

Funeral of Gibson Sarah Charge to Doniphan County Account No. 531
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Feb. 4 - 1941 Hour 7 P.M. Annual No. 383
 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	50.00	3-1-41	By U Don. County	56.00
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach <u>transportation</u>				
	Use of <u>funeral cars</u>	6.00			
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed 2-4-1941</u>				
	SALES TAX				
	To Funeral Complete	56.00			56.00

NAME OF DECEASED Sarah Gibson RESIDENCE Troy - Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____
 DATE Feb. 2 1941 HOUR 2 PM CLERGYMAN Mr Twombly
 SINGERS P.A. systems LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>State Hosp. Topeka</u>
Casket No. <u>100</u> Style <u>flat top</u>		Date of Death <u>Feb. 3 - 1941</u>
Interior <u>cream</u> Covering <u>gray crepe</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Put-Cut</u> DEBITS		Duration _____ Autopsy <u>✓</u>
Total Net Cost of Casket _____		Sex <u>F</u> Color or Race <u>W</u>
Outer Case _____		Single _____ Married _____ Widowed <u>✓</u> Divorced _____ Child _____
Vault _____		Date of Birth <u>exact date 90 yrs</u> Months _____ Days _____
Embalming <u>at Pecklers - Topeka</u> <u>M.I. SS</u>		Occupation <u>housewife</u>
Clothing _____		How Long at Place of Death <u>about 7 weeks</u>
		Birthplace - City or County _____ State or County _____
		Name of Father <u>Not much known</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>about this person</u>
		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>St Olive 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>no profit</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 Chase David Bruce Charge to _____ Account No. 532
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Residence _____ Mortuary _____ Church _____ Date _____ Hour _____ Annual No. 459
 Clergyman Rev. Mitchell 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	21 00	3-8-41		3 00
	Embalming		3-22-41		5 00
	Outer Case or Vault		4-19-41		3 00
	Washing and Dressing		7-6-43		10 25
	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				
		25			
	To Funeral Complete	21 25			21 25

NAME OF DECEASED David Bruce Chase RESIDENCE Troy - Kasar (Rural)
 FUNERAL AT Muscota Cemetery RESIDENCE Muscota Cemetery MORTUARY CHOW II DATE Feb. 5 - 1941 HOUR 7 P.M. CLERGYMAN Rev. Mitchell
 SINGERS _____ LODGE AFFILIATIONS _____

#532

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____			Place of Death <u>Home of Mrs. Vangjane Chase</u>
Casket No. <u>50</u> Style <u>square hinge panel</u>			Date of Death <u>Feb. 1 - 1941</u> <u>Grandmother</u>
Interior _____			Cause of Death _____ Contributory _____
Manufacturer <u>Rx Co</u> Covering _____			Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>M.</u> Color or Race <u>W</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____			Date of Birth _____ Age, Years _____ Months <u>3</u> Days _____
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>life</u>
			Birthplace—City or County _____ State or Country _____
			Name of Father <u>Wm Chase</u>
			Birthplace of Father <u>Troy - Kas</u>
			Maiden Name of Mother <u>Clara Johnson</u>
			Birthplace of Mother <u>Muscota - Kas</u>
			Signed <u>C. E. Haller D.</u> _____ Coroner
Total Cash Advances _____			Address <u>Troy 14.</u> Date <u>2-4-41</u>
			Interment at <u>Muscota Kasar Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____ Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral _____			Source of Call _____
*Less Overhead Per Funeral _____			Insured in _____ Amount _____
Net Profit Apparent _____			Beneficiary _____

REMARKS:

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

Funeral of Loroff Frank Charge to Est. Account No. 533
 Ordered by Mrs Loroff & Est. Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Polish Date Feb. 12-41 Hour 2 PM Annual No. 284
 Clergyman H.C. Lubeck 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	Dec 9 41		
	Embalming				
	Outer Case or Vault <u>metal</u>	95.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>shirt & tie</u>	7.50			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	12.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed 3-18-41</u>				
	SALES TAX	5.56			
	To Funeral Complete	400.06			400.06

NAME OF DECEASED Frank Loroff RESIDENCE Troy - Kansas
 FUNERAL AT Christ Lutheran RESIDENCE Lutheran MORTUARY Christ CHURCH Lutheran DATE Feb. 12, 1941 HOUR 2 PM CLERGYMAN Rev. H. C. Lubeck
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Mo. Meth. Hosp.</u>
Casket No. <u>871</u> Style <u>state hial couch</u>		Date of Death <u>Feb. 9, 1941</u>
Interment <u>St Rose Cath</u> Covering <u>alpine brocade</u>		Cause of Death <u>Central ap. pleu.</u> contributory
Manufacturer <u>Rx-Cut</u> <u>Gay west color</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 <u>metal 95</u>		Date of Birth <u>Sept. 3, 1858</u> Age, Years <u>82</u> Months <u>5</u> Days <u>6</u>
Embalming		Occupation <u>ret. farmer</u>
Clothing		How Long at Place of Death <u>since 1875 Troy 32 yrs</u>
		Birthplace - City or County _____ State or Country <u>Germany</u>
		Name of Father <u>Joskin Loroff</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Clara Virginia Stuebel</u>
		Birthplace of Mother <u>Germany</u>
		Signed <u>Dr. Carl</u> M.D. _____ Coroner
		Address <u>40 West 11th</u> Date <u>2-10-41</u>
		Interment at <u>Lutheran cemetery</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____
Total Net Cost of Funeral		
Gross Profit on Funeral <u>5.00</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 *Krugger Stanford Dear* Charge to *John Krugger* Account No. 534
 Ordered by *John Krugger* Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church *Lutheran* Date *Feb. 15-1941* Hour *2 P.M.* Annual No. *285*
 Clergyman *Rev. H.C. Gubeck* 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	13.00	2-15-41		23 75
	Embalming				1 55
	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	.30			
	To Funeral Complete	25.30			75.30

HT, 1930
 W. ROSS CO., INDIANAPOLIS

NAME OF DECEASED Stanford Dean Kruggle RESIDENCE Douphan Rural
 FUNERAL AT Christ Lutheran RESIDENCE MORTUARY CHURCH Gutherson DATE Feb. 15-1941 HOUR 2 PM CLERGYMAN Rev. H. Zubeck
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>John Kruggle home</u>
Casket No. <u>107</u> Style <u>hinged lid</u>			Date of Death	<u>Feb. 13-1941</u>
Interior <u>white</u> Covering <u>white tannin</u>			Cause of Death	<u>Pneumonia</u> Contributory _____
Manufacturer <u>Rt - Ort</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 <input checked="" type="checkbox"/>	
Vault _____			Date of Birth	<u>Nov 12-1940</u> Age, Years _____ Months <u>11</u> Days <u>1</u>
Embalming _____			Occupation	<u>child</u>
Clothing _____			How Long at Place of Death	<u>life</u>
			Birthplace—City or County	<u>Douphan Rural</u>
			Name of Father	<u>John Kruggle</u>
			Birthplace of Father	<u>Wisconsin</u>
			Maiden Name of Mother	<u>Bertha Eggler</u>
			Birthplace of Mother	<u>Wisconsin</u>
Total Cash Advances			Signe	<u>W. Cardowse</u> Coroner
			Address	<u>Tray St</u> Date _____
			Interment at	<u>German Lutheran 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>12.55</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 Charles Keith R Charge to Geo. Charles Account No. 535
 Ordered by Paul M Donald Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date 2-15-41 Hour _____ Annual No. 386
 Clergyman Rev. Beamer Lodge Affiliations Am. Legion 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	15 00	5-31-41	By Cash Geo Charles	15 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	15 00			15 00

Funeral of Maller James H. Charge to Mrs Maller Account No. 536
 Ordered by Brother M.T. Maller Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church M.E. Date Feb. 17-1941 Hour 2 P.M. Annual No. 387
 Clergyman Rev. Dr. Beaumont 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	2-21-41		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

