

## HARMAN FUNERAL HOME

## INDEX

1937 TO 1939

Surname	given name	record no.	Surname	given name	record no.
ABEL	ELI ANDERSON	435	EATON	CORDELIA ANN	456
APPLEBY	EDWARD	396	EISENBERG	JESSE E	417
BALECOCK	NELSON S	399	EMORY	JOHN BENTON	374
BANIE	DANIEL WILLIAM	463	EMORY	MARTHA ELLEN	378
BLANTON	ALICE	427	EMORY	WILLIAM A	449
BLANTON	JESSE E	472	ETHERTON	BESSIE	414
BONHAM	JESSIE C	457	ETHERTON	POLLY B	376
BRAZELTON	BEATRICE	466	ETHERTON	WILLIAM ISAAC	385
BRAZELTON	EFFIE ELIZABETH	383	EULER	CLARENCE F	364
BROWN	CLARA E	445	FAHEY	JAMES	443
BUCH	AUGUST	411	FENLEY	LILLIE FLORENCE	431
BURCHETT	FRANKLIN PIERCE	424	FULTON	JOHN W	476
CHAPPLE	WILLIAM A	397	GABBERT	EDWARD E	415
CHASE	LOUIS FRANKLIN	437	GALLAGHER	BRIDGET J	421
CHASE	NEOMA JUANITA	382	GARVIN	WILLIAM ALLEN	470
CLARK	FRED H	400	GOODWIN	BETTY JEAN	394
CLEMETSON	JOHN	406	GREGORIE	CATHERINE	408
CLUCK	LARRY DON	446	GREGORIE	JOSEPH	371
COLLEY	INFANT OF LOWER	423	GRIFFIN	IDA MAY	389
COLLINS	CORA ELLEN	475	HACKNEY	GLEN IRVING	419
CONKLE	ELMER ELLSWORTH	412	HAGAN	JOHN L	473
CROWLEY	JOHN	425	HANSHAW	DARLENE FRANCIS	366
CRYSTAL	MARY ETTA	453	HARDY	ANNIE MAE	368
CUNNINGHAM	RUTH ANN	479	HASTINGS	CLINTON J	372
DANNEVIK	WILLIAM SR	440	HAUTZENRADER	GEORGE	404
DAVIES	IDA ELOMRE	360	HAYTON	RUTH ANN	452
DAVIES	MARY ETTA	369	HILL	MYRTLE M	432
DEAVER	MARY E	373	HUGHES	BEVERLY GAYLE	380
DENNING	WILLIAM F	409	HUSS	ISABELL	390
DISHON	GRANT SR	422	JACKSON	THOMAS	359
DITTEMORE	JOHN M SR	375	JEFFERY	HOWELL C	365
			JOHANSEN	FREDERICK FERDINAND	430
			JOHANSEN	PETER H	426
			JOHNSON	CHARLES S	361

## HARMAN FUNERAL HOME

## INDEX

1937 TO 1939

Surname	given name	record no.	Surname	given name	record no.
KASSELHUT	AUGUSTA	460	SCARBROUGH	SARAH CATHERINE	428
KECKLER	ELLEN KATE	477	SCHMIDKE	JOHANNA	387
KENNARD	WILLIAM	478	SHARP	DENNIS G	393
KIBLER	CHARLES A SR	467	SHARP	WILLIAM ORRIN	362
KIBLER	ELIZA JANE	458	SHAW	ELIZABETH	448
KIBLER	MARGARET JANE	370	SHAW	GEORGE	447
KNIGHT	PEARL	471	SNYDER	ELIZABETH	438
KOTSCH	FLORA	391	SPARKS	THOMAS JEFFERSON	386
KOTSCH	FRANCIS LEWIS	407	STEWART	ELIZABETH ARGUS	358
KUHNERT	THELMA IRENE	455			
			THOMAS	GEORGE W	451
LARZELERE	ISABELLE	410	THOMAS	MARY A	418
LICHLITER	ANNA	403	THORNTON	JEPHTA	379
LOYD	MARGARET JANE	454	THROCKMORTON	DAVID W	434
			TRANT	ELSIE	384
MACOMBER	MINERVA	367	TRANT	WILLIAM	439
MCKITTRICK	PETER	444			
MCROBERTS	LILLIE T	450	VAN BUSKIRK	MARY A	413
MERSHON	MARTHA FRANCIS	429			
MICHELICH	MIKE	392	WALTON	ADDIE H	442
MILLER	JEHU MONROE	436	WASSON	KATHLEEN ANNE	405
MILLER	MARY ALICE	474	WHITTAKER	JAMES	461
MORGAN	OLIVER FRANKLIN	388	WILEY	ALGERAN	469
MORRIS	LAURA	398	WILKE	MARY A	433
MOSER	MINNIE B	464	WILLIAMS	HESTER ANN	402
			WILSON	HERBERT D	377
NESSER	CHRISTINA	401	WILSON	RUEY	482
			WRIGHT	VERN	462
PATE	MARGARET E	395			
			ZIMMERMAN	MARY E	480
REDDING	RUTH ANN	416	ZIMMERMAN	WALTER LEE	481
RITCHIE	VERN RAY	363			
ROBERTSON	JOHN M SR	381			
ROBERTSON	ROBBIE MAE	441			
RUHNKE	AUGUST B SR	468			
RUHNKE	ERNEST JR	459			
RUHNKE	OWEN ALBERT	465			

RECORD 420 IS MISSING

Funeral of Stewart Elizabeth Jones Charge to Mrs Chas Morehead Account No. 208  
 Ordered by Mrs Chas Morehead Guaranteed by Mrs Chas Morehead Serial No. 358  
 Funeral at Residence  Mortuary  Church  Jews-37 Hour 2 P.M. Annual No. \_\_\_\_\_  
 Clergyman Rev Smith Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	150 00	2-26-36	✓	160 00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	10.00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Filed 1-29-37</u>				
	To Funeral Complete	160 00			160 00



NAME OF DECEASED Elizabeth Vigus Stewart RESIDENCE Home of Mrs. Char Morehead - Troy  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE Jan 5-1937 HOUR 2 PM CLERGYMAN Rev. Dan Smith  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST      CREDITS      PERSONAL AND STATISTICAL

