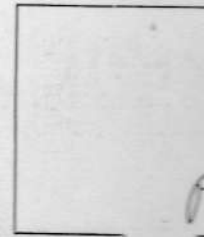
Total Footing of Bill 322.50
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below _____

Total Debit 1224
 Credits By Ch 322.50

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 87
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant C

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
#130
 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 _____

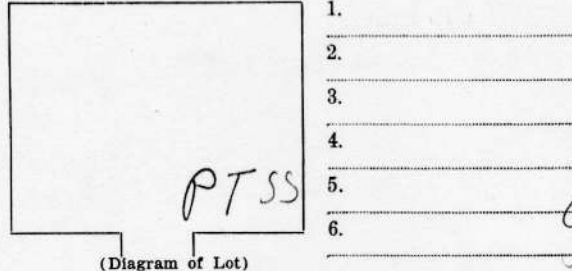
Record of Funeral

No. _____ Date Dec 15 - 1923 19
 Name of the Deceased Wm. J. V. Gates Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec. 16 - 1923
 Place of Death Troy Kansas
 Funeral Services at M.C. Church
 Time of Funeral Services 2:30 P
 Clergyman Rev. Campbell
 Certifying Physician Dr. Dunsmore
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Dec. 14 - 1923
 Occupation of the Deceased Fruit Merchant
 Single, Married, Divorced _____ Religion _____
 Aged 87 Years, 11 Months, 5 Days
 Birth Place Augusta Ill.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Harriet Gates
 Informant C. V. Gates
Troy Ks.
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin gray crepe
#130
 Manufactured by Ret
 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	
" 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 <u>Printed</u> Newspapers	1.75

NAMES OF NEWSPAPERS	
Flowers	1.00 <u>for 65</u>
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>Red lumber</u>	1.50
<u>sent present to church</u>	.75
Total Footing of Bill	125.65
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: _____

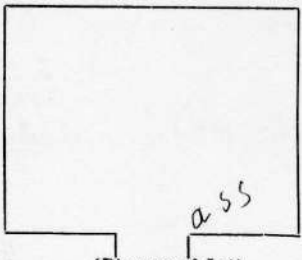
NAMES OF PALLBEARERS _____

Dec 16	Credits Cash for flowers	
" 16	By Mrs. Mann	10.65
Jan 8 1924	By ch.	50.00
Jan 31	By ch.	50.00
Mar 18	By cash	15.00
		125.65

Record of Funeral

No. _____ Date Dec. 31-1973 19____
 Name of the Deceased Orlando J. Condit Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec. 31-1973
 Place of Death KC Mo
 Funeral Services at St. Anne Cemetery
 Time of Funeral Services 10:30 AM
 Clergyman Rev. Stamborough
 Certifying Physician Dr. E. Moss
 His Residence KC Mo
 Number of Burial Certificate _____
 Cause of Death Killed by auto truck
 Date of Death Dec 29 1973
 Occupation of the Deceased Ret. farmer
 Single, Married, Divorced _____ Religion _____
 Aged 73 Years, 5 Months, 25 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 Black
State
 Manufactured by _____
 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	- - - - -	\$	
" 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>Bob to assist</u>	- - - - -		10.00
Death Notices in _____ Newspapers	- - - - -		
<u>Personal services</u>	- - - - -		5.00
NAMES OF NEWSPAPERS			
Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		5.00
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		
<u>3 cars 3" digging grave</u>	- - - - -		9.00
<u>digging grave</u>	- - - - -		7.00
Total Footing of Bill	- - - - -		37.00
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		
Entered into Ledger, page _____ or below			
Total Debit	- - - - -	\$	

Jan 26 1974 Credits By ch
Res. Phil. House 37.00

No. _____
 Name of the Deceased _____
 Charge to _____

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 85 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 gro
 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 ^{Box May 20-1938}

1923 Color W

No. _____ Date Dec 31 1923
 Name of the Deceased Hester Ann Schaeffer Sex F Color W
 Charge to Estate - Mary Schaeffer Order given by _____

Fluid) <u>1.00</u>	
remed. <u>1.00</u>	
apers <u>5.00</u>	
<u>5.00</u>	
<u>1.00</u>	
<u>7.00</u>	
<u>37.00</u>	
or below	
<u>37.00</u>	

