

Funeral of Wasson Kathleen June Charge to Joe Wasson Account No. 405
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 2-24-38 Hour 2:30 P.M. Annual No. 513
 Clergyman Rev. David Olson 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	25.00	Feb 28 '38		10.00
	Embalming		9-2043		15.00
	Outer Case or Vault		Dir. To Bal		55
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Bus charge on clothing</u>	<u>25</u>			
	SALES TAX	30			
	To Funeral Complete	25 55			25 55

NAME OF DECEASED Kathleen Emma Wasson RESIDENCE 4 miles N. of Troy
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Feb. 24 1938 HOUR 2:30 CLERGYMAN Rev David Olson
 SINGERS Grace + Vera Rose Earhart LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>her home North of Troy</u>
Casket No. _____	Style <u>Oregon Simple lid</u>		Date of Death	<u>Feb. 23 - 1938</u>
Interior _____	Covering <u>White Linen</u>		Cause of Death	<u>Bronch Pneumonia</u>
Manufacturer <u>Ref</u>			Duration _____	Autopsy _____
Total Net Cost of Casket _____			Sex <u>F</u>	Color or Race <u>W</u>
Outer Case _____			Single _____	Married _____
Vault _____			Widowed _____	Divorced _____
Embalming _____			Child <u>1</u>	
Clothing _____			Date of Birth <u>Sept. 25 - 1927</u>	Age, Years <u>10</u> Months <u>4</u> Days <u>27</u>
Total Cash Advances _____			Occupation	<u>Student</u>
_____			How Long at Place of Death	<u>Life</u>
_____			Birthplace - City or County	<u>Troy</u> State or Country <u>Ka.</u>
_____			Name of Father	<u>Joe Wasson</u>
_____			Birthplace of Father	<u>Bellevue Kansas</u>
_____			Maiden Name of Mother	<u>Baby Bonnerman</u>
_____			Birthplace of Mother	<u>St Joseph Mo.</u>
_____			Signed <u>W.E. Cordones</u>	M.D. _____ Coroner
_____			Address	<u>Troy Kans</u> Date <u>Feb. 24 - 1938</u>
_____			Interment at	<u>Mt Oliv</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>Md 65</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 Clementon John Charge to Estate Account No. 406
 Ordered Ed Mourse Kathie Morris Serial No. _____
 Funeral at Wagon Masonic Church Dayton, Ohio Hour 7 P.M. Annual No. 258
 Clergyman Rev. Gaston Lodge Affiliation Donpha Masonic Lodge Body Shipped to or from _____

Place of Burial	Date	Description of Service	Amount	Date	V	Credits	
Cemetery		Casket and Services	285 00	3-5-38	By Ed Mourse Adm	303	52
Grave No.		Embalming					
Lot No.		Outer Case or Vault					
Block No.		Washing and Dressing					
Section		Shaving					
Pall Bearers		Slumber Robe					
		Suit or Dress					
		Other Articles of Clothing					
		Transferring Body					
		Door Badge					
		Opening Grave	7 00				
		Newspaper Notices					
		Telegrams and Telephone Calls					
		Use of _____ doz. Chairs					
		Flowers	5 00				
		Clergyman					
Singers		Singers					
		Casket Coach					
		Use of _____ Funeral Cars					
		Use of Flower Cars					
Insurance Policies		Professional Supervision	3 00				
		<i>heavy boards</i>					
		<i>Filed 3-5-38</i>					
		SALES TAX	3 52				
		To Funeral Complete	303 52				303.52

NAME OF DECEASED John Clemetson RESIDENCE Doughan Kans
 FUNERAL AT Masonic Temple MORTUARY Sample CHURCH Sample DATE Feb 28 38 HOUR 2 PM CLERGYMAN Rev Gaston
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>his home 5 miles south of Troy</u>
Casket No. <u>802</u> Style <u>State hall coach</u>			Date of Death <u>Feb. 26-1938</u>
Interior <u>Jay Baraneth</u> Covering <u>Steel Birchwood</u>			Cause of Death <u>Coronary Embolism</u>
Manufacturer <u>RH</u>	DEBITS		Duration _____ Autopsy <u>W.</u>
Total Net Cost of Casket			Sex <u>M.</u> Color or Race _____
Outer Case			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>July 16-1871</u> Age Years <u>66</u> Months <u>7</u> Days <u>10</u>
Embalming			Occupation _____
Clothing			How Long at Place of Death <u>Born on same farm</u>
			Birthplace—City or County _____ State or Country _____
			Name of Father <u>Lewis Clemetson</u>
			Birthplace of Father <u>Norway</u>
			Maiden Name of Mother <u>Isabel Helmeeth</u>
			Birthplace of Mother <u>Ohio</u>
Total Cash Advances			Signed <u>A. B. Cordonia</u> M.D. _____ Coroner
			Address <u>Troy, Kansas</u> Date _____
			Interment at <u>W. Elmer 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>75P.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 Kotsch, Francis Lewis Charge to Elizabeth Kotsch Account No. 407
 Ordered by Mrs Elizabeth Kotsch Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary H. Charles Church _____ Date 3-9-38 Hour 9:30 AM Annual No. 259
 Clergyman Rev. Edw. Schantz 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	165.00	3-19-38		313.48
	Embalming <u>at Norton</u>	50.00			
	Outer Case or Vault <u>plain finish</u>	75.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <u>from Norton</u>	20.00			
	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	3.48			
	To Funeral Complete	313.48			313.48

NAME OF DECEASED *Francis Lewis (Frank) Kotloch* RESIDENCE *Troy - Kansas*
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH *St Charles* D *March 9-1938* HOUR *9:30 AM* CLERGYMAN *Rev. Edw Schmutz*
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral _____	
Casket No. <i>243</i> Style <i>Imperial Select</i>	
Interior <i>grey art</i> Covering <i>Silver Brocade Ray Shime</i>	
Manufacturer <i>Rx</i>	DEBITS
Total Net Cost of Casket _____	
Outer Case _____	
Vault _____	
Embalming _____	
Clothing _____	
Total Cash Advances _____	
Total Net Cost of Funeral _____	
Gross Profit on Funeral <i>Mds 55</i>	
*Less Overhead Per Funeral _____	
Net Profit Apparent _____	

Place of Death *Norton Kansas*
 Date of Death *March 6-1938*
 Cause of Death *Pulmonary T.B.* Contributory _____
 Duration _____ Autopsy _____
 Sex *M* Color or Race *R*
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth *Dec-2-1902* Age, Years *35* Months *3* Days *4*
 Occupation _____
 How Long at Place of Death *8 months*
 Birthplace—City or County *Troy Kansas* State or County *Kansas*
 Name of Father *Cyrus Kotloch*
 Birthplace of Father *Troy - Kansas*
 Maiden Name of Mother *Anna Hamilton*
 Birthplace of Mother *Mound City - Mo*
 Signed _____ M.D. _____ Coroner _____
 Address *Norton Kansas* Date _____
 Interment at *St Anne Troy Kans.*
 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 Catherine Gregorie Charge to John + Lewis Gregorie Account No. 408
 Ordered by John + Lewis Gregorie Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Mar 22 1938 Hour 2 P.M. Annual No. _____
 Clergyman _____ 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	3-21-38		35.00
	Embalming.....		3-22-38		88.50
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>clothing</u> <u>Hat</u> <u>pair</u>	10.00			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave <u>pt. to J. Malled 3/21/38</u>	7 00			see note
	Newspaper Notices <u>F.N.B.C. 3175</u>				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	5 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX.....	1 50			
	To Funeral Complete.....	123.50			123.50

NAME OF DECEASED *Catherine Gregorie*

RESIDENCE *Troy - Kansas*

FUNERAL AT RESIDENCE MORTUARY CHURCH

D. *March 22 - 1938* HOUR *2 P.M.* CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. *1600* Style *hinged panel*

Interior *White* Covering *Steel Crepe*

Manufacturer *K.C. Casket & Furniture* DEBITS

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral *DMSS*

*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

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

Place of Death *her home North of Troy*

Date of Death *March 21 - 1938*

Cause of Death _____ Contributory

Duration _____ Autopsy _____

Sex *F.* Color or Race *W.*

Single _____ Married _____ Widowed Divorced _____ Child _____

Date of Birth *Feb-11-1861* Age, Years *77* Months *1* Days *10*

Occupation *housewife*

How Long at Place of Death *25 yrs.*

Birthplace—City or County *Shenando* State or Country *Illinois*

Name of Father *Jacob Klaus*

Birthplace of Father *Germany*

Maiden Name of Mother *Anna Mary Widman*

Birthplace of Mother *Germany*

Signed _____ M.D. _____ Coroner

Address _____ Date _____

Interment at *St. Louis Troy*

Lot or Grave No. _____ Section No. _____

Shipped to

Arrived from

Via _____ R. R. Date _____

In Charge of _____

Source of Call _____

Insured in _____ Amount _____

Beneficiary _____

DFA-311 4 Shts. 1 Plate
 THE BARNES-ROSS CO., INDIANAPOLIS

GENERAL ASSISTANCE ORDER

Office of County Director Social Work

14

No.