NAME OF DECEASED James H. Maller RESIDENCE Troy Kansas
 FUNERAL AT Troy Mo. E. RESIDENCE Troy Mo. E. MORTUARY Troy Mo. E. CHURCH Troy Mo. E. DATE Feb. 17-1941 HOUR 2 PM CLERGYMAN Rev. J. J. Beaman
 SINGERS Choir LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>his home Troy Ks.</u>
Casket No. <u>234</u> Style <u>hinge panel Ref. Shriners</u>			Date of Death <u>Feb. 15-1941</u>
Interior <u>gray art</u> Covering <u>blue Tread Brocade</u>			Cause of Death _____ Contributory _____
Manufacturer _____			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>Dec. 14-1868</u> Age, Years <u>72</u> Months <u>2</u> Days <u>1</u>
Embalming _____			Occupation <u>Produce dealer</u>
Clothing _____			How Long at Place of Death <u>38 years</u>
			Birthplace—City or County <u>Blue</u> State or Country <u>Iowa</u>
			Name of Father <u>C. C. Maller</u>
			Birthplace of Father <u>Germany</u>
Total Cash Advances _____			Maiden Name of Mother <u>Effie Edwood</u>
			Birthplace of Mother <u>Epilene Iowa</u>
			Signe <u>H. Cordover</u> M.D. Coroner
			Address <u>Troy Kan</u> Date _____
			Interment at <u>Mt Olive</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral _____			In Charge of _____
Gross Profit on Funeral <u>MSODS</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 Evel B. Freel RESIDENCE Troy, Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE March 4-1941 HOUR 2:30 CLERGYMAN Rev. Elliott
 SINGERS Wm Webb LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Mo Meth. Hosp.</u>
Casket No. <u>51</u> Style <u>oval top extra size</u>		Date of Death <u>March 2-1941</u>
Interior <u>Cream</u> Covering <u>red grey emb. Lamb</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Pat-Cut</u>	DEBITS	Duration _____ Autopsy <u>no</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>April 3-1881</u> Age, Years <u>59</u> Months <u>10</u> Days <u>29</u>
Embalming _____		Occupation <u>housewife</u>
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
		Name of Father <u>Geo Newman</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Rosie Renner</u>
		Birthplace of Mother _____
		Signed <u>Evel Freel</u> Coroner
		Address <u>24 Jackson St</u> Date _____
		Interment at <u>McClain - 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>AA 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 Taylor John D. Charge to Anna Fisher Account No. 538
 Ordered by Anna Fisher Guaranteed by " " Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christ Date Mar. 11-1944 Hour 2 P.M. Annual No. 389
 Clergyman Walter Myers Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	165.00	3-13-41	By Anna Fisher	184.13
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	7.00			
	Newspaper Notices				
	Telegrams and Telephone Calls <u>to Rev. Myers</u>	15			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman <u>Pd. Owl T.R. Ch 3186</u>	10.00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	1.98			
	To Funeral Complete	184.13			184.13

NAME OF DECEASED John Daniel Taylor RESIDENCE Troy, Kansas
 FUNERAL AT Troy RESIDENCE Christian MORTUARY Christian CHURCH Christian DATE March 11-1941 HOUR 2 PM CLERGYMAN Rev. Walter Myers
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Home of Mrs O.A. Gurwell</u>
Casket No. <u>234</u> Style <u>Perfume bronze finish</u>			Date of Death <u>March 8-1941</u>
Interior <u>gray art</u> Covering <u>Silver Tinsel Brocade</u>			Cause of Death <u>Apoplexy</u> Contributory _____
Manufacturer <u>R4-art</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>M.</u> Color or Race <u>W</u>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>Jan 7-1874</u> Age, Years <u>67</u> Months <u>2</u> Days <u>4</u>
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death _____
			Birthplace—City or County <u>Douglas</u> State or Country <u>Kansas</u>
			Name of Father <u>Adam Taylor</u>
			Birthplace of Father <u>De Kalb, Mo</u>
			Maiden Name of Mother <u>Godeline Graves</u>
			Birthplace of Mother <u>De Kalb, Mo</u>
Total Cash Advances			Signed <u>W.L. Cardonig</u> M.D. _____ Coroner
			Address <u>Troy, K.</u> Date _____
			Interment at <u>Maline 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>mm d 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 Jimmie Herman Charge to C.M. Zimmerman Account No. 539
 Ordered by C. Zimmerman Guaranteed by _____ Serial No. _____
 Funeral at Residence _____ Mortuary _____ Church _____ Day Feb. 20, 1941 Hour 2 P.M. Annual No. 390
 Clergyman Rev. Brouce 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	185.20	3-20-41	✓	194.00
	Embalmng				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				over 100 B. Ch. 7.00 to not dress suit
	Other Articles of Clothing				asin
	Transferring Body				
	Door Badge				
	Opening Grave	7.00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	1.80			
	To Funeral Complete	197.00			194.00

NAME OF DECEASED Herman Gummerman RESIDENCE Lincoln Neb. & Troy Mo
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE March 20, 1941 HOUR 2 P.M. CLERGYMAN Rev. Seamer
 SINGER Don Pope LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		194.00	Place of Death	<u>Lincoln Nebraska</u>
Casket No. <u>234</u> Style _____			Date of Death	<u>March 18-1941</u>
Interior <u>rigid</u> Covering <u>Vel. Trif Brocade</u>			Cause of Death _____	Contributory _____
Manufacturer <u>Pat-Cut</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 <input checked="" type="checkbox"/> Married _____	Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>Sept 16 1889</u>	Age, Years <u>51</u> Months <u>6</u> Days <u>2</u>
Embalming _____			Occupation _____	
Clothing _____			How Long at Place of Death <u>1 year</u>	
			Birthplace—City or County <u>Troy</u>	State or Country <u>Kansas</u>
			Name of Father <u>Melton Gummerman</u>	
			Birthplace of Father _____	
			Maiden Name of Mother <u>Mary Nelson</u>	
			Birthplace of Mother <u>Troy-Kansas</u>	
Total Cash Advances _____			Signed _____ M.D. _____	Coroner _____
			Address <u>Lincoln Neb.</u>	Date _____
			Interment at <u>St. Anne 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>135.55</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 Frakes Ida Pearl Charge to _____ Account No. 540
 Ordered by Children Guaranteed by Children Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Chisham Date April 24 Hour 2 P.M. Annual No. 391
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial	Date	Description of Service	Amount	Date		V	Credits	
Cemetery		Casket and Services	200. ⁰⁰	4-1-	41	By cheque Frakes	33	73
Grave No.		Embalming				" " " "	101	19
Lot No.		Outer Case or Vault				By cheque Williams	33	73
Block No.		Washing and Dressing				cash Frank Frakes	10	00
Section		Shaving		4-26-	41	" " Frank Frakes	2	00
Pall Bearers		Slumber Robe		5-17-	41	" " " "	4	00
		Suit or Dress		8-2-	41	" " " "	4	00
		Other Articles of Clothing		10-31-	42	" cash Carl Haber	13	73
		Transferring Body						
		Door Badge						
		Opening Grave						
		Newspaper Notices						
		Telegrams and Telephone Calls						
		Use of _____ doz. Chairs						
		Flowers						
		Clergyman						
		Singers						
		Casket Coach						
		Use of _____ Funeral Cars						
		Use of Flower Cars						
		Professional Supervision						
		Insurance Policies						
		SALES TAX	2	38				
		To Funeral Complete	202	38			202	38

Best paid 5.00 on
 cemetery bill
 this does not
 apply as funeral cost
 He gave this 5.00
 to me.