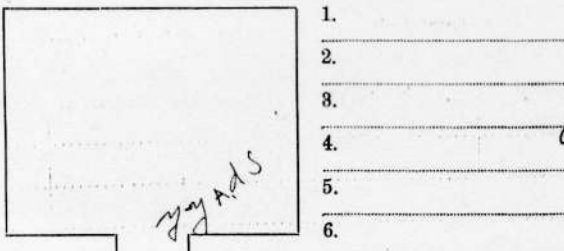
How Secured _____
 Date of Funeral Jan 3-1923
 Place of Death Home North of Proj
 Funeral Services at M.E. Church Proj
 Time of Funeral Services 1 P.M.
 Clergyman Rev.
 Certifying Physician Dr. Hailer
 His Residence Proj Kans
 Number of Burial Certificate _____
 Cause of Death Paralysis
 Date of Death Dec. 31-1923
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 85 Years, 7 Months, 11 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant Mary Schaeffer
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Half round state gray interior
 Manufactured by Batesville
 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	\$295.00
" 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	12.50
Wagon Deliveries	
Death Notices in Newspapers	1.75
<u>Int burial</u>	2.50

NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	5.00
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>Phone call toatching</u>	25
Total Footing of Bill	337.50
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: _____

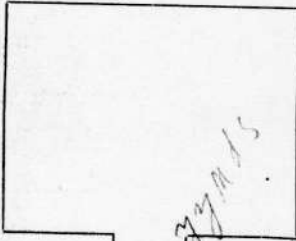
NAMES OF PALLBEARERS _____

Total Debit		\$
1925		
Jan 19	Credits By ch.	332.00

Record of Funeral

No. _____ Date Jan 3 1924
 Name of the Deceased Chloe Leland Parker Sex F. Color W
 Charge to I. D. Parker Order given by _____

How Secured _____
 Date of Funeral Jan 4 1924
 Place of Death Troy Kansas
 Funeral Services at Home
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Styer
 Certifying Physician W. D. Samsone
 His Residence Troy Kansas
 Number of Burial Certificate _____
 Cause of Death Pulmonary T.B.
 Date of Death Jan 2 - 1924
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 54 Years, 2 Months, 6 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Irvin D. Parker
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Round end
slat 12 couch
 Manufactured by Midland Valley
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(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 _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 275.00
“ Metallic Lining	_____
“ Outside Box	_____
“ Grave Vault	_____
“ Burial Robe	18.00
“ 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	_____
Outlay for Lot	_____
Opening Grave	_____
Lining Grave	_____
Shipping Charges, prepaid	_____
Removal Charges	_____
Cremation Charges	_____

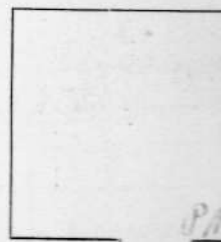
Total Footing of Bill	318.00
By Amount Paid in Advance	_____
Balance	_____
Entered into Ledger, page _____ or below	_____

1924 Total Debit	_____
Jan 9 Credits	318.00

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 59 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 _____
120
 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: _____

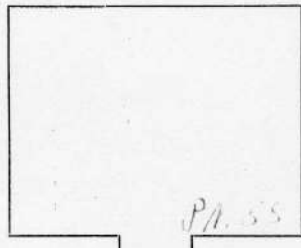
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Feb. 21 1924
 Name of the Deceased Lydia Rebeccah Hamilton Sex F Color W
 Charge to _____ Order given by _____

CHARGES	
\$ 2.75 ⁰⁰	
1.8.00	
15.00	Fluid)
10.00	
318.00	
318.00	

How Secured _____
 Date of Funeral Feb. 22 - 1924
 Place of Death North of Troy
 Funeral Services at W.E. Church Troy
 Time of Funeral Services 10 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Cardoner
 His Residence Troy N.Y.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Feb. 20 - 1924
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 59 Years, 5 Months, 20 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband W.D. Hamilton
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Grey Case
130
 Manufactured by Rt
 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	\$ 85.00
Metallie Lining	
Outside Box	
Grave Vault	
Burial Robe	9.00
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	174.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit	\$ 174.00
1924	
Feb. 26	
Credits	By Chk 124.00