Charge for Complete Funeral	
Casket No. <u>234</u> Style <u>Large Panel Perfection Shrine</u>	
Interior <u>grey art silk covering</u> <u>trial brocade</u>	
Manufacturer <u>Rx</u>	DEBITS
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>155</u> <u>55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death Home of Mrs. Char Morehead Troy Ky.  
 Date of Death Jan. 4-1936  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W.  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Nov 21-1850 Age, Years 86 Months 1 Days 13  
 Occupation housewife  
 How Long at Place of Death 11 years  
 Birthplace—City or County \_\_\_\_\_ State or Country Kentucky  
 Name of Father Wm. Vigus  
 Birthplace of Father Kentucky  
 Maiden Name of Mother Garilda White  
 Birthplace of Mother Ky  
 Signed C. E. Haller M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address Troy - Ky. Date \_\_\_\_\_  
 Interment at W. A. Clark cemetery Troy Ky.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

REMARKS:

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



Funeral of Jackson Thomas Charge to Est. Account No. 209  
 Ordered by Mrs Boyd Collins Guaranteed by \_\_\_\_\_ Serial No. 359  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_ Annual No. \_\_\_\_\_  
 Clergyman Rev Lewis Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_  
Highland

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	350 00	1-19-37		
	Embalming.....				
	Outer Case or Vault <u>metal</u> .....	90 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>suit + clothing</u> .....	35 00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Filed with</u> <u>J. H. Collins</u> <u>1-18-37</u>				
	To Funeral Complete	475 00			475 00













NAME OF DECEASED Charles S. Johnson RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Severance ME DATE Jan 11-1937 HOUR 2 PM CLERGYMAN Rev. Ueland  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		90 <sup>00</sup>	Place of Death	<u>County farm</u>
Casket No. _____ Style _____			Date of Death	<u>Jan 8-1936</u>
Interior _____ Covering _____			Cause of Death	Contributory _____
Manufacturer _____	DEBITS		Duration _____	Autopsy _____
Total Net Cost of Casket _____			Sex <u>M.</u>	Color or Race <u>W</u>
Outer Case _____			Single _____	Married _____
Vault _____			Widowed <u>X</u>	Divorced <u>4</u>
Embalming _____			Child <u>22</u>	
Clothing _____			Date of Birth <u>Aug. 16-1863</u>	Age, Years <u>73</u> Months _____ Days _____
			Occupation <u>Prof. farmer</u>	
			How Long at Place of Death <u>3 weeks</u>	
			Birthplace—City or County <u>Canton</u>	State or Country <u>Ill.</u>
			Name of Father <u>James Johnson</u>	
			Birthplace of Father <u>Iowa</u>	
			Maiden Name of Mother <u>Unknown</u>	
			Birthplace of Mother _____	
Total Cash Advances _____			Signed <u>Burkowitz</u>	M.D. _____ Coroner
			Address <u>Troy Kansas</u>	Date _____
			Interment at <u>Oak Hill cemetery Severance</u>	
			Lot or Grave No. _____	Section No. <u>Kan</u>
			Shipped to _____	
			Arrived from _____	
			Via _____	R. R. Date _____
			In Charge of _____	
Total Net Cost of Funeral			Source of Call _____	
Gross Profit on Funeral		94 05	Insured in _____	Amount _____
*Less Overhead Per Funeral			Beneficiary _____	
Net Profit Apparent				
REMARKS:				

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



Funeral of *Sharp, William Davis* Charge to *Mrs Sharp* - Account No. *212*  
 Ordered by *Mrs Sharp & daughters* Guaranteed by *Mrs Sharp*. Serial No. *362*  
 Funeral at Residence Mortuary Church *Jan 15-1937* 2 P. M. Hour Annual No. \_\_\_\_\_  
 Clergyman *Rev. Barrow* Lodge Affiliations *Highland Christian* Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	285.00	3-13-37	By Check Miller Mrs Sharp in desc	500.00
	Embalming.....				6.00
	Outer Case or Vault <i>Mausoleum</i>	195.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <i>suit</i>	26.00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs				
	Flowers..... <i>see blue sheet</i>				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<i>Paid 1-27</i>				
	To Funeral Complete	506.00			506.00





Funeral of Ritchie Vern Ray Charge to \_\_\_\_\_ Account No. 213  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 363  
 Funeral at \_\_\_\_\_ Residence  Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 7-17-1934 Hour 2 P.M. Annual No. \_\_\_\_\_  
 Clergyman W. J. Swain Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	285.00	June 23-31	✓	440.00
	Embalming				
	Outer Case or Vault <u>metal</u>	90.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	10.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>grave marker</u>	55.00			
	To Funeral Complete	440.00			440.00





Funeral of Euler Clarence H. Charge to Veterans Bureau Account No. 214  
 Ordered by Mrs. Marie Euler Guaranteed by \_\_\_\_\_ Serial No. 364  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary M.E. Church \_\_\_\_\_ Date 1-22-37 Hour 2 P.M. Annual No. \_\_\_\_\_  
 Clergyman Rev. Finich Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	100.00	5-18-37		100.00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	To Funeral Complete	100.00			100.00



NAME OF DECEASED Egler Clarence F. RESIDENCE Troy Kansas P.O.  
 FUNERAL AT Troy Mo. RESIDENCE Troy Mo. MORTUARY Troy Mo. CHURCH Troy Mo. DATE Jan. 22 1937 HOUR 2 PM CLERGYMAN Rev. Enrich  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	100.00	Place of Death <u>Mo-Meth-Hosp. Mornings</u>
Casket No. <u>51</u> <u>Over panel level top</u>		Date of Death <u>Jan 19 1937</u>
Interior <u>red silk</u> Covering <u>Emb. Lumber</u>		Cause of Death <u>Edwards pneumonia and accident</u>
Manufacturer <u>Box</u>		Duration _____ Autopsy <u>at expense</u>
Total Net Cost of Casket		Sex <u>M</u> Color or Race <u>W</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>July 18 1891</u> Age, Years <u>45</u> Months <u>6</u> Days <u>2</u>
Embalming _____		Occupation <u>Farmer</u>
Clothing _____		How Long at Place of Death <u>2 days</u>
		Birthplace—City or County <u>Nathana</u> State or Country <u>Kansas</u>
		Name of Father <u>Mr Egler</u>
		Birthplace of Father <u>Nathana Kansas</u>
		Maiden Name of Mother <u>Miriam Sexter</u>
		Birthplace of Mother <u>Dayton Ohio</u>
Total Cash Advances _____		Signature <u>Paul Foreman M.D.</u> Coroner
		Address <u>St Joseph Mo</u> Date _____
		Interment at <u>St Anne Troy Kan</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral	25.55	Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____