NAME OF DECEASED *Ida Pearl Fraker* RESIDENCE *Sevierone Kansas*
 FUNERAL AT *Sevierone* RESIDENCE MORTUARY CHURCH *Christian* DATE *April 2 1941* HOUR *2 PM* CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <i>Home of Mrs Isaac Stanton's Daughter</i>
Casket No. <i>176</i> Styl. <i>Octagon large/Coach</i>			Date of Death <i>March 31-1941</i>
Interior <i>gray art</i> Covering <i>plush</i>			Cause of Death _____ Contributory _____
Manufacturer <i>Pet-let</i>			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <i>F</i> Color or Race <i>W</i>
Outer Case			Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <i>June 23-1876</i> Age, Years <i>64</i> Months <i>9</i> Days <i>8</i>
Embalming			Occupation <i>housewife</i>
Clothing			How Long at Place of Death <i>life</i>
			Birthplace—City or County _____ State or Country <i>Missouri</i>
			Name of Father <i>Joseph Rowland</i>
			Birthplace of Father <i>Kansas</i>
			Maiden Name of Mother <i>Rebecca Ray</i>
			Birthplace of Mother <i>Missouri</i>
			Signed <i>R. A. Clutz</i> M.D. _____ Coroner
			Address <i>Bandana 14</i> Date _____
			Interment at <i>Highland Kansas</i>
			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		<i>MGA 55</i>	
*Less Overhead Per Funeral			
Net Profit Apparent			

REMARKS:

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

NAME OF DECEASED Alice C Simpson RESIDENCE North of Sparks
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Farming L.S. DATE April 8-41 HOUR 7 PM CLERGYMAN Wm Tuombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Home of Robt. Simpson N. of Sparks</u>
Casket No. <u>734</u> Styl. <u>Decorative Perf Shrine</u>			Date of Death	<u>April 5-1941</u>
Interior <u>grey art</u> Covering <u>Quind Road</u>			Cause of Death	
Manufacturer <u>Ret-art</u>			Contributory	
Total Net Cost of Casket			Duration	
Outer Case			Autopsy	
Vault			Sex <u>F</u>	Color or Race <u>W</u>
Embalming			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____	
Clothing			Date of Birth <u>March 19-1854</u> Age, Years <u>87</u> Months <u>0</u> Days <u>16</u>	
			Occupation <u>housewife</u>	
			How Long at Place of Death	
			Birthplace—City or County <u>Indiana</u> State or Country <u>Perm</u>	
			Name of Father <u>James M. Pherson</u>	
			Birthplace of Father <u>unknown</u>	
			Maiden Name of Mother	
			Birthplace of Mother	
Total Cash Advances			Signed _____ M.D. _____ Coroner _____	
			Address _____ Date _____	
			Interment at <u>Farming Kansas</u>	
			Lot or Grave No. _____ Section No. _____	
			Shipped to _____	
			Arrived from _____	
			Via _____ R. R. Date _____	
			In Charge of _____	
Total Net Cost of Funeral			Source of Call _____	
Gross Profit on Funeral		<u>11 Mo 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 Raymond Clay Charge to Low Clay Account No. 542
 Ordered by Low Clay Guaranteed by _____ Serial No. _____
 Funeral at no service Residence _____ Mortuary _____ Church _____ Date April 7, 1944 Hour 1:30 Annual No. 393
 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	10.00	6-4-41	✓	10 12
	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	10.12			10 12

NAME OF DECEASED Gary Leonard Clay RESIDENCE Troy - Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH _____ DATE 4-7-41 HOUR 1:30 CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Gary Clay home</u>
Casket No. <u>30</u> Style <u>flat top</u>		Date of Death <u>April 7-1941</u>
Interior <u>light wood</u> Covering <u>light wood</u>		Cause of Death <u>stillborn</u> Contributory _____
Manufacturer <u>Ray-Cut</u>	DEBITS	Duration _____ Autopsy <input checked="" type="checkbox"/>
Total Net Cost of Casket _____		Sex <u>M.</u> Color or Race _____
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child <u>Yes</u>
Vault _____		Date of Birth <u>April 7-1914</u> Age, Years _____ Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>Troy</u> State or Country <u>Ks</u>
_____		Name of Father <u>Gary Clay</u>
_____		Birthplace of Father <u>Troy - Kansas</u>
_____		Maiden Name of Mother <u>Margaret Smith</u>
Total Cash Advances _____		Birthplace of Mother <u>St. Joseph, Mo</u>
_____		Signed <u>E.E. Miller</u> M.D. Coroner _____
_____		Address <u>Troy 140</u> Date _____
_____		Interment at _____
_____		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>d55</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 Albert David Jones Charge to Mrs. Jones Account No. 543
 Ordered by Mrs. Jones Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church < Date May 7, 1941 Hour 10:00 AM. Annual No. 460
 Clergyman Rev. Edward Schmitz Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial	Date	Description of Service	Amount	Date	V	Credits
Cemetery		Casket and Services	265 00	8-13-41		150 00
Grave No.		Embalming		2-17-43		11 44
Lot No.		Outer Case or Vault		2-17-43		50 00
Block No.		Washing and Dressing		3-15-43		50 00
Section		Shaving				6 74
Pall Bearers		Slumber Robe				
		Suit or Dress				
		Other Articles of Clothing				
		Transferring Body				
		Door Badge				
		Opening Grave				
		Newspaper Notices				
		Telegrams and Telephone Calls				
		Use of _____ doz. Chairs				
		Flowers				
		Clergyman				
		Singers				
		Casket Coach				
		Use of _____ Funeral Cars				
		Use of Flower Cars				
		Professional Supervision				
		Insurance Policies				
		SALES TAX	3 18			
		To Funeral Complete	268 18			268 18

*Charged at end of month
 income tax
 for July of 1941
 amount of \$18.00
 paid to Judge
 probate claim
 \$150*

Dated 5-24-41

*By Ch. W. Jones, Edm.
 Dr. to Balacet*

NAME OF DECEASED Albert David Jones RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____
 DATE May 7, 1941 HOUR 10:00 AM CLERGYMAN Father Edward
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Troy, Kansas</u>
Casket No. <u>531-70</u> Style <u>1/2 comb state</u>		Date of Death <u>at 5 May 5, 1941</u>
Interior <u>grey art</u> Covering <u>Mohair</u>		Cause of Death <u>Apoplexy</u> Contributory <input type="checkbox"/>
Manufacturer <u>Isrenbki</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>M</u> Color or Race <u>W</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Mar. 6, 1868</u> Age, Years <u>73</u> Months <u>1</u> Days <u>29</u>
Embalming _____		Occupation <u>Hardware Merchant</u>
Clothing _____		How Long at Place of Death <u>45 years</u>
		Birthplace—City or County <u>Osiphoor</u> State or Country <u>Kansas</u>
Total Cash Advances _____		Name of Father <u>David Jones</u>
		Birthplace of Father <u>Ohio</u>
		Maiden Name of Mother <u>Mary Huber</u>
		Birthplace of Mother <u>unknown</u>
		Signed <u>E. S. Anderson</u> M.D. _____ Coroner _____
		Address <u>Troy, Ka.</u> Date <u>5-6-41</u>
		Interment at <u>Mt. Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. _____ Date _____
		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral <u>481.55</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 Katherine Margaret Allison Charge to Client Account No. 544
 Ordered by _____ Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church ✓ Date 5-18-41 Hour 2:30 P.M. Annual No. 394
 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	265 00	6-2-41	By Club	265 18
	Embalming				275 18
	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>Michael Cemetery Assn</u>	7 00			
	SALES TAX	3 18			
	To Funeral Complete	275 18			275 18

NAME OF DECEASED Kathleen Margaret Allison RESIDENCE Troy, Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-18-41 HOUR 2:30 CLERGYMAN Rev. Elliott
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Troy, Kansas</u>
Casket No. <u>772</u> Style <u>state's coach</u>			Date of Death	<u>May 15, 1940</u>
Interior <u>Silken Delux</u> Covering <u>garnet</u>			Cause of Death	<u>Chol. Diarrhea</u> Contributory _____
Manufacturer <u>Rx</u>	DEBITS		Duration _____	Autopsy _____
Total Net Cost of Casket			Sex <u>F.</u> Color or Race <u>W</u>	
Outer Case			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____	
Vault			Date of Birth <u>May 25, 1858</u> Age, Years <u>82</u> Months <u>11</u> Days <u>30</u>	
Embalming			Occupation <u>housewife</u>	
Clothing			How Long at Place of Death <u>33 yrs.</u>	
			Birthplace—City or County <u>Wallace</u> State or Country <u>Mo.</u>	
			Name of Father <u>Robert C. Thomas</u>	
			Birthplace of Father <u>Lexington, Ky</u>	
			Maiden Name of Mother <u>Jane Ewald</u>	
			Birthplace of Mother <u>Lexington, Ky</u>	
Total Cash Advances			Signed <u>C. E. Waller</u> M.D. _____ Coroner _____	
			Address <u>Troy, Mo.</u> Date <u>5-16-40</u>	
			Interment at <u>Mt. Olive</u>	
			Lot or Grave No. _____ Section No. _____	
			Shipped to _____	
			Arrived from _____	
			Via _____ R. R. Date _____	
Total Net Cost of Funeral			In Charge of _____	
Gross Profit on Funeral		<u>350 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.