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

Funeral of Demming William F. Charge to Doniphan County Account No. 409
 Ordered by Wesley Demming Guaranteed by Doc Patchiff Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date 4-8-38 Hour 2 P.M. Annual No. 260
 Clergyman Rev. Boon Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	50.00	5-5-38	✓	50.00
	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.....				
	<u>File April 15-38</u>				
	SALES TAX				
	To Funeral Complete	50.00			50.00

Funeral of Largelne Isabelle Charge to Est. Account No. 410
 Ordered by A Family Guaranteed by _____ Serial No. _____
 Funeral at Marion Temple Mortuary _____ Date 4-12-38 Hour 2:30 P.M. Annual No. 261
 Clergyman Rev. Beemer Lodge Affiliation Proy Eastern Star Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	285.00	5-4-38		199.59
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>slip</u>	X 1.00			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices	X 7.50			
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	X 7.50			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed April 30-1938</u>				
	SALES TAX	X 3.59			
	To Funeral Complete	299.59			299.59

NAME OF DECEASED Isabelle Lutzeler RESIDENCE Washington Township - Mathews
 FUNERAL AT Masonic Temple RESIDENCE MORTUARY CHURCH April 12-1938 HOUR 2:30 PM CLERGYMAN Rev. Beemer
 SINGERS _____ LODGE AFFILIATIONS Eastern Star service at grave

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Home of Mrs. Margaret Rice</u>
Casket No. <u>Bellair</u> Style <u>half court style</u>			Date of Death <u>April 8-1938</u>
Interior <u>grey Barometer Blown Pallycrome</u> Covering			Cause of Death _____ Contributory _____
Manufacturer <u>Belmont</u>	DEBITS		Duration _____ Autopsy <input checked="" type="checkbox"/>
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>W</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault			Date of Birth <u>Sept 30 1859</u> Age, Years <u>78</u> Months <u>6</u> Days <u>8</u>
Embalming			Occupation <u>housewife</u>
Clothing			How Long at Place of Death <u>59 yrs</u>
			Birthplace—City or County <u>Caldwell</u> State or County <u>New Jersey</u>
			Name of Father <u>Stephen Gould</u>
			Birthplace of Father <u>N. J.</u>
			Maiden Name of Mother <u>Harriet Beach</u>
			Birthplace of Mother <u>N. J.</u>
Total Cash Advances			Signed <u>Benny</u> M.D. _____ Coroner
			Address <u>Acatherla Rd.</u> Date <u>4-12-38</u>
			Interment at _____
			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>100.55</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 Burch August Charge to Mrs Burch Account No. 411
 Ordered by Mrs Burch Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date April 13-1938 Hour 2 P.M. Annual No. 262
 Clergyman Rev. Beemer 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	150.00	4-10-38	By Check Mrs. Burch	158.09
	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 <u>Huron and</u>	46			
	Use of _____ doz. Chairs <u>Leavenworth</u>				
	Flowers	X 3.00			
	Clergyman	X 2.00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Certificate Copy postage 27</u>	27			
	SALES TAX	1.86			
	To Funeral Complete	158.09			158.09

NAME OF DECEASED August Buch RESIDENCE N.E. of Troy
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____
 DATE April 13-1938 HOUR 2 PM CLERGYMAN Rev. Beemer
 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 Troy</u>
Casket No. <u>1504</u> Style <u>Single panel Perf Shrine</u>		Date of Death <u>April 11-1938</u>
Interior <u>gray</u> Covering <u>Emb. doe</u>		Cause of Death <u>gun shot in head (suicide)</u>
Manufacturer <u>K.C. Corbett & Frum</u>	DEBITS	Duration _____ Autopsy <input checked="" type="checkbox"/>
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. 25-1883</u> Age, Years <u>55</u> Months <u>1</u> Days <u>16</u>
Embalming		Occupation <u>farmer</u>
Clothing		How Long at Place of Death <u>11 years</u>
		Birthplace—City or County <u>Farmington</u> State or Country <u>Kan</u>
		Name of Father <u>August Buch</u>
		Birthplace of Father <u>Germany</u>
		Maiden Name of Mother <u>unknown</u>
		Birthplace of Mother <u>Germany</u>
Total Cash Advances		Signed _____ M.D. <u>Ray Needings</u> Coroner
		Address <u>Highland St</u> Date <u>4-11-38</u>
		Interment at <u>Courter 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>WSS</u> <u>56</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 Edmond Ellsworth Conkete Charge to John Conkete Account No. 412
 Ordered by _____ Guaranteed by Agency Missouri Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church May 23-38 Hour 2 P.M. Annual No. 263
 Clergyman _____ 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	<u>265.00</u>			
	Embalming				
	Outer Case or Vault		<u>2-8-39</u>		<u>147.80</u>
	Washing and Dressing				<u>138.68</u>
	Shaving				
	Slumber Robe				
	Suit or Dress <u>suit</u>	<u>15.00</u>			
	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>3.48</u>			
		<u>283.48</u>			
					<u>193.48</u>

See 2 notes
By cash
1 note dated June 1-38
143.74 Admin. fee.

NAME OF DECEASED Elmer Ellsworth Conkle RESIDENCE Agency Missouri
 FUNERAL AT RESIDENCE MORTUARY CHURCH Grant City Mo. DATE May 23-1938 HOUR 2 PM CLERGYMAN
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Home of Son John Conkle - Agency Mo</u>
Casket No. <u>766</u> Style <u>Stab half rough</u>		Date of Death <u>May 21-1938</u>
Interior <u>W. side</u> Covering <u>grey plush</u>		Cause of Death <u>Contributory</u>
Manufacturer <u>RT</u>	DEBITS	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 type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> Child <input type="checkbox"/>
Vault		Date of Birth <u>Mar. 17 1870</u> Age, Years <u>68</u> Months <u>2</u> Days <u>4</u>
Embalming		Occupation <u>Ret. farmer</u>
Clothing		How Long at Place of Death <u>1 1/2 yrs.</u>
		Birthplace—City or County <u>Alton</u> State or Country <u>Iowa</u>
		Name of Father <u>Jonathan Conkle</u>
		Birthplace of Father <u>Zanesville Ohio</u>
Total Cash Advances		Maiden Name of Mother
		Birthplace of Mother
		Signer <u>W.A. Robertson M.D.</u> Coroner
		Address <u>621 1/2 King Hill St. Joplin Mo</u>
		Interment at <u>Fitchell Cemetery - Grant City 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>YSP 55</u>	
*Less Overhead Per Funeral		Source of Call
Net Profit Apparent		Insured in Amount
		Beneficiary
REMARKS:		

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

Funeral of Jan Buskirk Mary Charge to Mrs Merton Brown Account No. 413
 Ordered by Mrs Brown + Sibly Guaranteed by " " " " Serial No. _____
 Funeral at _____ Residence Mortuary _____ Church _____ Date Nov 30 1938 Hour 2:30 PM Annual No. 330
 Clergyman Rev S J Bonner 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	235.00	7-7-38		25.00
	Embalming		8-11-38		25.00
	Outer Case or Vault		11-10-38		25.00
	Washing and Dressing		4-22-39		25.00
	Shaving		10-12-39		10.00
	Slumber Robe		7-19-41		10.00
	Suit or Dress		8-19-41		5.00
	Other Articles of Clothing		11-22-41		10.00
	Transferring Body		4-23-41		50.00
	Door Badge		6-25-42		50.00
	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	2.82			
	To Funeral Complete	237.82			237.82

NAME OF DECEASED Mary A. VanBuskirk RESIDENCE Troy - Kansas
 FUNERAL AT _____ RESIDENCE MORTUARY _____ CHURCH _____
 DATE May 30 1938 HOUR 2:30 PM CLERGYMAN Rev. Kramer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>New home Troy - Kans.</u>
Casket No. <u>333</u> Style <u>Deluge - half couch</u>		Date of Death <u>May 28-1938</u>
Interior <u>#3 Sil. Barometer</u> Uprising <u>Oct. just</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Ret</u>	DEBITS	Duration _____ Autopsy <input checked="" type="checkbox"/>
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>Oct. 28 1844</u> Age, Years <u>93</u> Months <u>7</u> Days _____
Embalming _____		Occupation <u>housewife</u>
Clothing _____		How Long at Place of Death <u>60 yrs</u>
		Birthplace—City or County <u>Bonanza Mo</u> State or Country <u>Mo</u>
		Name of Father <u>Lewis H. Edgar</u>
		Birthplace of Father <u>Persadville Ky</u>
		Maiden Name of Mother <u>Margaret Burt</u>
		Birthplace of Mother <u>Baltimore Md</u>
Total Cash Advances _____		Signed <u>C. E. Hall M.D.</u> Coroner
		Address <u>Troy Mo</u> Date _____
		Interment at <u>Mt. Olive Troy - 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>NIATSS</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.

Funeral of Etherton Bessie Charge to Est. Account No. 414
 Ordered by Lottie Etherton Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church June 10-38 Hour 7 P.M. Annual No. 264
 Clergyman Napp 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.....		6-15-38		30 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 <u>met train</u> <u>at St. Joseph, hearse +</u> <u>personal services for</u> <u>funeral</u> <u>funeral notices + text</u>	25 00			
	SALES TAX	5 00			
	To Funeral Complete	30 00			30 00

NAME OF DECEASED *Bessie Etherton* RESIDENCE *Copeland Kansas*
 FUNERAL AT RESIDENCE MORTUARY CHURCH *Christian* DATE *June 10-1938* HOUR *2 P.M.* CLERGYMAN *Jaff.*
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		<u>30.00</u>	Place of Death	<i>Copeland Kansas</i>
Casket No. _____ Style _____			Date of Death	<i>June 7-1938</i>
Interior _____ Covering _____			Cause of Death	<i>Polycystic Degeneration of Kidneys</i>
Manufacturer _____	DEBITS		Duration _____	Autopsy _____
Total Net Cost of Casket _____			Sex <i>F</i>	Color or Race <i>W.</i>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child _____	
Vault _____			Date of Birth <i>5-9-18</i> Age, Years <i>57</i> Months _____ Days <i>27</i>	
Embalming _____			Occupation <i>Reg. Nurse</i>	
Clothing _____			How Long at Place of Death <i>10 yrs</i>	
			Birthplace—City or County <i>De Kalb</i> State or Country <i>Mo</i>	
			Name of Father <i>Jar A. Etherton</i>	
			Birthplace of Father <i>Carla Co. Tenn.</i>	
			Maiden Name of Mother <i>Lucinda Roberts</i>	
			Birthplace of Mother <i>De Kalb. Mo</i>	
Total Cash Advances _____			Signed _____ M.D. _____ Coroner	
			Address _____ Date _____	
			Interment at <i>mt Olive Troy-Mo</i>	
			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 <i>15.53</i>				
*Less Overhead Per Funeral _____				
Net Profit Apparent _____				
REMARKS: _____			Source of Call _____	
			Insured in _____ Amount _____	
			Beneficiary _____	

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

Funeral of Gabbert Edward E Charge to _____ Account No. 415
 Ordered by Mrs Gabbert + Family Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church M.E. Date 7-1-38 Hour 7 P.M. Annual No. 265
 Clergyman J.D. Beaman Lodge Affiliations Mason, Eastern Star, Kewanee 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.....	200.00	7-7-38		202.40
	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.....				
SALES TAX		2.40			
To Funeral Complete		202.40			202.40

NAME OF DECEASED Edward E Gabbert RESIDENCE Troy, Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Troy M. E. DATE July 1-1938 HOUR 2 PM CLERGYMAN Rev. Beamer
 SINGERS Lesla Norman-Evelyn Haupt LODGE AFFILIATION Mason, Eastern Star, Kiwanis

REVENUE ITEMS AND THEIR COST		CREDITS
Charge for Complete Funeral		
Casket No. <u>777</u> Style <u>hazel panel</u>		
Interior <u>grey</u> Covering <u>blue Ripley cloth</u>		
Manufacturer <u>RT</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>MS 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.