REMARKS:

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





NAME OF DECEASED Howell C Jeffery

RESIDENCE Troy Kansas

FUNERAL AT RESIDENCE MORTUARY  CHURCH

DATE Jan 24-1937 HOUR 2 PM CLERGYMAN Emil

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Home of Mrs Kimbrell Dr. Troy Ks.</u>
Casket No. <u>2143</u> Styl. <u>Royal End State's Couch</u>			Date of Death <u>Jan 21-1937</u>
Interior <u>gray crepe</u> Covering <u>gray B.C.</u>			Cause of Death <u>Recto sigmoid carcinoma</u> Contributory
Manufacturer <u>Beck</u>	DEBITS		Duration Autopsy <u>no</u>
Total Net Cost of Casket			Sex <u>M.</u> Color or Race <u>W.</u>
Outer Case			Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault <u>metal</u>			Date of Birth <u>Dec 27-1903</u> Years <u>33</u> Months <u></u> Days <u>24</u>
Embalming			Occupation <u>Geologist</u>
Clothing			How Long at Place of Death <u>8 months</u>
			Birthplace—City or County <u>Orland</u> State or Country <u>Indiana</u>
			Name of Father <u>L.A. Jeffery</u>
			Birthplace of Father <u>Orland Ind.</u>
			Maiden Name of Mother <u>Carahelle T. Overbeck</u>
			Birthplace of Mother <u>Orland Ind.</u>
Total Cash Advances			Signed <u>H. Jeffery</u> M.D. Coroner
			Address <u>Troy - Kansas</u> Date <u>1-23-37</u>
			Interment at <u>St. Anne Troy - Kansas</u>
			Lot or Grave No. Section No.
			Shipped to
			Arrived from
			Via R. R. Date
			In Charge of
Total Net Cost of Funeral			Source of Call
Gross Profit on Funeral <u>0.00</u> <u>55</u>			Insured in Amount
*Less Overhead Per Funeral			Beneficiary
Net Profit Apparent			
REMARKS:			

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

LLANEOUS RECEIPT FOR MONEY PAID IN.

728

Treasurer's Office, Doniphan County, Kansas

\$ 50<sup>00</sup>

Troy, Kansas,

2-1-1937

RECEIVED OF

E. F. Barr

Fifty & no/100

DOLLARS

Credit Paid Forward - Return of James  
Narkam funeral expense.

Washu Shorkenterton E. A. Gibson  
Deputy. County Treasurer.



2-1-1937

The amount of \$50 was allowed and paid for the funeral expense of Jennie Marcum by the County board

Later a check was sent by Cecil Wadlow of Lincoln Nebraska who is guardian for Mrs Estis a sister of Mrs Marcum to cover Mrs Marcums funeral expense.

We therefore return to E. A. Gibson Treasurer our First National Bank check #2888 for \$50 thereby re-paying Doniphan County for Jennie Marcum funeral expense

*E. A. Gibson*

*Handwritten notes and signatures in the left margin, including the name "E. A. Gibson" and other illegible text.*

RECEIVED OF

AMERICAN BANK NOTE CO. 11120

AMERICAN BANK NOTE CO. 11120



NAME OF DECEASED Darlene Francis Hanshaw RESIDENCE between Troy & Severance

FUNERAL AT Moray Cemetery RESIDENCE MORTUARY CHURCH DATE Feb. 4-1937 HOUR 2 PM CLERGYMAN Gaston

SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		10.00	Place of Death <u>Hanshaw home 4 miles west Troy</u>
Casket No. <u>50</u> Style <u>flat top white lamb</u>			Date of Death <u>Feb. 3 - 1937</u>
Interior <u>Ce. w. h.</u> Covering <u>white lamb</u>			Cause of Death <u>Scarlet fever &amp; pneumonia</u>
Manufacturer <u>Rex</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>W.</u>
Outer Case			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Jan 13-1937</u> Age, Years _____ Months <u>1</u> Days _____
Embalming			Occupation _____
Clothing			How Long at Place of Death <u>1 month</u>
			Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
			Name of Father <u>Henry Hanshaw</u>
			Birthplace of Father <u>Winchester, Kansas</u>
			Maiden Name of Mother <u>Opal Dellinger</u>
			Birthplace of Mother <u>Wabasha, Minn.</u>
Total Cash Advances			Signed <u>R. A. Cady</u> M.D. _____ Coroner
			Address <u>Burlington, Mo.</u> Date _____
			Interment at <u>Moray Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral		2.59	Source of Call _____
*Less Overhead Per Funeral			Insured in _____ Amount _____
Net Profit Apparent			Beneficiary _____
REMARKS:			

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





NAME OF DECEASED Minerva Macomber RESIDENCE Troy - Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_  
 DATE Feb. 15-1937 HOUR 2 P.M. CLERGYMAN Rev. Finch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Home of Gladys Macomber Kansas City Mo</u>
Casket No. <u>333</u> Style <u>Octagon half round</u>		Date of Death <u>Feb 11 - 1937</u>
Interior <u>grey silk</u> Covering _____		Cause of Death <u>Cross pneumonia</u> contributory
Manufacturer <u>Ret</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>F.</u> Color or Race <u>W</u>
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault <u>mausoleum</u>	<u>195.00</u>	Date of Birth <u>Aug. 14 1854</u> Age, Years <u>82</u> Months <u>6</u> Days
Embalming		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>1 month</u>
		Birthplace—City or County <u>Carthage</u> State or Country <u>Ky.</u>
		Name of Father <u>Mr. L. South</u>
		Birthplace of Father <u>Ky</u>
		Maiden Name of Mother <u>unknown</u>
		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
		Address <u>Kansas City Mo</u> Date <u>2-11-37</u>
		Interment at <u>Mt Olive Troy - Kans</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____
		<u>Body embalmed by Freeman Kansas City Mo</u>
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>45.55</u>	
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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



Funeral of Annal May Hardy Charge to David C. Hardy Account No. 218  
 Ordered by Andrew Abruzzo Guaranteed by \_\_\_\_\_ Serial No. 368  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church May Date \_\_\_\_\_ Hour \_\_\_\_\_ Annual No. \_\_\_\_\_  
 Clergyman Rev. Robt. Gaston Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....		<u>2-17-19</u>		<u>25 00</u>
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach <u>T. J. Joseph &amp; Funeral</u> .....	<u>15 00</u>			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....	<u>10 00</u>			
	.....				
	.....				
	.....				
	To Funeral Complete	<u>25 00</u>			<u>25 00</u>