NAME OF DECEASED Gustav Adolph Koehler RESIDENCE 6 1/2 miles north of Troy
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE May-18-41 HOUR 3 PM CLERGYMAN Mr Quinby
 SINGERS Jeschke sisters LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	
Charge for Complete Funeral			
Casket No. <u>734</u> Style <u>Large panel Best finish</u>			
Interior <u>gray</u> Cover <u>Red brocade</u>			
Manufacture <u>Best</u>			
Total Net Cost of Casket			
Outer Case			
Vault			
Embalming			
Clothing <u>underwear & box 425-</u>			
Total Cash Advances			
Total Net Cost of Funeral			
Gross Profit on Funeral		<u>11.55</u>	
*Less Overhead Per Funeral			
Net Profit Apparent			

PERSONAL AND STATISTICAL	
Place of Death <u>his home North of Troy</u>	
Date of Death <u>May 16-1941</u>	
Cause of Death _____	Contributory _____
Duration _____	Autopsy _____
Sex <u>M.</u> Color or Race <u>W</u>	
Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____	
Date of Birth <u>Dec. 25 1854</u> Age, Years <u>86</u> Months <u>4</u> Days <u>22</u>	
Occupation <u>farmer</u>	
How Long at Place of Death _____	
Birthplace—City or County _____	State or Country <u>Germany</u>
Name of Father _____	
Birthplace of Father _____	
Maiden Name of Mother _____	
Birthplace of Mother _____	
Signed <u>W. C. Cordover</u> M.D.	Coroner
Address <u>1107 1/2 N. Troy</u> Date _____	
Interment at <u>1st Church Troy</u>	
Lot or Grave No. _____	Section No. _____
Shipped to _____	
Arrived from _____	
Via _____	R. R. Date _____
In Charge of _____	
Source of Call _____	
Insured in _____	Amount _____
Beneficiary _____	

REMARKS:

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

Funeral of Sandy William C Charge to Mrs Bertha Robertson Account No. 546
 Ordered by Mrs Robertson & Thompson Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christian Date May 26 1941 Hour 2:30 PM Annual No. 396
 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 <input checked="" type="checkbox"/>	165.00	6-11-41		165.98
	Embaling				
	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	1.98			
	To Funeral Complete	166.98			166.98

NAME OF DECEASED William Curtis Sandy RESIDENCE Troy - Kans
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE May 26 1941 HOUR 2:30 CLERGYMAN Rev. Elliott
 SINGERS Mrs. Webb LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Loc. Sandy Home</u>
Casket No. <u>234</u> Style <u>Perf. Shmies casket</u>			Date of Death <u>May 24 - 1941</u>
Interior <u>gray art</u> Covering <u>Triad Broad (Perf)</u>			Cause of Death <u>Afoplexy</u> Contributory _____
Manufacturer <u>Perf. Art.</u>			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 _____ Divorced <input checked="" type="checkbox"/> Child _____
Vault			Date of Birth <u>Dec 20 - 1878</u> Age, Years <u>62</u> Months <u>5</u> Days <u>4</u>
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death <u>live near Troy</u>
			Birthplace - City or County <u>Troy</u> State or Country <u>Kansas</u>
			Name of Father <u>John W. Sandy</u>
			Birthplace of Father <u>Indiana</u>
			Maiden Name of Mother <u>Jessie Jane Lowe</u>
			Birthplace of Mother <u>Agony, Mo.</u>
			Signed _____ M.D. <u>Robt. Sweeney</u> Coroner
			Address <u>Troy - Kans</u> Date <u>5-26-41</u>
			Interment at <u>MT Olive</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>MM</u>	
*Less Overhead Per Funeral			
Net Profit Apparent			

REMARKS: Phone 1586 Mrs Robert Atchison

* 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 Tillman H. Turner RESIDENCE Severance Ks (Rural)

FUNERAL AT RESIDENCE MORTUARY CHURCH DATE May 29-41 HOUR 2:30 CLERGYMAN Rev Walter Myers

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Home of Perry Caudle</u>
Casket No. <u>234</u> Style <u>Perry's Elegance</u>		Date of Death <u>5-28-1941</u>
Interior <u>gray art</u> Covering <u>Trick brocade</u>		Cause of Death <u>arterio sclerosis</u>
Manufacturer <u>Net-Cat</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>Jan 31-1854</u> Age, Years <u>87</u> Months <u>3</u> Days <u>27</u>
Embalming		Occupation <u>ret farmer</u>
Clothing		How Long at Place of Death <u>3 years</u>
		Birthplace—City or County <u>Green County Illinois</u>
		Name of Father <u>Joe Turner</u>
		Birthplace of Father <u>Illinois</u>
		Maiden Name of Mother _____
		Birthplace of Mother _____
		Signed <u>P R Clutz</u> M.D. _____ Date <u>5-28-41</u> Coroner
		Address <u>Severance Ks</u>
		Interment at <u>Yove City - Kansas</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of <u>Oreland trip</u>
Gross Profit on Funeral <u>AS SS</u>		Source of Calls <u>B, E, G, K.</u>
*Less Overhead Per Funeral		Insured in _____ Amount _____
Net Profit Apparent		Beneficiary _____
REMARKS: <u>allowing P.A. for heart charge</u>		

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

Funeral of Burkhaete Hoott Charge to Account No. 548
 Ordered by Mrs Nellie Knott Guaranteed by Ed Clark + Norm Stearns
 Funeral at Masonic Temple Residence July 19 1941 Date July 19 1941 Hour 7 P.M. Annual No. 398
 Clergyman Rev. Robert Weston Lodge Masonic Affiliations Masonic Body Shipped to or from

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	35.00	6-17-42	B. York	40.00
	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	5.00			
	Singers				
	Casket Coach				
	Use of Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed 10-16-41</u>				
	SALES TAX				
	To Funeral Complete	40.00			40.00

Funeral of Morgan George Charge to Douglas Co. Account No. 549
 Ordered by Nellie Clark Submitted by Social Welfare Serial No. _____
 Funeral at Residence Mortuary Church Date _____ Hour _____ Annual No. 399
 Clergyman Rev. Beane 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	8-6-41	Ch. Co. County		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 7-12-41</u>					
	SALES TAX	None				
	To Funeral Complete	50 ⁰⁰				50 ⁰⁰

Funeral of Robinson Laura Charge to _____ Account No. 550
 Ordered by Mrs. Maggie Conrich & Clara Robinson Serial No. _____
 Funeral at _____ Residence _____ Mortuary Spahr Church _____ Date _____ Hour _____ Annual No. 400
 Clergyman Master Nye 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	7-12-41		20.00
	Embalming				20.00
	Outer Case or Vault				12.00
	Washing and Dressing				92.27
	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	2.50			
	<u>boards</u>				
	SALES TAX	1.77			
	To Funeral Complete	144.27			144.27