PERSONAL AND STATISTICAL

Place of Death his home Troy, Ka
 Date of Death June 29-1938
 Cause of Death Cerebral Hemorrhage
 Duration _____ Autopsy _____
 Sex M. Color or Race W.
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Oct 12-1874 Age, Years 64 Months 8 Days 17
 Occupation Real estate & Insurance
 How Long at Place of Death Last time 6 yrs
 Birthplace—City or County Troy State or Country Kansas
 Name of Father Nathan C Gabbert
 Birthplace of Father _____
 Maiden Name of Mother Fannie Jones
 Birthplace of Mother Georgia
 Signed Ch. Haller M.D. Coroner
 Address Troy-Kansas Date _____
 Interment at Mt Olive Troy-Ka
 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 Ruth Ann Redding Charge to Gould Redding Account No. 416
 Ordered by Gould Redding Guaranteed by Pa. Serial No. _____
 Funeral at no service Residence _____ Mortuary _____ Church _____ Date 7-10-38 Hour 4 P.M. Annual No. 266
 Clergyman none 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.....	12.50	7-10-38	Carl Gould Redding	20.65
	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.....	5.00			
	<u>Carlylaune</u>	3.00			
	<u>septor</u>				
	SALES TAX	15			
	To Funeral Complete	20.65			20.65

NAME OF DECEASED

Ruth Ann Redding

RESIDENCE

Union Star Mo

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH

DATE

HOUR

CLERGYMAN

none

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

A d S

REMARKS:

Place of Death

Mo Meth Hosp

Date of Death

July 9 - 1938

Cause of Death

Still born

Contributory

Duration

Autopsy

Sex

F

Color or Race

W

Single

Married

Widowed

Divorced

Child

Date of Birth

July 9 1938

Age, Years

Months

Days

Occupation

Still born

How Long at Place of Death

Born dead at Hosp

Birthplace—City of County

St Joseph Mo

Name of Father

Gould Redding

Birthplace of Father

Union Star Mo

Maiden Name of Mother

Laurie Ribler

Birthplace of Mother

Troy Kan

Signed

S. La Madone M.D.

Coroner

Address

620 Francis St St Joseph Mo

Interment at

Mt Olive Cemetery Troy

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

In Charge of

Source of Call

Insured in

Amount

Beneficiary

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

Funeral of Eisenberg Jesse E Charge to Alice Eisenberg Account No. 417
 Ordered by Alice Eisenberg Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Day 7-11-38 Hour 10:30 AM Annual No. 267
 Clergyman Rev. M. E. Green 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	35.00	7-22-38	✓	35.00
	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				
	SALES TAX				
	To Funeral Complete	35.00			35.00

NAME OF DECEASED J. E. Eisenberg RESIDENCE Sacramento California
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE July 11-1938 HOUR 10:30 A.M. CLERGYMAN Rev. M. E. Krew
 SINGERS Pub. Add. System LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Sacramento Cal.</u>
Casket No. <u>✓</u> Style <u>left panel section</u>			Date of Death	<u>July 6-1938</u>
Interior <u>✓</u> Covering <u>gray lamb.</u>			Cause of Death	<u>Coronary thrombosis</u>
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	Divorced
Embalming			Child	
Clothing			Date of Birth	Age <u>Years 63</u> Months <u>7</u> Days <u>18</u>
			Occupation	<u>Carpenter</u>
			How Long at Place of Death	<u>None</u>
			Birthplace—City or County	<u>Alexandria Pa.</u>
			State or Country	
			Name of Father	
			Birthplace of Father	
			Maiden Name of Mother	
			Birthplace of Mother	
Total Cash Advances			Signed	M.D. _____ Coroner
			Address	<u>St Albine Troy - N.Y.</u>
			Interment at	<u>St Albine Troy - N.Y.</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		<u>md 65</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 Thomas Mary W. Charge to Geo Thomas Account No. 418
 Ordered by Geo Thomas + Mrs. Thomas Guaranteed by " Serial No. "
 Funeral at Residence Mortuary Church Date July 28-38 Hour 7 P.M. Annual No. 268
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial	Date	Description of Service	Amount	Date	✓	Credits	
Cemetery		Casket and Services	135 00	7-29-38	By bal Ch Geo Thomas	10 00	
Grave No.		Embalming		8-8-38	Ch Geo Thomas	10 00	
Lot No.		Outer Case or Vault		7-12-38	"	10 00	
Block No.		Washing and Dressing		9-9-38	Ch Geo Thomas	106 50	
Section		Shaving		9-10-38	Ch Geo Thomas	1 00	
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		Singers					
		Casket Coach					
		Use of _____ Funeral Cars					
		Use of Flower Cars					
		Professional Supervision					
Insurance Policies		<u>Filed 7-30-1938</u>					
		SALES TAX					
		To Funeral Complete					
			136 62			136 62	

NAME OF DECEASED Mary W Thomas RESIDENCE Fanning - Kansas
 FUNERAL AT Sparks RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE July 28 1938 HOUR 2 P.M. CLERGYMAN Wm Groubley
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>her home Fanning Mo.</u>
Casket No. <u>Bergin</u> Style <u>large panel octagon</u>		Date of Death <u>July 26 - 38</u>
Interior <u>gray silk</u> Covering <u>Embl. steel case</u>		Cause of Death <u>Pulsen taken internally</u>
Manufacturer <u>Sterling (Bergin)</u>		Duration <u>insult sodium Fluoride</u>
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>Feb. 14 1878</u> ge, Years <u>60</u> Months <u>5</u> Days <u>12</u>
Embalming		Occupation <u>housewife</u>
Clothing		How Long at Place of Death _____
		Birthplace—City or County <u>Janesville</u> State or Country <u>Wis.</u>
		Name of Father <u>Alexander Hazel</u>
		Birthplace of Father <u>Ireland</u>
Total Cash Advances		Maiden Name of Mother <u>Emerson</u>
		Birthplace of Mother _____
		Signed _____ M.D. <u>Roy Meadinger</u> Coroner
		Address _____ Date _____
		Interment at <u>Total Cemetery Sparks Mo.</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>TS SS</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 Henry Irving Hackney Charge to Etha Hackney Account No. 419
 Ordered by Etha Hackney Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence Mortuary _____ Church _____ Day 8-22-38 Hour 2.30 P.M. Annual No. 269
 Clergyman _____ 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	375.00	Oct. 4-38		544.56
	Embalming				
	Outer Case or Vault <u>open end</u>	135.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>list of pub. place</u>	X 18.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Mt Olive Cemetery Assoc</u>	X 9.00			
	SALES TAX	X 7.56			
	To Funeral Complete	544.56			544.56

NAME OF DECEASED Glen Irving Hackney RESIDENCE Troy, Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Aug 22, 1938 HOUR 2:30 PM CLERGYMAN Rev. Mrs. Mearge
 SINGERS Mrs. Langaker LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____

Casket No. 2143 State heavy R.E. State

gray Imperial Craft It steel B. Cloth
Manufactured in over gray donat

Total Net Cost of Casket _____

Outer Case _____

Vault _____

Embalming _____

Clothing _____

Total Cash Advances _____

Total Net Cost of Funeral _____

Gross Profit on Funeral 00A 55

*Less Overhead Per Funeral _____

Net Profit Apparent _____

REMARKS:

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

Place of Death Sisters Hosp. St Joseph Mo

Date of Death Aug 20, 1938

Cause of Death Endocarditis

Duration _____

Autopsy _____

Sex M.

Color or Race W.

Single _____

Married _____

Widowed _____

Divorced _____

Child _____

Date of Birth Oct 31-1891

Age Years 46

Months 9

Days 19

Occupation Book keeper

How Long at Place of Death _____

Birthplace—City or County Troy

State or Country Kansas

Name of Father James Hackney

Birthplace of Father Wichita, Kansas

Maiden Name of Mother Hannah Kirby

Birthplace of Mother Troy Mo.

Signed D. Byrne

M.D.

Coroner

Address St Joseph Mo 8-70-38

Interment at St. Anne 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 Gallagher Bridget J. Charge to Estate Account No. 421
 Ordered by Jim Kelly + Nellie Reddy Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church ✓ Aug 30-38 Hour 10 AM Annual No. 276
 Clergyman Rev. Edw. Schmitz Lodge _____ Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers _____
 Singers _____
This dress has been paid 11-12-38 F.L.B. clm 2798

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	265 00	Oct 9 38	Bych. J. Kelly Edm	200 00
	Embalming		2-18-39	" " " " " "	80 42
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress + clothing	10 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>boards</u>	2 04			
	<u>Filed 9-26-38</u>				
	SALES TAX	3 38			
	To Funeral Complete	280 42			280 42

NAME OF DECEDENT Bridget Julieta Gallagher RESIDENCE Home of Anthony Kelly Sparks
 FUNERAL AT Residence MORTUARY _____ CHURCH Faithful Catholic DATE Aug 30 1938 HOUR 10 A.M. CLERGYMAN Rev. Edward Schmitz
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Home of Anthony Kelly Sparks</u>
Casket No. <u>258</u>			Date of Death	<u>Aug 27 - 1938</u>
Interior <u>Diagonal panel 1/2 Coeur</u>			Cause of Death	<u>Coronary Arteriosclerosis</u>
Manufacturer <u>Per</u>			Duration	<u>Found dead in bed</u>
Total Net Cost of Casket			Sex	<u>F</u> Color or Race <u>W</u>
Outer Case			Single	<input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault			Date of Birth	<u>Sept 28 - 1865</u> Age, Years <u>72</u> Months <u>11</u> Days <u>1</u>
Embalming			Occupation	<u>Housewife</u>
Clothing			How Long at Place of Death	<u>70 years</u>
			Birthplace—City or County	<u>Lawrence, Mass.</u> State or Country <u>Mass</u>
			Name of Father	<u>Patrick Kelly</u>
			Birthplace of Father	<u>Ireland</u>
			Maiden Name of Mother	<u>Ellen King</u>
			Birthplace of Mother	<u>Ireland</u>
			Signer	<u>Roy Weidinger</u> M.D. Coroner
Total Cash Advances			Address	<u>Highland Kansas</u>
			Interment	<u>St. Mary's Catholic 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>MTS</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 Dishon Grant Sr Charge to Grant Dishon Jr - Deulah Design No. 422
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church Dolph Hour 9:30 P.M. Annual No. 271
 Clergyman _____ 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.....	225.00	9-15-37		11 25
	Embalming.....		9-15-37		108 23
	Outer Case or Vault.....		9-15-37		108 22
	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.....				
	SALES TAX	2.70			
	To Funeral Complete	227.70			227.70