NAME OF DECEASED Emmie May Hardie RESIDENCE 1031-S Arizona St Butte Montana  
 FUNERAL AT RESIDENCE MORTUARY ~~At~~ CHURCH Meray DATE Feb. 25-1937 HOUR 2 P.M. CLERGYMAN Rev. Robt. Gaston  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Butte Montana</u>
Casket No. _____ Style _____			Date of Death <u>Feb. 20-1937</u>
Interior _____ Covering _____			Cause of Death _____ Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>Oct. 12-1867</u> Age, Years <u>69</u> Months <u>4</u> Days <u>8</u>
Embalming _____			Occupation <u>at home</u>
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County _____ State or Country _____
			Name of Father <u>John Stoverson</u>
			Birthplace of Father <u>Norway</u>
			Maiden Name of Mother <u>Celia Nelson</u>
			Birthplace of Mother <u>Norway</u>
Total Cash Advances _____			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Meray Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from <u>Butte Montana</u> <u>2-25-1937</u>
			Via <u>Burlington</u> R.R. Date _____
			In Charge of _____
Total Net Cost of Funeral			Source of Call _____
Gross Profit on Funeral		<u>MS 55</u>	Insured in _____ Amount _____
*Less Overhead Per Funeral			Beneficiary _____
Net Profit Apparent			
REMARKS:			

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





NAME OF DECEASED *Mary Etta Davis* RESIDENCE *Troy Kansas*  
 FUNERAL AT RESIDENCE MORTUARY CHURCH *Christian* DATE *Feb. 27-1937* HOUR *2 PM* CLERGYMAN *Rev. Sapp*  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <i>2443</i> Style <i>Metal Band end style</i>		
Interior <i>grey silk</i> Covering <i>stuffed metal</i>		
Manufacturer <i>Selmon</i>		
Total Net Cost of Casket		
Outer Case		
Vault <i>Underground concrete</i>		
Embalming <i>9</i>		
Clothing <i>+ dress 12.93</i>		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<i>0d5.55</i>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death *No. Meth. Hosp. St. Joseph Mo.*  
 Date of Death *Feb. 24 1937*  
 Cause of Death *Pulmonary edema* Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex *F.* Color or Race *W.*  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth *Sept. 22-1854* Age, Years *82* Months *5* Days *2*  
 Occupation *housewife*  
 How Long at Place of Death *1 day*  
 Birthplace—City or County \_\_\_\_\_ State or Country *Indiana*  
 Name of Father *Nathaniel Plym*  
 Birthplace of Father *Indiana*  
 Maiden Name of Mother *Unknown*  
 Birthplace of Mother \_\_\_\_\_  
 Signed *Paul Forgyne* M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address *St. Joseph Mo.* Date \_\_\_\_\_  
 Interment at *Fanning cemetery*  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of: \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_





















Funeral of Deaver Mary E. Charge to Estate Account No. 272  
 Ordered by \_\_\_\_\_ Guaranteed by Mrs Sampson Serial No. 373  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Christ Date Nov 18 37 Hour 2:30 P.M. Annual No. \_\_\_\_\_  
 Clergyman Rev. H. Elliot Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	400.00	4-23-37	By Ch. Hackney Mrs. Sampson	525.00
	Embalming.....				
	<del>Casket Case</del> or Vault <u>special open end</u>	125.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	To Funeral Complete	525.00			525.00

NAME OF DECEASED Mary E Deaver RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE March 18 1937 HOUR 2:30 PM CLERGYMAN Rev. P. H. Elliot  
 SINGERS Mrs. Herb Wilson - Ethel Lux LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		525.00	Place of Death	<u>Her home Troy Kansas</u>
Casket No. <u>17</u> Style <u>Metal, hard, Couch</u>			Date of Death	<u>March 16 - 1937</u>
Interior <u>Crepe</u> Covering <u>Nevelic</u>			Cause of Death	<u>Coronary thrombosis</u> Contributory
Manufacturer <u>Tribute</u>			Duration	
Total Net Cost of Casket			Sex	<u>F</u> Color or Race <u>W.</u>
Outer Case			Single	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault <u>Special open end</u>			Date of Birth	<u>Dec. 29 1849</u> Years <u>87</u> Months <u>2</u> Days <u>17</u>
Embalmng <u>Springfield</u>			Occupation	<u>housewife</u>
Clothing <u>Springfield</u>	125.00		How Long at Place of Death	<u>17 years</u>
			Birthplace—City or County	<u>Joseph Mo.</u> State or Country <u>Mo.</u>
			Name of Father	<u>Albert Taylor</u>
			Birthplace of Father	<u>unknown</u>
Total Cash Advances			Maiden Name of Mother	<u>Sarah Catherine Dittmose</u>
			Birthplace of Mother	<u>Waspport Ind.</u>
			Signed	<u>A. E. Cordonia</u> M.D. Coroner
			Address	<u>Troy - Kan.</u> Date _____
			Interment at	<u>St. Anne Troy</u>
			Lot or Grave No.	
			Shipped to	
			Arrived from	
			Via	R. R. Date _____
			In Charge of	
Total Net Cost of Funeral			Source of Call	
Gross Profit on Funeral		0.00	Insured in	Amount _____
*Less Overhead Per Funeral			Beneficiary	
Net Profit Apparent				

REMARKS:

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









Funeral of Dittmore John M Sr charge to \_\_\_\_\_ Account No. \_\_\_\_\_  
 Ordered by \_\_\_\_\_ Guaranteed by John M Dittmore Jr Serial No. 375  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Christian Date 7-4-38 Hour 2 P.M. Annual No. 236  
 Clergyman Walter Myers Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	235.00	7-27-38		
	Embalming.....				
	Outer Case or Vault <u>concrete</u>	95.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>suit &amp; clothing</u>	78.50			
	Other Articles of Clothing.....				
	Transferring Body.....	358.50			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Interest to 7-27-38</u>	26.50			
	<u>Filed May 2-1938</u>				
	To Funeral Complete	385.00			385.00