Funeral of Peter Peterson Charge to Estate Account No. 551
 Ordered by Mrs. Hall & Wm Myers Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date July 21-41 Hour 2:30 Annual No. 401
 Clergyman Rev. Robert Weston 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	390 00	7-4-41		
	Embalming <u>at Eldorado Springs</u>	40 00			
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit <u>& clothing</u>	15 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave <u>Changed from 4' to 6'</u>	6 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	10 00			
	Clergyman <u>& singer</u>	10 00			
	Singers				
	Casket Coach <u>to Eldorado Springs</u>	20 00			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>cemetery lot</u>	10 00			
	SALES TAX	5 18			
	To Funeral Complete	506 18			506 18

NAME OF DECEASED Peter Peterson RESIDENCE Eldorado Springs Missouri
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Moray DATE July 21-1940 HOUR 2:30 CLERGYMAN Rev. Weston
 SINGER Moray Quartette LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Eldorado Springs Mo.</u>
Casket No. <u>244 B</u> Style <u>half Couch</u>			Date of Death	<u>July 18-1941</u>
Interior <u>gray silk</u> Covering <u>dynamite metal</u>			Cause of Death	
Manufacturer <u>Belmont</u>	DEBITS		Contributory	
Total Net Cost of Casket			Duration	
Outer Case			Sex	<u>M</u>
Vault			Color or Race	<u>W.</u>
Embalming			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____	
Clothing			Date of Birth	<u>78</u> Age, Years _____ Months _____ Days _____
			Occupation	<u>retired farmer</u>
			How Long at Place of Death	<u>about 15 yrs</u>
			Birthplace—City or County	<u>Falster</u> State or Country <u>Denmark</u>
			Name of Father	
			Birthplace of Father	
Total Cash Advances			Maiden Name of Mother	
			Birthplace of Mother	
			Signed _____ M.D. _____ Coroner _____	
			Address _____ Date _____	
			Interment at <u>Moray 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>055.55</u>	Insured in _____ Amount _____	
*Less Overhead Per Funeral			Beneficiary _____	
Net Profit Apparent				

REMARKS:

Administered at
W. J. Nelson
3207 Mitchell Ave
St. Louis, Mo

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

Funeral of Robinson Opal A Charge to Grace Robinson Account No. 552
 Ordered by Grace Robinson Guaranteed by _____ Serial No. _____
 Funeral at Residence _____ Mostuary _____ Church _____ Date Aug 1-1941 Hour 10 AM Annual No. 407
 Clergyman Rev. Edwin Schartz 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	<input checked="" type="checkbox"/>	Credits
	Casket and Services	400.00	Aug 7-41		506.80
	Embalming				
	Outer Case or Vault <u>metal</u>	100.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		SALES TAX			
		6.80			
To Funeral Complete		506.80			506.80

NAME OF DECEASED Mesley A Robnison RESIDENCE Sparks
 FUNERAL AT Sparks RESIDENCE MORTUARY CHURCH Catholic DATE Aug 1941 HOUR 10 AM CLERGYMAN Rev Edw Schmitz
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	DEBITS
Charge for Complete Funeral		
Casket No. <u>1000</u> Style <u>Large panel over the</u>		
Interior <u>Cedar wood</u> Covering <u>Brongofinish</u>		
Manufacturer <u>Wrege</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>055 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

PERSONAL AND STATISTICAL

Place of Death his home Sparks Nev.
 Date of Death July 30-1941
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth July 6 1883 Age, Years 58 Months 3 Days 14
 Occupation Barber
 How Long at Place of Death life
 Birthplace—City or County Sparks State or Country Kansas
 Name of Father Martha Robnison
 Birthplace of Father _____
 Maiden Name of Mother Laura Alfrey
 Birthplace of Mother _____
 Signed C. G. Waller M.D. _____ Coroner _____
 Address 707 1/2 Kings Date _____
 Interment at Old Sparks Kv
 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.

Account No.

Serial No.

Annual No.

Body Shipped to or from

Funeral Home 5-14-41

*M.N. 55
A.T. 5d
A.M. 5d
Singers
dress not
paid. 1/16/41*

Description of Service	Amount	Date	V	Credits
Casket and Services	375 00	5-5-42		
Embalming				
Outer Case or Vault <i>metal</i>	100 00			150 00
Washing and Dressing		8-17-42		
Shaving				
Slumber Robe				
Suit or Dress	18 00	3-31-47		259 30
Other Articles of Clothing				
Transferring Body				
Door Badge				
Opening Grave				
Newspaper Notices				
Telegrams and Telephone Calls				
Use of doz. Chairs				
Flowers	10 00			
Clergyman				
Singers				
Casket Coach				
Use of Funeral Cars				
Use of Flower Cars				
Professional Supervision				
# 553				
Filed Sept. 8-41				
SALES TAX				
	6 46			
To Funeral Complete	459 46			459 46

Insurance Policies

NAME OF DECEASED *Nobel Byers*

RESIDENCE *Troy-Kansas*

FUNERAL AT *Troy* RESIDENCE *Christy* MORTUARY *Christy* CHURCH *Christy* DATE *Aug*

HOUR *2 PM* CLERGYMAN *Re Huff*

SINGERS *High school quartette*

LODGE AFFILIATIONS

#553

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. *844* Style *Octagon slab*

Interior *Congreg Church* Covering *Blue Cedar/cedar*

Manufacture *Put-art*

Total Net Cost of Casket

Outer Case *metal*

Vault

Embalming

Clothing

DEBITS

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral *0 MS 55*

*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death *her home Troy Kn*

Date of Death *Aug 7-1941*

Cause of Death *apoplexy* Contributory

Duration Autopsy

Sex *F* Color or Race

Single Married Widowed Divorced Child

Date of Birth *Nov. 29-1889* Age, Years *51* Months *8* Days *3*

Occupation *Housewife*

How Long at Place of Death *Troy + Beauvoir all life*

Birthplace—City of County *Troy* State or Country *Kans*

Name of Father *Ed Byers*

Birthplace of Father *Unknown*

Maiden Name of Mother *Eva Byers*

Birthplace of Mother *Green County Mo*

Signed *Ala Cardow* Coroner

Address *Troy 125* Date

Interment at *Mt Olive Troy Ko*

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 Dr R.H. Merrick Charge to Estate + Gordon Account No. 554
 Ordered by Gordon Merrick Guaranteed by Gordon Merrick Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Aug 25-1941 (Hour 2 30 PM Annual No. 461)
 Clergyman Christian, Sonning & Reed M. Cook of St. Joseph's

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		<u>Jan 28 '44</u>		<u>35.00</u>
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach <u>9 services</u>	<u>35.00</u>			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed Sept. 8-41</u>				
	SALES TAX				
	To Funeral Complete	<u>\$ 35.00</u>			<u>\$ 35.00</u>

NAME OF DECEASED Dr R.H. Merrick

RESIDENCE Troy, Kansas

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE Aug 25-41 HOUR 7:30 PM

CLERGYMAN Mr Cook
Christian Science
Reader

SINGERS Mrs Neola Norman

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 _____

Baby prepared & shipped from Ft Collins Colorado.

Total Net Cost of Funeral _____

Gross Profit on Funeral _____

05 55

*Less Overhead Per Funeral _____

Net Profit Apparent _____

Place of Death Home of Gordon Merrick Ft Collins Colo

Date of Death Aug 23 - 1941

Cause of Death Portal Cerebri of liver.