NAME OF DECEASED Grant Dishon Sr RESIDENCE Troy, Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Sept 15-1938 HOUR 2:30 PM CLERGYMAN Rev. Beamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. 777 Style State Buize Panel
 Interior gray silk Covering Dark steel Ripley
 Manufacture Reit DETAILS
 Total Net Cost of Casket _____
 Outer Case _____
 Vault _____
 Embalming _____
 Clothing _____
 Total Cash Advances _____
 Total Net Cost of Funeral _____
 Gross Profit on Funeral MM 55
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

Place of Death Mo. Meth. Hosp.
 Date of Death Sept 12-1938
 Cause of Death Hemorrhage from stomach
 Duration _____ Autopsy _____
 Sex M. Color or Race W.
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Sept 30-1863 Age, Years 74 Months 11 Days 12
 Occupation orchardist
 How Long at Place of Death short a week
 Birthplace Near St. Joseph, Mo. State or Country _____
 Name of Father Oliver Dishon
 Birthplace of Father Missouri
 Maiden Name of Mother Elizabeth Harner
 Birthplace of Mother Mo
 Signed Paul Forgrave M.D. Coroner
 Address St. Paul, Mo.
 Interment at Mt. Olive Troy-Ka.
 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.

NAME OF DECEASED Infant of Louise Colley RESIDENCE _____
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE Sept 13-38 HOUR _____ CLERGYMAN Quombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		12.00	Place of Death <u>home of Jackson</u>
Casket No. _____ Style _____			Date of Death <u>Sept 12 1938</u>
Interior _____ Covering _____			Cause of Death <u>pernicious anemia</u> Contributory _____
Manufacturer _____	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 _____ Age, Years _____ Months _____ Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County _____ State or Country _____
			Name of Father <u>Louise Colley</u>
			Birthplace of Father <u>Illinois</u>
Total Cash Advances _____			Maiden Name of Mother <u>Mabel Jackson</u>
			Birthplace of Mother <u>Illinois</u>
			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Polk 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 _____		ASS	Source of Call _____
*Less Overhead Per Funeral _____			Insured in _____ Amount _____
Net Profit Apparent _____			Beneficiary _____

REMARKS:

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

Funeral of Burchett Franklin Pearce Account No. 424
 Ordered by Mrs Mike Hale Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 9-18-36 Hour 2 P.M. Annual No. 273
 Clergyman P.H. Elliott 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	135 00	11-3-39		
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	15,00			
	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 Sept 21-1938</u>				
	SALES TAX	1 92			
	To Funeral Complete	151 92			151 92

*By Ch
 A.C. Ohlmanson Cdr 151.92*

NAME OF DECEASED Franklin Pierce Burchett RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE Sept 18 1938 HOUR 7 PM CLERGYMAN P. H. Elliott
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Home of Mike Hale Troy - Mo</u>
Casket No. <u>232</u> Style <u>hinged panel</u>			Date of Death <u>Sept 16 1938</u>
Interior <u>grain</u> Covering <u>Emb/ Lamb</u>			Cause of Death <u>Alphagitis</u> Contributory _____
Manufacturer <u>Ref</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>Sept 16 1869</u> Age, Years <u>69</u> Months <u>0</u> Days <u>0</u>
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death <u>4 6 yrs near Troy</u>
			Birthplace—City or County <u>Delkald</u> State or Country <u>Mo</u>
			Name of Father <u>John Burchett</u>
			Birthplace of Father <u>Putnam County Mo</u>
			Maiden Name of Mother <u>Malissa Nisley</u>
			Birthplace of Mother <u>Kentucky</u>
			Signed <u>A. E. Cordova</u> M.D. Coroner
Total Cash Advances			Address <u>Troy Kans</u> Date <u>9-17-38</u>
			Interment at <u>St. Andrew's 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>MISS 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 Crowley John Charge to _____ Account No. 425
 Ordered by Jerry & Ethel Guaranteed by Jerry Crowley Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church St. Charles Date Oct 10 9 AM Annual No. 274
 Clergyman Father Edward Norkie 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 <u>+ vault</u>	<u>425 00</u>	<u>Oct. 10-38</u>	<u>By Ch. Mary Crowley</u>	<u>436 16</u>
	Embalming <u>garment</u>	<u>95</u>			
	Outer Case or Vault <u>Concrete Crypt</u>				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>shirt tie</u>	<u>2 00</u>			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>X</u>	<u>5 00</u>			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		<u>2 00</u>			
		<u>7 16</u>			
		<u>436 16</u>			<u>436 16</u>

Not Invoiced for
 SALES TAX

To Funeral Complete

Funeral of Johansen Petter H Charge to Estate Account No. 426
 Ordered by Wm Myers Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Banana Date Oct. 12-38 Hour 10-AM Annual No. 275
 Clergyman Rev. Houston Lodge Affiliations S.O.F. 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	295 00	10-21-38		396 44
	Embalming				
	Outer Case or Vault <u>metal vault</u>	95 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>shirt</u>	1 00			
	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 Oct. 15-38</u>				
	<u>Et. receipt mailed to W. H. Myers</u>				
	<u>SALES TAX</u>				
		<u>5 11 11</u>			
	To Funeral Complete	<u>396 44</u>			<u>396 44</u>

NAME OF DECEASED Petter H. Johansen RESIDENCE Bendena Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Bendena Lutheran DATE Oct. 12-1938 HOUR 10 a.m. CLERGYMAN Rev. Gaston
 SINGERS _____ LODGE AFFILIATIONS S.O.F.

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral	
Casket No. <u>Bellare</u> Style <u>Round end</u>	
Interior <u>grey silk</u> Covering <u>Brown Polychrome</u>	
Manufacturer <u>Belmont</u>	
Total Net Cost of Casket	
Outer Case	
Vault <u>metallic</u>	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>7.25</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death His home Bendena Kansas
 Date of Death Oct. 10-1938
 Cause of Death Cerebral Hemorrhage
 Duration _____ Autopsy _____
 Sex M - Color or Race W
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Oct 25-1863 Age, Years 75 Months 11 Days 15
 Occupation school janitor
 How Long at Place of Death 44 yrs.
 Birthplace—City or County Christiana State or Country Norway
 Name of Father John Johansen
 Birthplace of Father Norway
 Maiden Name of Mother Kulander
 Birthplace of Mother Norway
 Signed P. P. Cluby M.D. _____ Coroner
 Address Bendena Ks. Date Oct. 10-38
 Interment at May 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 _____

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 Blanton Alice Charge to Dorothy Blanton Account No. 427
 Ordered by Dorothy Blanton Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Oct 18 38 Hour _____ Annual No. 276
 Clergyman Wm. W. W. W. Lodge Affiliations _____ Body Shipped to or from _____

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

*This charge has been paid
 M.H.E. 15
 F.H.B. ch 3310*

Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	165.00	Oct 29 38		204.48
	Embalming <i>at Webb City</i>	25.00			
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <i>dress</i>	70.00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	2.50			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	1.98			
	To Funeral Complete	204.48			204.48

NAME OF DECEASED Alice Blanton RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____
 DATE Oct. 18-1938 HOUR 2 PM CLERGYMAN Wm DeWombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Webb City Missouri</u>
Casket No. _____ Style <u>Perf. Shrimie</u>		Date of Death <u>Oct. 16-1938</u>
Interior <u>grey stch</u> Covering <u>Emb. Lamb.</u>		Cause of Death <u>Culm. 113</u> Contributory _____
Manufacturer <u>K.E. Carhart & Furn. Co.</u> <small>DEB</small>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>F</u> Color or Race _____
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth _____ Age, Years _____ Months _____ Days _____
Embalming _____		Occupation <u>housewife</u>
Clothing _____		How Long at Place of Death <u>13 months</u>
		Birthplace—City or County <u>Tampa</u> State or Country <u>Kansas</u>
		Name of Father <u>Ben Thomas</u>
		Birthplace of Father <u>Frankfort Ky</u>
Total Cash Advances _____		Maiden Name of Mother <u>Nancy Crow</u>
		Birthplace of Mother <u>De Kalb. Mo</u>
		Signed _____ M.D. _____ Coroner _____
		Address <u>Webb City</u> Date <u>Oct. 16-38</u>
		Interment at <u>Family 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>MM \$5</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 Scarborough Sarah Catherine Account No. 428
 Ordered by Alphus Sylvia Bertha Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christian Date 10-19-38 Hour 2 P.M. Annual No. 277
 Clergyman Sapp Lodge Affiliations _____ Body Shipped to or from _____

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

*Wm on
 Paid to 1/28/39
 4-12-39*

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	265.00	10-26-38		118.93
	Embalmng		11-12-38		150.00
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <i>W wear</i>	.75			
	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	3.18			
	To Funeral Complete	268.93			268.93

NAME OF DECEASED Sarah Catherine Scarbrough RESIDENCE Troy - Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE Oct. 19 - 1938 HOUR 2 PM CLERGYMAN Seiff.
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>275</u> Style <u>Diagonal Velveteen</u>		
Interior <u>Grey Crepe</u> Covering <u>Nassau</u>		
Manufacturer <u>Put</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>755 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death Mo. Meth Hosp.
 Date of Death Oct. 17 - 1938
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W.
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Jan 23 - 1872 Age, Years 66 Months _____ Days _____
 Occupation housewife
 How Long at Place of Death 1 day
 Birthplace—City or County _____ State or Country Iowa
 Name of Father Amos Jennings
 Birthplace of Father Ohio
 Maiden Name of Mother Margaret Anne Pisin
 Birthplace of Mother Ohio
 Signed H. W. Carle M.D. _____ Coroner
 Address St. Joseph's Mo. Date _____
 Interment at St. Olive Troy - Ks.
 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 Mrs. Martha F. Abreshon Charge to Doniphan County Account No. 429
 Ordered by M. L. Chapple Board of Commissioners Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date _____ Hour _____ Annual No. 278
 Clergyman Blanner 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	50.00	11-12-38		50.00
	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				
	<u>Filed Oct. 25-1938</u>				
	<u>no</u> SALES TAX	50.00			
	To Funeral Complete	50.00			50.00