Interest figured by  
 John Bell - Judge  
 Insurance Policies









NAME OF DECEASED Polly B. Etherton RESIDENCE Troy - Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE April 15 - 1937 HOUR 2:30 CLERGYMAN Rev. Finch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	155 <sup>00</sup>	Place of Death <u>Her home Troy - Kansas</u>
Casket No. <u>243</u> Style _____		Date of Death <u>April 13 - 1937</u>
Interior <u>gray cut silk</u> covering <u>Brocade</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Put</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>F</u> Color or Race <u>W.</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>March 8 - 1858</u> Age, Years <u>79</u> Months <u>1</u> Days <u>5</u>
Embalming _____		Occupation <u>housewife</u>
Clothing _____		How Long at Place of Death <u>45 years near Troy</u>
		Birthplace—City or County _____ State or Country <u>Missouri</u>
		Name of Father <u>Unknown</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother _____
		Birthplace of Mother _____
		Signed <u>C. E. Haller</u> M.D. _____ Coroner _____
		Address <u>Troy - Kansas</u> Date _____
		Interment at <u>St. Anne Troy</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral	MSd 55	
*Less Overhead Per Funeral		
Net Profit Apparent		
REMARKS:		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____

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



















NAME OF DECEASED Jeppha Thornton RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH DEATH May 16-1937 HOUR 1:30 PM CLERGYMAN Rev. Elliott  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		125.75	Place of Death <u>Wichita North of Troy</u>
Casket No. _____ Style _____			Date of Death <u>May 14-1937</u>
Interior _____ Covering _____			Cause of Death <u>Life of duty</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>M.</u> Color or Race <u>W.</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>April 3-1865</u> Age, Years <u>72</u> Months <u>1</u> Days <u>1</u>
Embalming _____			Occupation <u>farmer</u>
Clothing _____			How Long at Place of Death <u>39 years</u>
_____			Birthplace—City or County <u>Clarksdale</u> State or Country <u>Missouri</u>
_____			Name of Father <u>John Thornton</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother _____
_____			Birthplace of Mother _____
_____			Signed <u>W. E. Ordover</u> M.D. _____ Coroner
_____			Address <u>Troy Kansas</u> Date <u>5-14-1937</u>
_____			Interment at <u>Thornton cemetery Clarksdale Mo</u>
_____			Lot or Grave No. _____ Section No. _____
_____			Shipped to _____
_____			Arrived from _____
_____			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral <u>AS</u> <u>55</u>			Source of Call _____
*Less Overhead Per Funeral _____			Insured in _____ Amount _____
Net Profit Apparent _____			Beneficiary _____
REMARKS:			

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

























NAME OF DECEASED *Effie Elizabeth Brazelton* RESIDENCE *300 South 29<sup>th</sup> St Joseph Mo*

FUNERAL AT \_\_\_\_\_ RESIDENCE *✓* MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE *Aug 29 1937* HOUR *2 PM* CLERGYMAN \_\_\_\_\_

SINGERS *Brazelton home* LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <i>her home 300 South 29<sup>th</sup> St Joseph Mo</i>
Casket No. <i>76</i> Style <i>half rough getagon</i>		Date of Death <i>Aug 27 - 1937</i>
Interior <i>grey silk</i> Covering <i>silver plush</i>		Cause of Death <i>Carcinoma of uterus</i> contributory
Manufacturer <i>Pat</i>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <i>F</i> Color or Race <i>W</i>
Outer Case		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <i>Sept 13 - 1893</i> Age, Years <i>43</i> Months <i>11</i> Days <i>24</i>
Embalming		Occupation <i>housewife</i>
Clothing		How Long at Place of Death <i>15 yrs</i>
		Birthplace—City or County <i>Troy</i> State or County <i>Kentucky</i>
		Name of Father <i>John Chapple</i>
		Birthplace of Father <i>Virginia</i>
		Maiden Name of Mother <i>Emma Harbitt</i>
		Birthplace of Mother <i>Ohio</i>
Total Cash Advances		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <i>Mt Olivet Cemetery Troy Ky</i>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral	<i>17.55</i>	Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
Net Profit Apparent		

REMARKS:

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





NAME OF DECEASED Miriam Elsie Grant RESIDENCE Los Angeles Cal.  
 FUNERAL AT Grant RESIDENCE MORTUARY CHURCH DATE Aug 31 1937 HOUR 7 PM CLERGYMAN  
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Los Angeles Cal.</u>
Casket No. _____ Style _____		Date of Death <u>Aug 25 1937</u>
Interior _____ Covering _____		Cause of Death <u>Bronchitis Pneumonia Contributory Pharyngitis</u>
Manufacturer _____	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>F</u> Color or Race <u>W.</u>
Outer Case _____		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Dec 13 1909</u> Age, Years <u>27</u> Months <u>8</u> Days <u>11</u>
Embalming _____		Occupation <u>Registered Nurse</u>
Clothing _____		How Long at Place of Death <u>11 months</u>
		Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
		Name of Father <u>Edna Grant</u>
		Birthplace of Father <u>Troy Kansas</u>
		Maiden Name of Mother <u>Gene Clark</u>
		Birthplace of Mother <u>Troy - Kan.</u>
Total Cash Advances _____		Signed <u>Antonio Banch</u> M.D. _____ Coroner
		Address <u>Los Angeles Cal.</u> Date _____
		Interment at <u>Mt Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral <u>MS 55</u>		Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
Net Profit Apparent		

REMARKS:

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

Funeral of Etherton William Isaac Charge to Ester Etherton Account No. \_\_\_\_\_  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 385  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church M.C. Date Sept 14 37 Hour 7 P.M. Annual No. 242  
 Clergyman Rev. Finch Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	285.00	9-30-37	By Club	298 62
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers <u>10.00</u> <u>1 doz 20</u> .....	10.00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	3.42			
	To Funeral Complete	298 62			298 62