Duration _____ Autopsy _____

Sex M. Color or Race _____

Single _____ Married _____ Widowed Divorced _____ Child _____

Date of Birth _____ Age, Years 65 Months 2 Days 7

Occupation dentist

How Long at Place of Death _____

Birthplace—City or County _____ State or Country _____

Name of Father _____

Birthplace of Father _____

Maiden Name of Mother _____

Birthplace of Mother _____

Signed _____ M.D. _____ Coroner _____

Address _____ Date _____

Interment at _____

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 Mary Van Rossin RESIDENCE Troy - Kans & Huron Hs.
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE Sept 21-1941 HOUR 3 PM CLERGYMAN Rev. Beamer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Home of Rosa Fulbright</u>
Casket No. <u>244</u> Style <u>Octagon has Couch</u>			Date of Death	<u>Sept. 18-1941</u>
Interior <u>Tan</u> Covering <u>Polyester Dalma</u>			Cause of Death	<u>Hypostatic Pneumonia</u>
Manufacturer <u>Rt. Art</u>	DEBITS		Duration	
Total Net Cost of Casket			Autopsy	
Outer Case			Sex	<u>F</u> Color or Race <u>W</u>
Vault			Single	<input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Embalming			Date of Birth	<u>March 17-1865</u> Age, Years <u>76</u> Months <u>6</u> Days <u>1</u>
Clothing <u>dress</u>			Occupation	<u>housewife</u>
			How Long at Place of Death	<u>about 2 years</u>
			Birthplace—City or County	<u>unknown</u> State or Country <u>Illinois</u>
			Name of Father	<u>Christopher Schmeizer</u>
			Birthplace of Father	<u>Holland</u>
			Maiden Name of Mother	<u>unknown</u>
			Birthplace of Mother	<u>Germany</u>
			Signed	<u>Arch Blair M.D.</u> Coroner
			Address	<u>Troy - Kans</u> Date _____
			Interment at	<u>Denton, Ks.</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>MKA 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 Williamth Richard Guy Charge to Mrs Etha Hillmuth Account No. 556
 Ordered by Mrs Hillmuth + Son Guaranteed by " " " Serial No. " "
 Funeral at Masonic Temple Date Oct. 10-1941 Hour 7 PM Annual No. 404
 Clergyman Droy H 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	275.00	2-11-42		
	Embalming				
	Outer Case or Vault	100.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed Nov 15 1941</u>				
	SALES TAX	5.30			
	To Funeral Complete	380.30			380.30

NAME OF DECEASED Richard Guy Dellmeth RESIDENCE Troy - Kansas
 FUNERAL HOME Masonic Temple - Troy DATE Oct 10-4 HOUR 2 PM CLERGYMAN Northcutt
 SINGERS Mrs Garzetta LODGE AFFILIATIONS Masonic Citelson

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>9005</u> Style <u>Round end slab</u>		
Interior <u>gray flax</u> Covering <u>Plain Platinum</u>		
Manufacturer <u>Put-art</u>		
Total Net Cost of Casket		
Outer Case		
Vault <u>Copper finish metal</u>		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral <u>JP 055</u>		
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

PERSONAL AND STATISTICAL
 Place of Death Lisborne south of Troy
 Date of Death Oct. 8 - 1941
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W.
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth July 6 - 1889 Age, Years 52 Months 3 Days _____
 Occupation farmer
 How Long at Place of Death life
 Birthplace - City or County 5 miles south of Troy State of Country _____
 Name of Father Frank P. Dellmeth
 Birthplace of Father Troy, Mo (Rural)
 Maiden Name of Mother Myra Stackney
 Birthplace of Mother unknown
 Signed J. Whittaker Coroner
 Address Citelson Date _____
 Interment at Madison - 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 Meers Cyrus Walter Charge to Geo Meers Account No. 557
 Ordered by Geo Meers & family Guaranteed by Geo. Meers Serial No. _____
 Funeral at _____ Residence ME Church Date Oct. 26-41 Hour 7 P.M. Annual No. 462
 Clergyman H.C. Parker Lodge Affiliations American Legion 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	Nov 29-41		68.75
	Embalming 25				
	Outer Case or Vault		12-15-41		100.00
	Washing and Dressing				
	Shaving				2.00
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>100 100</u>				
	Transferring Body <u>to 509</u>	7.50			
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls <u>to Camp Robinson</u>	1.75			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Filed with Veterans Administration - <u>Dec 1-1941</u>				
	SALES TAX	2.05			
	To Funeral Complete	170.75			170.75

NAME OF DECEASED Meers Walter RESIDENCE Troy - Kansas (Rural)
 FUNERAL AT RESIDENCE MORTUARY CHURCH Troy ME DATE Oct. 26-1941 HOUR 7 PM CLERGYMAN H. J. Parker
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Home of Geo. Meers</u>
Casket No. <u>234</u> Style <u>Perf. Shroud</u>			Date of Death <u>Oct. 22-1941</u>
Interior <u>gray art</u> Covering <u>Silver mad Shroud</u>			Cause of Death <u>Asphyxy</u> Contributory _____
Manufactured <u>Per-art</u>	DEBITS		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>May 13-1895</u> Age, Years <u>46</u> Months <u>5</u> Days <u>9</u>
Embalming			Occupation <u>farmer</u>
Clothing			How Long at Place of Death <u>life</u>
			Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
			Name of Father <u>George Meers</u>
			Birthplace of Father <u>Troy - Kansas</u>
			Maiden Name of Mother <u>Mary Lee Ghester</u>
			Birthplace of Mother <u>Troy - Kansas</u>
			Signed <u>W. J. Ham</u> M.D. <u>Robt. Luyker</u> Coroner
Total Cash Advances			Address <u>Troy, Kan</u> Date _____
			Interment at <u>M. Oline 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>MM 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 Larsen Louis P. Charge to East Account No. 558
 Ordered by Sister - Brother & Mother Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christian Date Oct. 28, 1941 Hour 2:30 PM Annual No. 405
 Clergyman Rev. Ellert Lodge Affiliations W.F. & A.M. 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	535 00	1-30-42		By Earl Larson ad. 441 02
	Embalming				
	Outer Case or Vault	100 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<i>Filed Nov. 8-1941</i>				
	SALES TAX	6 02			
	To Funeral Complete	441 02			441 02

NAME OF DECEASED Louis P. Garson RESIDENCE Troy Kansas (Rural)
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE Oct 28-1941 HOUR 2:30 CLERGYMAN Rev. Elliott
 SINGERS Mr. Webb LODGE AFFILIATIONS Troy A.F. & O.M.

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>his home near Troy</u>
Casket No. <u>924</u> Style <u>Streamline slab</u>			Date of Death	<u>Oct. 25-1941</u>
Interior <u>velvet</u> covering <u>grey felt</u>			Cause of Death	<u>Hodgkins Disease</u>
Manufacturer <u>Wm. Art</u>			Duration	
Total Net Cost of Casket			Autopsy	<input checked="" type="checkbox"/>
Outer Case			Sex	<u>M</u> Color or Race <u>W</u>
Vault			Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>	
Embalming			Date of Birth	<u>2-7-1886</u> Age, Years <u>55</u> Months <u>7</u> Days <u>18</u>
Clothing			Occupation	<u>farmer</u>
			How Long at Place of Death	<u>life</u>
			Birthplace—City or County	<u>Troy Kansas</u> State or Country <u>Kansas</u>
			Name of Father	<u>Robert Garson</u>
			Birthplace of Father	<u>Denmark</u>
			Maiden Name of Mother	<u>Ellen Peterson</u>
			Birthplace of Mother	<u>Denmark</u>
			Signature	<u>A. Cordover</u> Coroner
Total Cash Advances			Address	<u>Troy Kans.</u> Date
			Interment at	<u>M. Olive 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>GTd 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 Mrs. Hattie Florence Charge to Mrs. David Selmaire Account No. 559
 Ordered by Mrs. David Selmaire Guaranteed by _____ Serial No. _____
Selmaire Residence Mortuary _____ Church _____ Date Oct. 29-1941 Hour 2 PM. Annual No. 406
 Clergyman Rev. John 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		12-20-41	by club		150.00	20
	Embalming			8-6-42	By Chas. J. Selmaire		59.12	
	Outer Case or Vault			11-4-42	" " " " " " " "		50.00	
	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	6.00						
	Clergyman							
	Singers							
	Casket Coach							
	Use of _____ Funeral Cars							
	Use of Flower Cars							
	Professional Supervision							
	SALES TAX		3.12					
	To Funeral Complete	259.12						259.12

NAME OF DECEASED Nattie Florence Moore RESIDENCE Highland Kans (Rural)
Gilmore RESIDENCE MORTUARY CHURCH DATE Oct 29 41 HOUR 2 PM CLERGYMAN Rev. John

SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Home of Mrs Ward Gilmore</u>
Casket No. <u>244</u> Style <u>Octagon Inset Couch</u>		Date of Death <u>Oct. 27-1941</u>
Interior <u>Pan art</u> Covering <u>Blue Polyette Dahlia</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Pan-art</u>		Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <u>F</u> Color or Race <u>W</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>April 9-1876</u> Age, Years <u>65</u> , Months <u>6</u> Days <u>18</u>
Embalming _____		Occupation <u>housewife</u>
Clothing _____		How Long at Place of Death <u>Life near Sparker</u>
		Birthplace—City of County <u>Highland</u> State of <u>Kans</u> (Rural)
		Name of Father <u>Edward T. Harston</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Ellen Masy</u>
		Birthplace of Mother <u>De Kalb, Mo</u>
		Signed <u>Roy Neidinger</u> Coroner
		Address <u>Highland</u> Date <u>11/1/41</u>
		Interment at <u>Local Cemetery Sparker</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>MND 55</u>	Insured in _____ Amount _____
*Less Overhead Per Funeral		Beneficiary _____
Net Profit Apparent		

REMARKS:

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

NAME OF DECEASED David Davis RESIDENCE Troy - Kansas
 FUNERAL AT Farming RESIDENCE St. John MORTUARY St. John CHURCH St. John DATE Nov. 5 - 1941 HOUR 2 PM CLERGYMAN Mr. Twombly
 SINGER Mr. Webb LODGE AFFILIATIONS Troy Christian

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>244B</u> Style <u>R.E. state metallic</u>		Date of Death <u>Nov. 3 - 1941</u>
Interior <u>gray broad covering</u> <u>damask silver</u>		Cause of Death _____
Manufacturer <u>Belmont</u>	DEBITS	Contributory _____
Total Net Cost of Casket		Duration _____
Outer Case		Autopsy _____
Vault <u>Concrete</u>		Sex <u>M.</u> Color or Race <u>W</u>
Embalming		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Clothing		Date of Birth <u>Nov. 13 - 1853</u> Age Years <u>87</u> Months <u>11</u> Days <u>18</u>
Total Cash Advances		Occupation <u>retired farmer</u>
		How Long at Place of Death <u>87 years near Troy</u>
		Birthplace—City or County <u>Laramie</u> State or Country <u>Mo</u>
		Name of Father <u>Thomas Davis</u>
		Birthplace of Father <u>Sheffield England</u>
		Maiden Name of Mother <u>Jessie Crawford</u>
		Birthplace of Mother <u>Indiana</u>
		Signed <u>A.E. Cordover</u> Coroner
		Address <u>Troy - Kans</u> Date <u>11-5-41</u>
		Interment at <u>Farming Cemetery</u>
		Lot or Grave No. _____ Section No. <u>✓</u>
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral	<u>DPT 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 *Jeschke Emma* Charge to *Emil Jeschke* Account No. *561*
 Ordered by *Emil-George Theodore* Guaranteed by *" " "* Serial No.
 Funeral at Residence Mortuary Church *St. Mary's* Date *Nov. 6-41* Hour *2 PM* Annual No. *408*
 Clergyman *W. M. Durombley* 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	Nov. 8-41		168 50
	Embalmng				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <i>Similar shoes</i>	1 56			
	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 00			
	To Funeral Complete	<i>168 50</i>			<i>168 50</i>

NAME OF DECEASED Emma Jeschke RESIDENCE Farming Kas
 FUNERAL AT... RESIDENCE... MORTUARY... CHURCH Farmy DATE Nov. 6-1944 HOUR 2 PM CLERGYMAN W.M. Quombly
 SINGERS... LODGE AFFILIATIONS...

#561

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>her home Farming Kas.</u>
Casket No. <u>234</u> Style <u>Personal octagon large</u>			Date of Death	<u>Nov. 3-1941</u>
Interior <u>gray art</u> Covering <u>Silver Triad Brocade</u>			Cause of Death	<u>font dect in bed</u>
Manufacturer <u>ret-art</u>	DEBITS		Duration	<u>Autops</u>
Total Net Cost of Casket			Sex	<u>F</u> Color or Race <u>wt.</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>Nov. 30-1857</u> Age, Years <u>83</u> Months <u>11</u> Days <u>3</u>
Embalming			Occupation	<u>housewife</u>
Clothing			How Long at Place of Death	<u>35 years</u>
			Birthplace—City or County	<u>Paige Co. Mo.</u> State of Country <u>Illinois</u>
			Name of Father	<u>Erud Hermann</u>
			Birthplace of Father	<u>Germany</u>
			Maiden Name of Mother	<u>Amman</u>
			Birthplace of Mother	
Total Cash Advances			Signed	<u>Wm. K. Geyer</u> M.D. <u>Robert Geyer</u> Coroner
			Address	<u>Wm. K. Geyer</u> Date
			Interment at	<u>Farming 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>MMX 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 Jimmie Mae Isaac Charge to Estate Account No. 562
 Ordered by sisters at home Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence Mortuary _____ Church _____ Date Nov. 17-1941 Hour 2 PM Annual No. 409
 Clergyman Rev. Robt. Maston 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	350.00	11-12-41		
	Embalming				5.00
	Outer Case or Vault <u>metal</u>	100.00	11-21-41		
	Washing and Dressing				504.59
	Shaving				
	Slumber Robe				
	Suit or Dress	35.00			
	Other Articles of Clothing <u>1.00</u>	4.00			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls	3.41			
	Use of _____ doz. Chairs				
	Flowers	10.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	7.19			
	To Funeral Complete	509.59			509.59

NAME OF DECEASED Garce M. Zimmerman RESIDENCE Prospect Sanitarium Catehison Kanran
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Nov. 14 - 1941 HOUR 2 PM CLERGYMAN Rev Robt Gaston
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<u>Prospect Sanitarium - Catehison / Kan.</u>
Casket No. <u>924</u> Style <u>stream line slab</u>			Date of Death	<u>Nov. 12 - 1941</u>
Interior <u>grey velvet</u> Covering <u>steel B.C.</u>			Cause of Death	Contributory
Manufacturer <u>Ret-Cat</u>	DEBITS		Duration	Autopsy
Total Net Cost of Casket			Sex <u>M</u> Color or Race <u>W</u>	
Outer Case <u>metal (grey)</u>			Single <input checked="" type="checkbox"/> Married Widowed Divorced Child	
Vault			Date of Birth <u>Apr. 23 1872</u> Age, Years <u>69</u> Months <u>3</u> Days <u>19</u>	
Embalming			Occupation <u>farmer</u>	
Clothing			How Long at Place of Death <u>43 yrs.</u>	
			Birthplace—City or County <u>Bendone</u> State or Country <u>Ks.</u>	
			Name of Father <u>John C. Zimmerman</u>	
			Birthplace of Father <u>Frederick Md.</u>	
Total Cash Advances			Maiden Name of Mother <u>Catherine Leg</u>	
			Birthplace of Mother <u>Buchanan County Mo</u>	
			Signed <u>J. Charles</u> Coroner	
			Address <u>Catehison, Ky</u> Date	
			Interment at <u>Mt Olive - Gray R</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>02T</u>	<u>35</u>	Insured in Amount	
*Less Overhead Per Funeral			Beneficiary	
Net Profit Apparent				

REMARKS:

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

NAME OF DECEASED Earl E. Meeker RESIDENCE Weldonia Colorado
 FUNERAL AT Wm Webb RESIDENCE Weldonia MORTUARY Wm Webb CHURCH _____
 DATE Nov. 27-41 HOUR 2 PM CLERGYMAN Dr. Myers
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. _____ Style _____		
Interior _____ Covering _____		
Manufacturer _____		
Total Net Cost of Casket		
Outer Case _____		
Vault _____		
Embalming _____		
Clothing _____		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>4.50</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS: Body shipped from Ft. Morgan Colorado