NAME OF DECEASED Martha Francis Merahon RESIDENCE Doniphan Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE Oct 24-1938 HOUR 2:30 AM CLERGYMAN Rev. Beamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral	50.00	
Casket No. <u>100</u> Style <u>flat top</u>		
Interior <u>ry</u> Covering <u>crepe</u>		
Manufacture <u>ry</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>yd 50</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

PERSONAL AND STATISTICAL

Place of Death her home Doniphan Kans
 Date of Death Oct 22-1938
 Cause of Death Cardiac decompensation
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth June 18-1873 Age, Years 65 Months 9 Days 4
 Occupation housewife
 How Long at Place of Death 20 yrs
 Birthplace—City or County Russell Co. Mo.
 Name of Father Perrin Echols
 Birthplace of Father unknown
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed J. W. Motherhead M.D. _____
 Address Doniphan Mo. Date Oct 24-38 Coroner _____
 Interment at Fanning Kans
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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

Funeral of Johansen Frederick Ferdinand Account No. 430
 Ordered by Paul + Maeter Guaranteed by Pd for Ch Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 10-28-38 Hour 2 PM Annual No. 279
 Clergyman Robt. Boston 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	165.00	Oct. 27-38	By Ch. Walter Johnson	169 27
	Embaling				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>Old wear, 1 pair shirt 7.25</u>				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	2 02			
	To Funeral Complete	169 27			169 27

Funeral of Fenley Lillie Florence Charge to Est Account No. 431
 Ordered by Family Walter W. Fenley No.
 Funeral at Residence Mortuary Church Church Date 11-16-38 Hour 2-30 P.M. Annual No. 280
 Clergyman Rev. Elliott 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	325.00	1-9-39	By Cash	400.00
	Embalming				
	Outer Case or Vault <u>Mausoleum</u>	225.00			
	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 <u>5.00-10.00</u> doz. Chairs <u>at 30</u>	15.30	Nov. 20	By cash	15.30
	Clergyman				
	Singers		3-9-29	By W. Fenley	158.40
	Casket Coach				
	Use of <u> </u> Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed Nov. 23</u>	38			
	SALES TAX	8.40			
	To Funeral Complete	573.70			573.70

325
 X 225

 550

NAME OF DECEASED Lillie Florence Fonley RESIDENCE Troy - Kansas
 FUNERAL AT Christian RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE Nov. 16-1938 HOUR 2:30 PM CLERGYMAN Rev. Elliott
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>5692</u> Style <u>Metallic Slab 1/2 Couch</u>		
Interior <u>gray silk</u> Covering <u>Metal finish</u>		
Manufacturer <u>Springfield</u>		
Total Net Cost of Casket		
Outer Case		
Vault <u>Mausoleum</u>		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>64M 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.

PERSONAL AND STATISTICAL

Place of Death her home Troy - Kans
 Date of Death Nov. 13-1938
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth June 30-1869 Age, Years 69 Months 4 Days 13
 Occupation housewife
 How Long at Place of Death 25 years Troy
 Birthplace—City or County Highland State or Country Kansas
 Name of Father Walton Powell
 Birthplace of Father Kentucky
 Maiden Name of Mother Rebecca Jesse
 Birthplace of Mother De Kalb County Mo
 Signed A. C. Cordonier Coroner
 Address Troy - Kas Date _____
 Interment at Highland 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 Hill Myrtle M Charge to _____ Account No. 432
 Ordered by Randy Family + W/P Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence Mortuary _____ Church _____ Date 11-19-38 Hour 1 P.M. Annual No. 281
 Clergyman Rev. Beamer 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 <input checked="" type="checkbox"/>	2 65	12-28-38	<input checked="" type="checkbox"/>	2 68 18
	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				
	SALES TAX	3 18			
	To Funeral Complete	2 68 18			2 68 18

NAME OF DECEASED Myrtle M. Still RESIDENCE Wray Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE Nov. 19-1938 HOUR 1 PM CLERGYMAN Rev. Beamer
 SINGERS Church Choir LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Sisters Hosp St Joseph Mo</u>
Casket No. <u>275</u> Style <u>Dragon of octagon</u>			Date of Death <u>Nov. 17 1938</u>
Interior <u>Wheat Creek</u> Covering <u>Wassau</u> Upholstery <u>Wheat</u>			Cause of Death <u>Endocarditis</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <input checked="" type="checkbox"/>
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>Apr 21-1884</u> Age, Years <u>54</u> Months <u>7</u> Days <u>27</u>
Embalming _____			Occupation <u>Secretary AAA</u>
Clothing _____			How Long at Place of Death <u>1 week 7 days</u>
			Birthplace—City or County <u>Colorado Springs</u> State or Country <u>Colorado</u>
			Name of Father <u>Jas. R. Still</u>
			Birthplace of Father <u>St Joseph Mo</u>
			Maiden Name of Mother <u>Florence Brown</u>
			Birthplace of Mother <u>St Joseph - Mo</u>
Total Cash Advances _____			Signed <u>J. S. Beamer</u> M.D. Coroner
			Address <u>St Joseph Mo</u> Date <u>11-18-38</u>
			Interment at <u>Miller Missouri</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>55 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.

11-30-38 Mrs Stark has been paid for this dress in cash

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

dress
045
12.95

Funeral of Milke Mary A Charge to Wm Milke Account No. 433
 Ordered by Wm Milke Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Benona Date 11-22-38 2-30 P.M. Annual No. 282
 Clergyman Rev. R. J. Gaston Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	265.00	11-30-38		13.20
	Embalming		12-5-38		270.69
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress + clothing	12.95			
	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				
	Top boards	2.50			
	SALES TAX	3.44			
	To Funeral Complete	283.89			283.89

26.5
12.95
Total 252.45
1240.45

NAME OF DECEASED Mary A. Stilke RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY Barbara CHURCH Lutheran DATE Nov. 27-38 HOUR 2:30 PM CLERGYMAN Rev. Rolt Gaston
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>her home Troy Kansas</u>
Casket No. <u>766</u> Style <u>stat huf Couch</u>		Date of Death <u>Nov - 19 - 1938</u>
Interior <u>rouce</u> Covering <u>Cedar wood</u>		Cause of Death <u>Natural Insufficiency</u>
Manufacturer <u>not</u>		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>July 28 1861</u> Age, Years <u>77</u> Months <u>3</u> Days <u>21</u>
Embalming		Occupation <u>housewife</u>
Clothing <u>dress</u>		How Long at Place of Death _____
		Birthplace—City or County _____ State or County <u>West Va</u>
		Name of Father <u>Kings Beckliff</u>
		Birthplace of Father <u>Germany</u>
Total Cash Advances		Maiden Name of Mother <u>Germa Albert</u>
		Birthplace of Mother <u>Germany</u>
		Signed <u>W.E. Cordover</u> M.D. _____ Coroner
		Address <u>Troy Ks</u> Date <u>11-21-38</u>
		Interment at <u>Moroy 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	<u>170 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.

Funeral of Throckmorton David W Charge to _____ Account No. 434
 Ordered by Family Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Baptist Date Nov 27-38 Hour 2 P.M. Annual No. 283
 Clergyman Rev. Max Morgan 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	12-8-38		172.20
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	15 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	5 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	2 20			
	To Funeral Complete	192 20			172.20

150
15
165

By Cash 2.20

NAME OF DECEASED Eli Anderson Abel RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Dec 1-1938 HOUR 2:30 PM CLERGYMAN Rev. Reynolds
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>333</u> Styl. <u>Detiger half Couch</u>	
Interior <u>gray art</u> Covering <u>Detiger Jackguard</u>	
Manufacture <u>put</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>MAT 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death In ambulance near Troy
 Date of Death Nov. 28-1938
 Cause of Death Flu Pneumonia
 Duration _____ Autopsy
 Sex M. Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Aug 20-1867 Years 71 Months 3 Days 8
 Occupation farmer
 How Long at Place of Death 4 1/2 years at Troy
 Birthplace—City or County Shoals State or Country Indiana
 Name of Father Barzilla A Abel
 Birthplace of Father Freemanshock Ind
 Maiden Name of Mother Martha Lane Carter
 Birthplace of Mother Shoals Indiana
 Signed A.E. Cordonier M.D. Coroner
 Address 11 Troy - Kan Date 11-30-38
 Interment at Mt. Olive 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 _____

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 John Monroe Miller RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Date Dec 2-38 HOUR 2 P.M. CLERGYMAN Rev. Beamer
 SINGERS _____ LODGE AFFILIATIONS S. B. A.