NAME OF DECEASED William Isaac Exhertson RESIDENCE Troy Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Trinity M. Ep. DATE Sept 14-1937 HOUR 2 PM CLERGYMAN Rev. Frisch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>his home Troy - Kansas</u>
Casket No. <u>811</u> Style <u>Octagon State 1/2 Couch</u>		Date of Death <u>Sept 12-1937</u>
Interior <u>Architect</u> Covering <u>French Rose Polychrome</u>		Cause of Death <u>Dementia of cystic kidneys</u>
Manufacturer <u>Put</u>	DEBIT	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>M.</u> Color or Race <u>W.</u>
Outer Case		Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault		Date of Birth <u>Sept 9-1885</u> Age, Years <u>52</u> Months <u>0</u> Days <u>3</u>
Embalming		Occupation <u>Retired printer &amp; cleaner</u>
Clothing		How Long at Place of Death <u>47 years</u>
		Birthplace—City or County <u>Byhee</u> State or Country <u>Ill.</u>
		Name of Father <u>William Exhertson</u>
		Birthplace of Father <u>Ill.</u>
		Maiden Name of Mother <u>Polly Dawson</u>
		Birthplace of Mother <u>Ill.</u>
Total Cash Advances		Signed <u>E. Cordner</u> M.D. _____ Coroner
		Address <u>1107 Kansas</u> Date <u>Sept 13-1937</u>
		Interment at <u>Put Over Troy Kansas</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral <u>1.10</u>		Source of Call _____
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____
REMARKS:		

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





NAME OF DECEASED Thomas J. Sparks RESIDENCE Sparks Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE 10-3-37 HOUR 2:30 CLERGYMAN Rev. Barrow  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		170	Place of Death	<u>Sparks Kansas</u>
Casket No. _____ Style _____		16	Date of Death	<u>10-2-37</u>
Interior _____ Covering _____			Cause of Death	<u>Myocarditis</u> Contributory <u>Myelitis</u>
Manufacturer _____	DEBITS		Duration _____	Autopsy _____
Total Net Cost of Casket _____			Sex <u>M</u>	Color or Race <u>W</u>
Outer Case _____			Single _____ Married <input checked="" type="checkbox"/>	Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>Feb 23-1863</u>	Age, Years <u>74</u> Months <u>7</u> Days <u>9</u>
Embalming _____			Occupation <u>Farmer</u>	
Clothing _____			How Long at Place of Death <u>Life</u>	
			Birthplace—City or County <u>St. Joseph</u>	State or Country <u>Mo.</u>
			Name of Father <u>John J. Sparks</u>	
			Birthplace of Father <u>Kentucky</u>	
			Maiden Name of Mother <u>Emily Henderson</u>	
			Birthplace of Mother <u>Kentucky</u>	
Total Cash Advances _____			Signed <u>Ray Weidinger</u>	M.D. _____ Coroner _____
			Address <u>Highland, Ka.</u>	Date <u>10-3-37</u>
			Interment at <u>Folsom cemetery - Sparks, Ka</u>	
			Lot or Grave No. _____	Section No. _____
			Shipped to _____	
			Arrived from _____	
			Via _____	R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____	
Gross Profit on Funeral _____		<u>155</u>		
*Less Overhead Per Funeral _____			Source of Call _____	
Net Profit Apparent _____			Insured in _____	
			Beneficiary _____	

REMARKS:

By this bill all items not covered by direct charges are included in the price and include transportation to and from the funeral home.











NAME OF DECEASED Oliver Franklin Morgan RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE Oct 21-37 HOUR 2 P.M. CLERGYMAN Rev. S. C. Meyer  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Marysville Kansas</u>
Casket No. <u>176</u> Style <u>half couch casket</u>			Date of Death	<u>Oct. 19-1937</u>
Interior <u>grey emb. w/covering</u> <u>Plush</u>			Cause of Death	<u>Killed by train</u> (Contributory)
Manufacture <u>Put</u>	DEBITS		Duration	Autopsy
Total Net Cost of Casket			Sex	<u>M.</u> Color or Race <u>W</u>
Outer Case			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____	
Vault			Date of Birth	<u>Feb. 7-1921</u> Age, Years <u>16</u> Months <u>8</u> Days <u>12</u>
Embalming			Occupation	<u>at home</u>
Clothing			How Long at Place of Death	<u>five hours</u>
			Birthplace—City or County	State or Country
			Name of Father	<u>Harry J. Morgan</u>
			Birthplace of Father	<u>Scammon Kansas</u>
			Maiden Name of Mother	<u>Ruth DeFrees</u>
			Birthplace of Mother	<u>Missouri Mo.</u>
Total Cash Advances			Signed	<u>M. D. at Marysville, Kansas</u> Coroner
			Address	Date
			Interment at	<u>Mt Olive cemetery Troy</u>
			Lot or Grave No.	Section No.
			Shipped to	
			Arrived from	
			Via	R. R. Date
			In Charge of	
Total Net Cost of Funeral			Source of Call	
Gross Profit on Funeral		<u>md5 55</u>	Insured in	Amount
*Less Overhead Per Funeral			Beneficiary	
Net Profit Apparent				
REMARKS:				

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

Funeral of Griffin Idal May Charge to Joe Griffin Account No. \_\_\_\_\_  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 389  
 Funeral at \_\_\_\_\_ Residence Christian Church \_\_\_\_\_ Date Oct 21 Hour 4 P.M. Annual No. 244  
 Clergyman P.H. Elliot Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	100 00	10-23-37	By Cash	101 60
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....	40			
	Use of ..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of ..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	1 20			
	To Funeral Complete	101 60			101 60











Funeral of Kotsch Flora Charge to F.W. Kotsch Account No. \_\_\_\_\_  
 Ordered by Katherine Kimhead Guaranteed by \_\_\_\_\_ Serial No. 391  
 Funeral at \_\_\_\_\_ Residence  Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date Nov. 23-37 Hour 2 PM Annual No. 246  
 Clergyman Rev. S. M. Finch Lodge Affiliations Nov. 23-1937 Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	385.00	Nov. 29-37		492.64
	Embalming.....				
	<del>Outer Case or Vault</del> <u>metal</u> .....	95.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars <u>2 sprays (2)</u> .....	6.00			
	Professional Supervision <u>incl. flowers</u> .....				
	SALES TAX.....	6.64			
	To Funeral Complete	492.64			492.64



NAME OF DECEASED Mrs. Flora Kotsch RESIDENCE Troy-Kanran.  
 FUNERAL AT RESIDENCE  MORTUARY CHURCH Nov. 23-1937 HOUR 2 P.M. CLERGYMAN Rev. Funch  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>her home Troy-Kanran.</u>
Casket No. <u>744 B</u> Style <u>hinge lid &amp; mould</u>			Date of Death	<u>Nov. 21-1937</u>
Interior <u>46 Broad satin covering</u> <u>Samuelson silver</u>			Cause of Death	Contributory _____
Manufacturer <u>Belmont</u>	DEBITS		Duration	Autopsy _____
Total Net Cost of Casket			Sex <u>F</u>	Color or Race <u>W.</u>
Outer Case			Single _____	Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth	<u>Dec 21-1872</u> Age, Years <u>65</u> Months <u>11</u> Days
Embalming			Occupation	<u>housewife</u>
Clothing			How Long at Place of Death	<u>58 years</u>
			Birthplace—City or County	<u>London</u> State or Country <u>Missouri</u>
			Name of Father	<u>James E. Brown</u>
			Birthplace of Father	<u>Platt County Mo.</u>
			Maiden Name of Mother	<u>Matilda Byrnes</u>
			Birthplace of Mother	<u>Platt County Mo.</u>
Total Cash Advances			Signed	<u>C. E. Haller</u> M.D. Coroner
			Address	<u>Troy-Kanran</u> Date _____
			Interment at	<u>St. Anne Cemetery Troy</u>
			Lot or Grave No.	Section No. _____
			Shipped to	
			Arrived from	
			Via	R. R. Date _____
			In Charge of	
Total Net Cost of Funeral			Source of Call	
Gross Profit on Funeral		<u>025.55</u>	Insured in	Amount _____
*Less Overhead Per Funeral			Beneficiary	
Net Profit Apparent				
REMARKS:				

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

Funeral of Mike Michalich Charge to Estate Account No. \_\_\_\_\_  
 Ordered by Geo. John, Frank Michalich Assisted by \_\_\_\_\_ Serial No. 392  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Calvary Date Dec 16-37 Hour 10 AM Annual No. 247  
 Clergyman Father Edwin Schmitz Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

*Other Paid out of pocket  
 124.43  
 Remained as settlement  
 Cash #2825 5.00  
 on order 12.18.37 T.S.B.  
 Mt Olive Cemetery  
 11.18.37 - #1200  
 Tolks chur/Co*

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	100.00	1-19-39		124.43
	Embalming.....				
	Outer Case or Vault.....				19.17
	Washing and Dressing.....				143.60
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>suit</u> .....	15.00			
	Other Articles of Clothing <u>included above</u> .....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	5.00			
	Clergyman.....	5.00			
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>grave + digging</u> .....	17.00			
	SALES TAX.....	1.60			
	To Funeral Complete	143.60			143.60

*Amount short  
 on final settlement  
 is 12.00  
 5.00  
 19.17  
 \$36.17*



NAME OF DECEASED Mike Michalich RESIDENCE N.E. of Sparks  
 FUNERAL AT RESIDENCE MORTUARY CHURCH Catholic DATE Dec 16 1937 HOUR 10 AM CLERGYMAN Rev. E. Schmitz  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>his home N.E. of Sparks</u>
Casket No. <u>51</u> Style <u>oval top lining panel</u>		Date of Death <u>Dec. 12 - 1937</u>
Interior <u>cream</u> Covering <u>emb grey sand</u>		Cause of Death <u>acute Nephritis</u> Contributory <u>infection of gingiva &amp; ulcerated teeth</u>
Manufacturer <u>Rut</u>	DEBITS	Duration _____ Autopsy <u>SW</u>
Total Net Cost of Casket		Sex <u>M</u> Color or Race <u>SW</u>
Outer Case		Single _____ Married <u>yes</u> Widowed _____ Divorced <u>✓</u> Child _____
Vault		Date of Birth <u>unknown</u> exact date _____ Age, Years <u>67</u> about _____ Days _____
Embalming		Occupation <u>farmer</u>
Clothing <u>suit</u>		How Long at Place of Death <u>2 years</u>
		Birthplace—City or County _____ State or Country <u>Germany</u>
		Name of Father <u>unknown</u>
		Birthplace of Father <u>Germany</u>
		Maiden Name of Mother <u>unknown</u>
		Birthplace of Mother <u>unknown</u>
Total Cash Advances		Signed <u>C. Haller</u> M.D. _____ Coroner
		Address <u>Proy - Haus</u> Date _____
		Interment at <u>Mt Olive</u> <u>Proy - Haus</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral	<u>T. Q. 53</u>	Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
Net Profit Apparent		

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





NAME OF DECEASED *Dennis G. Sharp* RESIDENCE *Bendera Kans (R.D.)*  
 FUNERAL AT *Severance* RESIDENCE *M.E.* MORTUARY CHURCH DATE *Dec. 20 1937* HOUR *2 P.M.* CLERGYMAN *O.W. Stanbrough*  
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <i>Home of Jess Sharp S.E. of Bendera</i>
Casket No. <i>732</i> Style <i>Octagon hinge panel</i>		Date of Death <i>Dec - 19 - 1937</i>
Interior <i>gray art</i> Covering <i>Emb. Satin</i>		Cause of Death <i>suiciding by bonds</i> Contributory
Manufacturer <i>Ref</i>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <i>M</i> Color or Race <i>W</i>
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault		Date of Birth <i>Nov. 1 - 1847</i> Age, Years <i>90</i> Months <i>1</i> Days <i>18</i>
Embalming <i>burial suit</i>	<i>15.00</i>	Occupation <i>Ret. farmer</i>
Clothing		How Long at Place of Death <i>2 years</i>
		Birthplace—City or County <i>Scottsbluff</i> State or Country <i>Illinois</i>
		Name of Father <i>Isaac Sharp</i>
		Birthplace of Father <i>England</i>
		Maiden Name of Mother <i>unknown</i>
		Birthplace of Mother <i>unknown</i>
Total Cash Advances		Signed <i>C.E. Walker</i> M.D. Coroner
		Address <i>Droy Kans</i> Date _____
		Interment at <i>Severance Kans</i>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral	<i>TY 55</i>	Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
Net Profit Apparent		

REMARKS:

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







Funeral of Pate Margaret E. Charge to Mike Farrest Account No. \_\_\_\_\_  
 Ordered by Mike Farrest Guaranteed by \_\_\_\_\_ Serial No. 395  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 12-22-37 Hour 10AM Annual No. 249  
 Clergyman Rev. Edw. Schatz Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

*Done*  
*N.T.D. - J.L.S.S.*  
*Paid to Mrs. Kain*  
*Jan - 29-38*  
*F.A.B. ch 3132*

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	500.00	1-17-38		637.58
	Embalming				
	Outer Case or Vault <u>Concrete</u>	90.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <u>dress + clothing</u>	24.00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	15.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	8.58			
	To Funeral Complete	637.58			637.58