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>his home Troy Kans</u>
Casket No. <u>234</u> <u>Perf. Shrine King panel</u>		Date of Death <u>Dec. 1-1938</u>
Interior <u>grey art</u> Covering <u>silver mod. to go</u>		Cause of Death <u>intestinal reflux</u>
Manufacturer <u>Per</u>		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>Nov. 4-1865</u> Age, Years <u>73</u> Months _____ Days <u>26</u>
Embalming _____		Occupation <u>farmer</u>
Clothing _____		How Long at Place of Death <u>43 yrs.</u>
		Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
		Name of Father <u>W. Miller</u>
		Birthplace of Father <u>Wheeling West Va.</u>
		Maiden Name of Mother <u>Elizabeth Craig</u>
		Birthplace of Mother <u>Marshall County West Va.</u>
Total Cash Advances _____		Signed <u>W. E. Cordouan</u> Coroner
		Address <u>Troy Kansas</u> Date _____
		Interment at <u>St. Olive Troy Ks</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>MSS</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 Wm Franklin Chase RESIDENCE Troy - Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____
 DATE Dec 3-1938 HOUR 2 PM CLERGYMAN Rev. Mat Morgan
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>1600</u> Style <u>Large panel square</u>		
Interior <u>white</u> Covering <u>Stam doc</u>		
Manufacturer <u>K.C. Carter & Son Co.</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>ys</u>	<u>55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL

Place of Death his home Troy Ks
 Date of Death Dec 1-1938
 Cause of Death Cancer stomach Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W.
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth July 9-1861 Age, Years 77 Months 4 Days 22
 Occupation retired farmer
 How Long at Place of Death 1 year in Troy near Troy life
 Birthplace—City or County Troy State or Country Kansas
 Name of Father Abert Chase
 Birthplace of Father Knobsville Tenn.
 Maiden Name of Mother Mary Nesbit
 Birthplace of Mother Knobsville Tenn.
 Signed C. H. Haller M.D. Coroner
 Address Troy, Kansas Date _____
 Interment at Courtes 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 _____

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 Snyder Mrs. Gizzie Charge to Alan Sylvester Kinsey Account No. 438
 Ordered by Kinsey Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence Mortuary _____ Church _____ Date _____ Hour _____ Annual No. 287
 Clergyman Rev. Beamer Lodge Affiliations _____ Body Shipped to or from _____

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

*H.E.K.
 at home
 part of funeral*

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	265.00	2-2-39		285 94
	Embalming.....				
	Outer Case or Vault <u>metal</u>	95.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>+ clothing</u>	12.95			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....	7.50			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Filed 12-23-38</u>				
	SALES TAX	5.49			
	To Funeral Complete	385 94			385 94

NAME OF DECEASED Miss Elizabeth Snyder RESIDENCE 1 mile south of Troy
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Dec. 8, 1938 HOUR 7 PM CLERGYMAN Rev. Beamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>her home south of Troy</u>
Casket No. <u>275</u>		Date of Death <u>Dec 6-1938</u>
Interior <u>gray crepe</u> Covering <u>Wassau</u>		Cause of Death <u>Tobacco Poison</u> , Contributory
Manufacturer <u>Ref</u>	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 <u>metallic</u>		Date of Birth <u>Jan 4-1858</u> Age, Years <u>80</u> Months <u>11</u> Days <u>2</u>
Embalming		Occupation <u>Housewife</u>
Clothing		How Long at Place of Death <u>life</u>
		Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
		Name of Father <u>Daniel Snyder</u>
		Birthplace of Father <u>Pennsylvania</u>
		Maiden Name of Mother <u>Delana Johnson</u>
		Birthplace of Mother <u>Georgia</u>
Total Cash Advances		Signed <u>A. B. Bidart</u> M.D. _____ Coroner
		Address <u>Troy, Kan</u> Date <u>12-7-38</u>
		Interment at <u>St. Anne's Troy, Mo</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>YdM 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 Serant William Charge to Est Account No. 439
 Ordered by Family Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 12-11-38 Hour 2:30 PM Annual No. 288
 Clergyman Rev. Max Morgan 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	285 00	1-11-39	By check		300 04
	Embalming					
	Outer Case or Vault					
	Washing and Dressing					
	Shaving					
	Slumber Robe					
	Suit or Dress					
	Other Articles of Clothing <u>2 wool hose shirt ties</u>	3 75				
	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>heavy boards</u>	2 50				
	<u>cleaning & press suit</u>	75				
	<u>minister (has been paid by us)</u>	5 00				
	<u>Filed 1-3-39</u>					
	SALES TAX	3 54				
	To Funeral Complete	300 04				300 04

NAME OF DECEASED Wm Grant

RESIDENCE Troy - Kansas

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE Dec 11 - 38 HOUR 2 PM CLERGYMAN Rev. Max Morgan

SINGERS _____

LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>his home North of Troy</u>
Casket No. <u>802</u> Style <u>state hickory</u>			Date of Death <u>Dec 9 - 1938</u>
Interior <u>gray baize</u> covering <u>Brenthwood</u>			Cause of Death <u>Uremia</u> Contributory
Manufacturer <u>PT</u>	DEBITS		Duration _____ Autopsy <input checked="" type="checkbox"/>
Total Net Cost of Casket			Sex <u>M.</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>Feb. 15 - 1849</u> Age, Years <u>88</u> 89 ⁹ Days <u>24</u>
Embalming _____			Occupation <u>farmer</u>
Clothing _____			How Long at Place of Death <u>79 yrs</u>
			Birthplace—City or County _____ State or Country <u>Alabama</u>
			Name of Father <u>Jos Grant</u>
			Birthplace of Father <u>Alabama</u>
			Maiden Name of Mother <u>unknown</u>
			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>A. E. Cordome</u> I.D. _____ Coroner
			Address <u>Troy - Kans</u> Date _____
			Interment at <u>Mt Olive 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>754.55</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 Danmerick William Jr Charge to Family Account No. 440
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Mary Date 12-14-38 Hour 7 P.M. Annual No. 289
 Clergyman Rev. Robt. Guston 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	2-7-39		
	Embalming		John M. 10 th St. Danmerick		246.15
	Outer Case or Vault <u>Special</u>	85.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>underwear shirt tie</u>	x 7.50			
	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				
	<u>Sold 12-23-38</u>				
	SALES TAX	3.55			
	To Funeral Complete	246.15			246.15

NAME OF DECEASED *Mr. Dannevik* RESIDENCE *3 miles west of Troy*
 FUNERAL AT *Moray* RESIDENCE MORTUARY CHURCH *Moray* DATE *Dec. 14-1938* HOUR *2 PM* CLERGYMAN *Rev. Gaston*
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <i>his home west of Troy</i>
Casket No. <i>234</i>		Date of Death <i>Dec 14-1938</i>
Interior <i>gray art</i> Covering <i>Black Broad Brine</i>		Cause of Death _____ Contributory _____
Manufacturer <i>Ret</i>		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 <input checked="" type="checkbox"/> Child _____
Vault <i>metallic</i>		Date of Birth <i>May 15 1852</i> Age <i>86</i> Years Months <i>6</i> Days <i>27</i>
Embalming _____		Occupation <i>farmer</i>
Clothing _____		How Long at Place of Death <i>57 yrs</i>
Total Cash Advances _____		Birthplace—City or County <i>Duchegon</i> State or Country <i>Missouri</i>
		Name of Father <i>Olson Dannevik</i>
		Birthplace of Father <i>Norway</i>
		Maiden Name of Mother <i>Sarah Nelson</i>
		Birthplace of Mother <i>Norway</i>
		Signed <i>R. R. Clutz</i> M.D. _____ Coroner
		Address <i>Bendera Mo</i> Date <i>12-14-38</i>
		Interment at <i>Moray Cemetery</i>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		Source of Call _____
*Less Overhead Per Funeral <i>194.58</i>		Insured in _____ Amount _____
Net Profit Apparent _____		Beneficiary _____

REMARKS:

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

Funeral of Robertson Robbie Mae Charge to _____ Account No. 441
 Ordered by Cora H. Robertson Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church M.E. Date 1-5-38 Hour 2 P.M. Annual No. 290
 Clergyman _____ 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	1-5-38	By ch.	110.77
	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	X 3.50	✓		
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>No. Supton Carb</u>	6.00			
	SALES TAX	1.27			
	To Funeral Complete	110.77			110.77

NAME OF DECEASED Robbie Mae Robertson RESIDENCE Troy-Kam
 FUNERAL AT Troy M E RESIDENCE Troy M E MORTUARY Troy M E CHURCH Troy M E DATE Dec 15-38 HOUR 2 PM CLERGYMAN Beamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral _____
 Casket No. 180 Style half coach
 Interment Long Caronette Ring pink plush
 Manufacturer Ret DEBITS _____
 Total Net Cost of Casket _____
 Outer Case _____
 Vault _____
 Embalming _____
 Clothing _____
 Total Cash Advances _____
 Total Net Cost of Funeral _____
 Gross Profit on Funeral & N 53
 *Less Overhead Per Funeral _____
 Net Profit Apparent _____

Place of Death sisters Hosp.
 Date of Death Dec 13-1938
 Cause of Death Burns Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race ov
 Single Married Widowed Divorced Child
 Date of Birth Sept 22-1927 Age Years 11 Months 2 Days 21
 Occupation in school
 How Long at Place of Death 1 day
 Birthplace—City Kirkville County Mo State or Country Mo
 Name of Father John Robertson
 Birthplace of Father Willis Kansas
 Maiden Name of Mother Cecilia Jensen
 Birthplace of Mother Farmington Kam
 Signed Paul H. Graves M.D. Coroner
 Address 17 Joseph Mo Date 12-14-38
 Interment at St. Catharita Kam
 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 Walton Addie H. Charge to Children Account No. 442
 Ordered by Children Guaranteed by _____ Serial No. _____
 Funeral at Residence _____ Mortuary _____ Church _____ Date 12-21-38 Hour 2:30 PM Annual No. 331
 Clergyman Rev. Elliott & Beames 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	1-21-38		151 80
	Embalmng.				
	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				
	SALES TAX	1 80			
	To Funeral Complete	151 80			151 80

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NAME OF DECEASED Eddie Harding Hactor RESIDENCE Troy, Kans
 FUNERAL AT Brookhurst RESIDENCE Brookhurst MORTUARY Brookhurst CHURCH Brookhurst DATE Dec. 21, 1938 HOUR 2:30 PM URGEMAN Elliott & Beamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>234</u> Styl. <u>Large panel by phone</u>		
Interior <u>grey art</u> Covering <u>head Brocade</u>		
Manufactures <u>not</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>155 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.

PERSONAL AND STATISTICAL

Place of Death Home of H.G. Parker Troy, Mo
 Date of Death Dec 19 1938
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex F Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth Dec 4 1862 Age, Years 76 Months _____ Days 15
 Occupation housewife
 How Long at Place of Death Parker 6 weeks
 Birthplace—City or County Wathena State or Country Kansas
 Name of Father Benjamin F. Harding
 Birthplace of Father Cortland N.Y.
 Maiden Name of Mother Emily Sullivan
 Birthplace of Mother Missouri
 Signed E.C. Haller M.D. _____ Coroner
 Address Troy, Kans Date 12-20-38
 Interment at St. Charles Troy, Kans
 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 Fahay James Charge to Mrs Jean Fahay Account No. 443
 Ordered by Family Guaranteed by St. Charles Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church St. Charles Date Jan 7-39 Hour 9 AM Annual No. 291
 Clergyman Rev. Schmitt + Pagan 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	+ 285 00	Jan 20-39		
	Embalming				
	Outer Case or Vault <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				
	Telegram and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	5 32			
	To Funeral Complete	385 32			
					385 32

285
 95
 380

NAME OF DECEASED James Fahy RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH St Charles DATE Jan 7-1939 HOUR 9 AM CLERGYMAN
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>on street Troy-Kan</u>
Casket No. <u>802</u> Style <u>stitcher couch</u>		Date of Birth <u>June 13-1869</u> Age, Years <u>69</u> Months <u>6</u> Days <u>21</u>
Interior <u>gray baronets</u> covering <u>Brentwood</u>		Cause of Death <u>apoplexy</u> Contributory
Manufacturer _____	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>M.</u> Color or Race <u>SW</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>June 13-1869</u> Age, Years <u>69</u> Months <u>6</u> Days <u>21</u>
Embalming _____		Occupation <u>ret. farmer</u>
Clothing _____		How Long at Place of Death <u>36 yrs.</u>
_____		Birthplace—City or County <u>Raymond Mo</u> State or Country <u>Illinois</u>
_____		Name of Father <u>James Fahy</u>
_____		Birthplace of Father <u>Ireland</u>
Total Cash Advances _____		Maiden Name of Mother <u>Elbert Fahy</u>
_____		Birthplace of Mother <u>Ireland</u>
_____		Signed <u>A.C. Cordons</u> M.D. _____ Coroner
_____		Address <u>Troy Kansas</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 <u>ydk 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.