Funeral of Chapple William A. Charge to Earl Green Account No. \_\_\_\_\_  
 Ordered by Earl Green Guaranteed by \_\_\_\_\_ Serial No. 397  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Christian Date Jan 2-38 Hour 2 P.M. Annual No. 257  
 Clergyman \_\_\_\_\_ Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial	Date	Description of Service	Amount	Date	✓	Credits
Cemetery		Casket and Services	135.00	Jan 2-38	✓	60.00
Grave No.		Embalming		" " "	✓	1.62
Lot No.		Outer Case or Vault		1-5-38	✓	76.00
Block No.		Washing and Dressing				
Section		Shaving				
Pall Bearers		Slumber Robe				
		Suit or Dress				
		Other Articles of Clothing				
		Transferring Body				
		Door Badge				
		Opening Grave				
		Newspaper Notices				
		Telegrams and Telephone Calls				
		Use of _____ doz. Chairs				
		Flowers				
		Clergyman				
		Singers				
		Casket Coach				
		Use of _____ Funeral Cars				
		Use of Flower Cars				
		Professional Supervision				
		Insurance Policies				
		SALES TAX	1.62			
		To Funeral Complete	136.62			136.62









NAME OF DECEASED Laura Morris RESIDENCE Troy - Kansas  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH Christian DATE Jan 3-1938 HOUR 2 P.M. CLERGYMAN Saff  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>State Hosp Topeka Kans</u>
Casket No. <u>176</u> Style <u>Octagon Day Case</u>		Date of Death <u>Jan 1-1938</u>
Interior <u>grey art</u> Covering <u>Plush</u>		Cause of Death <u>Hypostatic Pneumonia</u>
Manufacturer <u>Rit</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>F</u> Color or Race <u>W</u>
Outer Case		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault <u>Crematory 90</u>		Date of Birth <u>Nov. 3-1887</u> Age, Years <u>50</u> Months <u>1</u> Days <u>29</u>
Embalming <u>at Topeka 35.00</u>		Occupation <u>housewife</u>
Clothing		How Long at Place of Death <u>5 months</u>
		Birthplace—City or County <u>Morley</u> State or Country <u>Kans</u>
		Name of Father <u>Wm D. Sharp</u>
		Birthplace of Father <u>Illinois</u>
		Maiden Name of Mother <u>Lizzie Stess</u>
		Birthplace of Mother <u>Seneca Kansas</u>
Total Cash Advances		Signed <u>Hosp. Doctor</u> M.D. _____ Coroner
		Address <u>Topeka, Kas</u> Date <u>1-1-38</u>
		Interment at <u>Highland Cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral <u>75.35</u>		Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
Net Profit Apparent		
REMARKS:		

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

Funeral of Ralbach Nelson S. Charge to \_\_\_\_\_ Account No. \_\_\_\_\_  
 Ordered by Family Guaranteed by \_\_\_\_\_ Serial No. 399  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church M.C. Date Jan 6, 1958 Hour 2 P.M. Annual No. 253  
 Clergyman Fr. J. H. Hantbrugh Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	285.00	2-7-38		575.06
	Embalming				
	Outer Case or Vault <u>Mausoleum</u>	225.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>shirt 1.50 tie .50</u>	2.00			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	X 5.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX				
		X 8.06			
	To Funeral Complete	585.06			575.06





Funeral of Clark Fred H Charge to \_\_\_\_\_ Account No. \_\_\_\_\_  
 Ordered by Dan Clark Guaranteed by Dan Clark Serial No. 400  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date Jan 9-38 2 PM Annual No. 254  
 Clergyman Rev. Gaston Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....		1-14-38	by Check	25 00
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach <u>9 service</u>	25.00			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>no tax all service</u> SALES TAX				
	To Funeral Complete	25.00			25 00



NAME OF DECEASED Fred H. Clark RESIDENCE Marshall Texas  
 FUNERAL AT Bendena RESIDENCE DATE Jan 9-1938 HOUR 7 P.M. CLERGYMAN Rev. Gaston  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Marshall Texas</u>
Casket No. _____ Style _____		Date of Death <u>Jan 5-1938</u>
Interior _____ Covering _____		Cause of Death <u>Pulver Pneumonia</u> Contributory _____
Manufacturer _____	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>M.</u> Color or Race <u>W.</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Aug 25</u> Age, Years <u>44</u> Months <u>04</u> Days <u>04</u>
Embalming _____		Occupation <u>Welder</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>Bendena</u> State or Country <u>Kan</u>
_____		Name of Father <u>G.A. Clark</u>
_____		Birthplace of Father <u>Bendena - Kansas</u>
_____		Maiden Name of Mother _____
Total Cash Advances _____		Birthplace of Mother _____
_____		Signed _____ M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at <u>Mary - Cemetery</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
_____		In Charge of _____
_____		Source of Call _____
_____		Insured in _____ Amount _____
_____		Beneficiary _____

L.R. Black  
1125 Grand Ave  
K.C. Mo.

Total Net Cost of Funeral \_\_\_\_\_  
 Gross Profit on Funeral 145 55  
 \*Less Overhead Per Funeral \_\_\_\_\_  
 Net Profit Apparent \_\_\_\_\_

REMARKS: Body shipped from Marshall-Texas by Rains & Talley

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







Funeral of William's Nestor Conrad Change to East Account No. \_\_\_\_\_  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 400  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church St. Paul Date 2-5-38 Hour 2 P.M. Annual No. 256  
 Clergyman Hubert H. Hinton Lodge \_\_\_\_\_ Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

*Drum*  
*MTD-MY Tol*  
*Pa 1th*  
*PRE. 11. 1-30-38*  
*T.A. Reba 2838*

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	200 <sup>00</sup>	Jan. 30. 39		
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <i>dress</i>	17.95			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<i>Filed Jan 16-1939</i>				
	SALES TAX	2.66			
	To Funeral Complete	215.61			215.61











Funeral of Hautzenroder George Charge to Clarence Hautzenroder Account No. \_\_\_\_\_  
 Ordered by Family Guaranteed by \_\_\_\_\_ Serial No. 1424  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Christian Date 2-18-38 Hour 2 P.M. Annual No. 329  
 Clergyman Rev. Walter Myers Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	100 00			
	Embalmng				
	Outer Case or Vault				
	Washing and Dressing		6-22-40		101 20
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	1 20			
	To Funeral Complete	101 20			101 20