Funeral of MS Kitttrick Peter Charge to Paid in full Cash Account No. 444
 Ordered by Mrs Bennett + J. M. Kitttrick Guaranteed by Paid Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church St Charles Date Jan 18-39 Hour 10 AM Annual No. 292
 Clergyman Rev. Edw. Schmitz 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	165.00	1-18-39	✓	139.68
	Embalmg.			✓	30.36
	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	3.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	2.04			
	To Funeral Complete	170.04			170.04

NAME OF DECEASED Peter M. Kitttrick RESIDENCE Troy - Kansas
 FUNERAL AT St Charles RESIDENCE St Charles MORTUARY St Charles CHURCH St Charles DATE Jan 19-39 HOUR 10 A.M. CLERGYMAN Rev. Edw. Schmitz
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>234</u> Sty <u>Perf. Thruine eclyos</u>		
Interior <u>grey</u> Covering <u>grey</u>		
Manufacturer <u>Box</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>MMd 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death Home of Mrs. Benty Denton, Kas
 Date of Death Jan 17-1939
 Cause of Death arterio sclerosis Contributory _____
 Duration _____ Autopsy _____
 Sex M. Color or Race W
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth May 12-1857 Age, Years 81 Months 8 Days 5
 Occupation Janitor Court House (Retired)
 How Long at Place of Death 2 months
 Birthplace—City or County Manchester State or Country England
 Name of Father Thomas M. Kitttrick
 Birthplace of Father Ireland
 Maiden Name of Mother Elizabeth Monahan
 Birthplace of Mother Ireland
 Signed Ray Meedy M.D. Coroner
 Address Highland Date 1-18-39
 Interment at St Charles Troy Kas.
 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 Brown, Carl E. Charge to _____ Account No. 445
 Ordered by Family Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 2-27-39 Hour 2 P.M. Annual No. 293
 Clergyman Rev. Bosmer Lodge Affiliations S. L. R. Assn 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.....	275.00	2-2-39		275.00
	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.....	9.00	2-15-39		9.00
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	3.48			
	To Funeral Complete	287.48			287.48

NAME OF DECEASED *Carla E Brown* RESIDENCE *Troy Kansas*
 FUNERAL AT RESIDENCE MORTUARY CHURCH *Jan 27-1939 2:00 PM* CLERGYMAN *Rev. Boomer*
 SINGERS *Sargebell + Norman* LODGE AFFILIATIONS *S.L.K. Literary Assn.*

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <i>746</i> Style <i>State Hall Couch</i>	
Interior <i>Washington</i> Covering <i>Cedar Burlingame</i>	
Manufacturer <i>Rex</i>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<i>150.95</i>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death *Home of Mrs Ruth Hills*
 Date of Death *Jan*
 Cause of Death *Bronchopneumonia* contributory
 Duration _____ Autopsy _____
 Sex *F* Color or Race *W*
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth *81* Age, Years *11* Months _____ Days _____
 Occupation *housewife*
 How Long at Place of Death *66 years*
 Birthplace—City or County *Geneseo* State or Country *Illinois*
 Name of Father *J. B. Byers*
 Birthplace of Father *unknown*
 Maiden Name of Mother *Cardelia Brown*
 Birthplace of Mother *unknown*
 Signed *A. E. Cordonier* M.D. Coroner
 Address *Troy Kansas* Date _____
 Interment at *M. Civil Burial*
 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 Larry Don Clark Charge to _____ Account No. 446
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date Jan 31-39 Hour _____ Annual No. 294
 Clergyman _____ 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..... <i>f</i>	<i>10.00</i>	<i>2-1-39</i>	<i>By Clarence Clark</i>	<i>10 00</i>
	Embalming.....			<i>By Tex</i>	<i>12</i>
	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.....				
		<i>SALES TAX</i>			<i>12</i>
To Funeral Complete					<i>10 12</i>
					<i>10 12</i>

NAME OF DECEASED Garry Don Clark RESIDENCE Troy, Kans. R.D.
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE Jan 31-1939 HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	1000	Place of Death <u>Home west of Troy</u>
Casket No. <u>50</u> Style <u>Single Family</u>		Date of Death <u>Jan 31-1939</u>
Interior <u>Cream</u> Covering <u>White Gums</u>		Cause of Death <u>Pneumonia</u> Contributory _____
Manufacturer <u>Ref</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>M</u> Color or Race <u>W</u>
Outer Case		Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>Jan 31-39</u> Age, Years _____ Months _____ Days <u>5 hrs</u>
Embalming		Occupation _____
Clothing		How Long at Place of Death _____
		Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
		Name of Father <u>Clarence Clark</u>
		Birthplace of Father <u>Severance Kansas</u>
		Maiden Name of Mother <u>Josephine Triplett</u>
		Birthplace of Mother <u>Troy - Kans</u>
		Signed <u>Ch Cordoney</u> M.D. Coroner _____
		Address <u>Troy Kans</u> Date _____
		Interment at <u>Severance Ia</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>dss</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 George Shaw Charge to Est Account No. 447
 Ordered by _____ Guaranteed by Wm Myers Adm Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Feb 4 1939 Hour 1:30 PM Annual No. 295
 Clergyman Rev. Robt 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.....	750.00	2-11-39	<input checked="" type="checkbox"/>	253.00
	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.....				

	SALES TAX	3.00			
	To Funeral Complete	253.00			253.00

Filed Feb. 7. 1939

NAME OF DECEASED George Shaw RESIDENCE 6 miles south of Bendena
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Feb. 4 1939 HOUR 1:30 PM CLERGYMAN Rev. Gaston
 SINGERS Donald Pope LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	DEBITS
Charge for Complete Funeral	
Casket No. _____ Style _____	
Interior _____ Covering _____	
Manufacturer <u>Ret</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>YSN 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

Place of Death his home 6 miles south Bendena
 Date of Death Jan 31 - 1939
 Cause of Death Cancer
 Duration body found in burned house
 Sex M. Color or Race W
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Oct. 20 1858 Age, Years 80 Months 3 Days 11
 Occupation farmer
 How Long at Place of Death life
 Birthplace—City or County at place of death State or County _____
 Name of Father Ammon
 Birthplace of Father _____
 Maiden Name of Mother Ammon
 Birthplace of Mother _____
 Signed Ray Meindinger Date _____ Coroner
 Address Highway 110 Date _____
 Interment at Gordon Creek 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 _____

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 Elizabeth Shaw Charge to Estate Account No. 448
 Ordered by _____ Guaranteed by Wm Myers Adm Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date _____ Hour _____ Annual No. 296
 Clergyman Rev. Robt. 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	✓	Credits
	Casket and Services	250.00	2-11-39	✓	253.00
	Embalmg.				
	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				
	<u>File of Feb. 7 - 1939</u>				
	SALES TAX	3.00			
	To Funeral Complete	253.00			253.00

NAME OF DECEASED Elizabeth Shaw RESIDENCE 6 miles south of Bandon
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____
 DATE Feb. 4 1939 HOUR 1:30 P.M. CLERGYMAN Rev. Gaston
 SINGERS Donald Poff LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>her home 6 miles south of Bandon</u>
Casket No. _____ Style _____			Date of Death <u>Jan. 31 1939</u>
Interior _____ Covering _____			Cause of Death <u>Cause unknown body found in burned building</u>
Manufacturer <u>Met</u>	DEBITS		Sex <u>F</u> Color or Race <u>W</u>
Total Net Cost of Casket			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Outer Case _____			Date of Birth <u>Sept 19 1853</u> years <u>85</u> Months <u>4</u> Days <u>12</u>
Vault _____			Occupation <u>housewife</u>
Embalming _____			How Long at Place of Death <u>life</u>
Clothing _____			Birthplace—City or County <u>St. Joseph</u> State or Country <u>Mo</u>
			Name of Father <u>Unknown</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Unknown</u>
			Birthplace of Mother _____
Total Cash Advances		Signature <u>Ray Verduger</u> M.D. Coroner	
		Address <u>Highland Park</u> State _____	
		Interment at <u>Jordan Creek 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 <u>YSN 56</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.			

Funeral of Emory William A. Charge to _____ Account No. 449
 Ordered by Ted & Harry Emory Guaranteed by Ted Emory Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christian Date Feb. 12-39 Hour 2 P.M. Annual No. 297
 Clergyman Rev. 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	265.00	2-25-39		298.58
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <u>and underwear</u>	15.00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	5.00			
	Clergyman	5.00			
	Singers	5.00			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	3.58			
	To Funeral Complete	298.58			298.58

NAME OF DECEASED William W Emory RESIDENCE Troy - Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Methodist DATE Feb 12 1939 HOUR 2 P.M. CLERGYMAN Rev. Elliot
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>275</u> Style <u>Wagon Diagonal 1/2 Couch</u>		
Interior <u>gray crepe</u> Covering <u>Steel Nassau</u>		
Manufacturer <u>Rt - art</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>75T 53</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

Place of Death Home of Harry Emory - Troy Mo.
 Date of Death Feb. 9 - 1939
 Cause of Death Myocarditis Contributory _____
 Duration _____ Autopsy _____
 Sex M. Color or Race W.
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth July 12 - 1872 Age, Years 66 Months 6 Days 27
 Occupation Retired shipping clerk
 How Long at Place of Death 1 year
 Birthplace—City or County Lehigh State or Country Missouri
 Name of Father John Emory
 Birthplace of Father Iowa
 Maiden Name of Mother Martha Malone
 Birthplace of Mother Missouri
 Signed C. E. Maller M.D. _____ Coroner _____
 Address Troy Kan Date _____
 Interment at Mt Carmel Troy Mo
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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

Funeral of Mc Roberts Lellie Tamara Charge of Bert Hull Account No. 450
 Ordered by Mrs Beckwith & Bert Hull ^{Funeral} _{arranged by} Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Methodist 2-16-39 7-30 P. M. Annual No. 298
 Clergyman Walter Meyer Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	215 00	2-18-39		100 00
	Embalming.....		2-14-39		20 68
	Outer Case or Vault.....		2-4-39		102 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.....	5 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	2 68			
	To Funeral Complete	222 68			222 68

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

NAME OF DECEASED Lilhe Tamson McRoberts RESIDENCE Sparkers Run
 FUNERAL AT Christian Church RESIDENCE Sparkers Run MORTUARY Sparkers Run CHURCH Christian DATE Feb. 16, 1939 HOUR 2:30 P.M. CLERGYMAN Dexter Myers
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>176</u> Style <u>Oregon half casket</u>		
Interior <u>grey w/</u> Covering <u>grey plush</u>		
Manufacturer <u>Ret. Ark</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>MDT 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.

PERSONAL AND STATISTICAL

Place of Death Mo. Meth. Hosp. St. Joseph Mo
 Date of Death Feb. 14 - 1939
 Cause of Death Peritonitis Contributory _____
 Duration _____ Autopsy yes
 Sex M Color or Race W.
 Single Married _____ Widowed _____ Divorced _____ Child _____
 Date of Birth Oct. 5 - 1903 Age, Years 35 Months 4 Days 9
 Occupation _____
 How Long at Place of Death Hosp - 7 days
 Birthplace—City or County North State or Country Kentucky
 Name of Father C.W. McRoberts
 Birthplace of Father Ky
 Maiden Name of Mother Charlotte Easton
 Birthplace of Mother Ky
 Signed Ball Forgrave D. _____ Coroner
 Address St. Joseph Mo Date 2-14-39
 Interment at Old Cemetery Sparks Mo
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

Funeral of Thomas George W. Charge to Estate Account No. 451
 Ordered by Family + Administ Guaranteed by Jack Jones Adm Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Spur Date 2-21-39 Hour 2 P.M. Annual No. 299
 Clergyman Will Twombly Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	165.00	12-20-39	✓	170.55
	Embalming				7.65
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <u>short tel</u>	3.50			
	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>Filed 3-15-39</u>				
	SALES TAX	2.05			
	<u>Interd</u>	178.20			178.20
	To Funeral Complete				

NAME OF DECEASED George W. Thomas RESIDENCE Farming - Kansas
 FUNERAL AT Farming RESIDENCE Christ Church MORTUARY _____ CHURCH Christ Church DATE Feb. 21-1939 HOUR 2 PM CLERGYMAN Wm Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral _____	
Casket No. <u>234</u> Style <u>Large panel design</u>	
Interior <u>gray</u> Covering <u>bridal brocade</u>	
Manufacturer <u>Per-Act</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>MM 55</u>	
*Less Overhead Per Funeral _____	
Net Profit Apparent _____	

Place of Death his home Farming Kans
 Date of Death Feb. 19-1939
 Cause of Death revolver wound in head suicide
 Duration _____ Autopsy _____
 Sex M. Color or Race W.
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth Sept. 24-1865 Age, Years 73 Months 4 Days 25
 Occupation farmer retired
 How Long at Place of Death near Farming, 70 yrs
 Birthplace—City or County Sumner, Mo State or Country Mo
 Name of Father Hayton Thomas
 Birthplace of Father Mo
 Maiden Name of Mother Elizabeth Brewer
 Birthplace of Mother Virginia
 Signed Roy Meidinger M.D. Coroner
 Address Highland Date _____
 Interment at Valley Sparks Mo.
 Lot or Grave No. _____ Section No. _____
 Shipped to _____
 Arrived from _____
 Via _____ R. R. Date _____
 In Charge of _____
 Source of Call _____
 Insured in _____ Amount _____
 Beneficiary _____

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 Ruth Hayton Charge to Walter Lockard Account No. 452
 Ordered by Walter Lockard Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 3-3-39 Hour 7 P.M. Annual No. 300
 Clergyman Rev. Bremer 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	3-2-39	By <u>Walter Lockard</u>	50.00
	Embalming		3-25-39	"	10.00
	Outer Case or Vault		4-15-39	"	10.00
	Washing and Dressing		5-10-39	"	10.00
	Shaving		7-29-39	"	5.00
	Slumber Robe		"	"	10.00
	Suit or Dress		8-26-39	"	6.20
	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

NAME OF DECEASED Bertha Hayton RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE Feb 28 1939 HOUR 2 PM CLERGYMAN Rev. Beamer
 SINGERS Mrs Clark Norman LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>her home Troy Kans.</u>
Casket No. <u>51 oval top</u> (Style)			Date of Death	<u>Feb. 28 - 1939</u>
Interior <u>Curt</u> Covering <u>Buff Lamb.</u>			Cause of Death	<u>Bronco Pneumonia Flu</u>
Manufacturer <u>Rob - Art</u>	DEBITS		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 type="checkbox"/> Divorced <input type="checkbox"/> Child
Vault			Date of Birth	<u>July 23 - 1873</u> Years <u>65</u> Months <u>3</u> Days <u>5</u>
Embalming			Occupation	<u>housewife</u>
Clothing			How Long at Place of Death	<u>58 yrs.</u>
			Birthplace - City or County	<u>Lodge City</u> State or Country <u>Kansas</u>
			Name of Father	<u>Martin Nelson</u>
			Birthplace of Father	<u>Ohio</u>
			Maiden Name of Mother	<u>Elizabeth Nelson</u>
			Birthplace of Mother	<u>Missouri</u>
Total Cash Advances			Signed	<u>A. E. Gordon</u> M.D. Coroner
			Address	<u>Troy</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		<u>PS 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 Mary Ethel Crystal Charge to Walt + Irving W. W. Account No. 453
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Date 3-9-39 Hour 2:30 P.M. Annual No. 332
 Clergyman Clifford Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial	Date	Description of Service	Amount	Date	V	Credits	
Cemetery		Casket and Services	150 00	3-10-39		40	46
Grave No.		Embalming <u>Hand mortuary - Ottawa 16</u>	40 00	8-14-39		40	46
Lot No.		Outer Case or Vault		2-17-40		80	92
Block No.		Washing and Dressing		4-23-40		10	00
Section		Shaving		6-15-40		10	00
Pall Bearers		Slumber Robe		8-15-40		10	00
		Suit or Dress		11-14-40		10	00
		Other Articles of Clothing					46
		Transferring Body <u>Ottawa to Jersey</u>	10 00				
		Door Badge					
		Opening Grave					
		Newspaper Notices					
		Telegrams and Telephone Calls	50				
		Use of _____ doz. Chairs					
		Flowers					
		Clergyman					
		Singers					
		Casket Coach					
		Use of _____ Funeral Cars					
		Use of Flower Cars					
		Professional Supervision					
		Insurance Policies					
		SALES TAX	1 80				
		To Funeral Complete	202 30				202 30

NAME OF DECEASED Mary Etta Crystals RESIDENCE Richmond Va.
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE 3-9-39 HOUR 2:30 CLERGYMAN Elliot
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Richmond Va</u>
Casket No. <u>234</u>	Style <u>high panel custom</u>		Date of Death <u>3-7-39</u>
Interior <u>gray art</u>	Covering <u>black crepe</u>		Cause of Death <u>Myocarditis</u> Contributory _____
Manufacturer <u>Ry-ant</u>		DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M</u> Color or Race <u>W</u>
Outer Case			Single _____ Married <u>X</u> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Dec. 15, 1862</u> Age, Years <u>76</u> Months <u>1</u> Days <u>22</u>
Embalming			Occupation <u>housewife</u>
Clothing			How Long at Place of Death <u>22 yrs</u>
			Birthplace—City or County <u>Paloma</u> State or Country <u>Mo</u>
			Name of Father <u>Chas. Huger</u>
			Birthplace of Father <u>Mo.</u>
			Maiden Name of Mother <u>Eliza Jane Tomlinson</u>
			Birthplace of Mother <u>Mo.</u>
Total Cash Advances			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Mt. Olivet - 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		<u>nds 55</u>	
*Less Overhead Per Funeral			
Net Profit Apparent			Source of Call _____

REMARKS:

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

Funeral of Margaret Jane Royal Charge to County Account No. 454
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at Residence _____ Mortuary _____ Church Date 3-12-39 Hour 2:30 PM. Annual No. 301
 Clergyman Ellis Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial	Date	Description of Service	Amount		Date		Credits
Cemetery		Casket and Services	50	00	4-8-39	Bych. Don Co.	50 00
Grave No.		Embalming					
Lot No.		Outer Case or Vault					
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		Singers					
		Casket Coach					
		Use of _____ Funeral Cars					
		Use of Flower Cars					
Insurance Policies		Professional Supervision					
		To Funeral Complete	50	00			50 00

NAME OF DECEASED

Margaret Jane Lloyd

RESIDENCE

Truy Co.

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH

DATE

3-12-39

HOURS

3:30

CLERGYMAN

Ellis

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

DEBITS

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral

Net Profit Apparent

y d 58

REMARKS:

Place of Death *Truy Co.*Date of Death *3-10-39*

Cause of Death

Contributory

Duration

Autopsy

Sex *♀*Color or Race *w*

Single

Married

Widowed

Divorced

Child

Date of Birth *Aug. 12, 1864*Age, Years *74*Months *6*Days *27*Occupation *Housewife*How Long at Place of Death *40 years*Birthplace—City or County *Herk Co.*State or Country *Can*Name of Father *John Pellentz*Birthplace of Father *Unknown*Maiden Name of Mother *Unknown*Birthplace of Mother *Unknown*Signed *C. G. Waller*

M.D.

Coroner

Address

Date

Interment at *Mt. Olive - Tuy*

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

In Charge of

Source of Call

Insured in

Amount

Beneficiary

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