PERSONAL AND STATISTICAL

Place of Death Weldonia Colo.
 Date of Death 11-24-41
 Cause of Death Bronchopneumonia of left lung
 Duration Autopsy
 Sex M Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth _____ Age, Year 33 Months _____ Days _____
 Occupation farmer
 How Long at Place of Death 2 years
 Birthplace—City or County Horton State or Country Ko
 Name of Father _____
 Birthplace of Father _____
 Maiden Name of Mother _____
 Birthplace of Mother _____
 Signed at Ft Morgan M.D. _____ Coroner _____
 Address _____ Date _____
 Interment at Mt Olive 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 Wm. J. James H. Charge to Estate No. 565
 Ordered by Children Guaranteed by his children Serial No. _____
 Funeral at _____ Residence _____ Mortuary Switzerland Church _____ Date Dec 21 1944 Hour 7 PM Annual No. 412
 Clergyman Rev. Walter Myers Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	350.00	3-13-44	By ch Edm	387.25
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress & clothing	27.50			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	To Funeral Complete				387.25

NAME OF DECEASED James H. Huss RESIDENCE Troy, Kansas (rural)
 FUNERAL AT Severance RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE Dec 21-1941 HOUR 2 PM CLERGYMAN Perdexter Myers
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>by Cordones office Troy.</u>
Casket No. <u>924</u> Styl. <u>streamline</u>		Date of Birth <u>July 11-1858</u> Age, Years <u>83</u> Months <u>5</u> Days <u>6</u>
Interior <u>grey velvet</u> Covering <u>steel felt</u>		Occupation <u>farmer</u>
Manufacturer <u>Art-Craft</u>		How Long at Place of Death <u>life this community</u>
Total Net Cost of Casket		Birthplace—City or County <u>Troy</u> State or Country <u>Kans Rural</u>
Outer Case		Name of Father <u>W. B. Huss</u>
Vault		Birthplace of Father <u>Ry Jones</u>
Embalming		Maiden Name of Mother <u>Susan Jones</u>
Clothing <u>suit + clothing</u>		Birthplace of Mother <u>129</u>
		Signed <u>Ed. Cordones</u> M.D. _____ Coroner
		Address <u>Troy 14</u> Date _____
		Interment at <u>Oak Hill cemetery Severance</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 Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>240.55</u>	
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

Funeral of Larson Nelse B Charge to Est Account No. 566
 Ordered by Geot & Robt. Larson Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Trinity Christian Date Dec 22-41 Hour _____ Annual No. 4-13
 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	425 00	2-25-42		
	Embalming				
	Outer Case or Vault <u>Galvanneum</u>	125 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls <u>Fairfield</u>	1 05			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman	20 00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision <u>Cooper</u>	50			
	SALES TAX	7 40			
	To Funeral Complete	578 98			578 98

*Filed
 2-11-42*

NAME OF DECEASED *Nels B. Larson* RESIDENCE *Troy, Kansas*
 FUNERAL AT RESIDENCE MORTUARY CHURCH *Troy Christian* DIED *Dec. 22-41* HOUR *2.30* CLERGYMAN *Rev. Elliott*
 SINGER *Wm. Hebe Jr.* LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <i>No Meth Hosp.</i>
Casket No. <i>Etaking R.C. State</i>		Date of Death <i>Dec. 19, 1941</i>
Interior <i>Heavy metal covering Metal - Bronze</i>		Cause of Death <i>heart attack</i> contributory
Manufacture <i>Springfield Metal Casket Co.</i>		Duration
Total Net Cost of Casket		Autopsy
Outer Case		Sex <i>M.</i> Color or Race <i>W</i>
Vault <i>Galion</i>		Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Embalming		Date of Birth <i>Nov. 19-1868</i> Age, Years <i>73</i> Months <i>9</i> Days <i>0</i>
Clothing		Occupation <i>retired Ry. Station agent</i>
		How Long at Place of Death <i>at Hosp 3 days</i>
		Birthplace—City or County State or Country <i>Danmark</i>
		Name of Father <i>Lars Christenson</i>
		Birthplace of Father <i>Danmark</i>
		Maiden Name of Mother <i>Mary Nelson</i>
		Birthplace of Mother <i>Danmark</i>
Total Cash Advances		Signed <i>W. C. [unclear] M.D.</i> Coroner
		Address <i>St. Joseph Mo</i> Date
		Interment at <i>McAuley Troy, K.</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>0.14 55</i>		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 Elmer Trout RESIDENCE Troy - Kansas
 FUNERAL AT Troy RESIDENCE Baptist MORTUARY Jan 2-1942 CHURCH 2:30 CLERGYMAN Res Hadley & Carter
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>77</u> Style <u>stab half couch</u>		
Interior <u>gray crepe</u> Covering <u>steel jacked</u>		
Manufacturer <u>ret - ant</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>YMS 55</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

Place of Death his home Troy Kansas
 Date of Death Dec. 30-1941
 Cause of Death _____ Contributory _____
 Duration _____ Autopsy _____
 Sex M Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth April 20, 1884 Age, Years 57 Months 8 Days 10
 Occupation Rural mail carrier
 How Long at Place of Death life
 Birthplace—City or County Troy State or Country Kansas
 Name of Father John Trout
 Birthplace of Father Alabama
 Maiden Name of Mother Mariah Sutton
 Birthplace of Mother Fayette Indiana
 Signed C. E. Hadley M.D. Coroner
 Address Troy - Kan. Date _____
 Interment at St. Anne 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 _____

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

Funeral of Harry B. Goss Charge to Mrs Goss & Eleanor Account No. 568
 Ordered by Mrs Goss & Eleanor Guaranteed by _____ Serial No. _____
 Funeral at _____ Residence _____ Mortuary Church _____ Date Jan 14-42 Hour _____ Annual No. 423
 Clergyman Rev Roy Tompkins 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	275.00	2-28-42		
	Embalmng				
	Outer Case or Vault		12-3-42		200.00
	Washing and Dressing		3-9-43		40.46
	Shaving				46.00
	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				
	<u>boards</u>	3.00			
	SALES TAX	3.46			
	To Funeral Complete				286.46

NAME OF DECEASED Harry B. Goss RESIDENCE Troy, Ms. (Rural)
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Jan 14 - 1942 HOUR 2 PM CLERGYMAN Rev. Templin
 SINGERS Mrs. Templin LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Mersey Hosp. St. Joseph Mo</u>
Casket No. <u>700 5</u> Styl. <u>R.E. Stat. Holy Couch</u>			Date of Death <u>Jan. 12 - 1942</u>
Interior <u>gray Crpl</u> Covering <u>Chin. Platan. Trenton</u>			Cause of Death <u>suicide</u> <u>gun shot</u> <u>in forehead</u>
Manufacturer <u>Rex - Art.</u>	DEBITS		Contributors _____
Total Net Cost of Casket			Duration _____ Autopsy <input checked="" type="checkbox"/>
Outer Case <u>BSH</u>			Sex <u>M.</u> Color or Race _____
Vault			Single <input type="checkbox"/> Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Embalming			Date of Birth <u>Jan. 6 - 1893</u> Age, Years <u>49</u> Months <u>0</u> Days <u>6</u>
Clothing			Occupation <u>farmer</u>
			How Long at Place of Death <u>about 3 hours</u>
			Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
			Name of Father <u>James Goss</u>
			Birthplace of Father <u>Troy - Kansas</u>
Total Cash Advances			Maiden Name of Mother <u>Ada Rice</u>
			Birthplace of Mother <u>Troy Kansas</u>
			Sign <u>Ed Blair + James Goss</u> M.D. _____ Coroner _____
			Address <u>St Joe + Troy</u> Date <u>1 - 12 - 42</u>
			Interment at <u>Mersey 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>759.55</u>			Insured in _____ Amount _____
*Less Overhead Per Funeral			Beneficiary _____
Net Profit Apparent			

REMARKS:

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

NAME OF DECEASED Thomas Lee Jasper RESIDENCE near Fanning
 FUNERAL AT _____ RESIDENCE MORTUARY _____ CHURCH _____
 DEAN John HOUR 2:30 PM PASTOR Rev. Trumbly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>her home</u>
Casket No. <u>150</u> Style <u>white hazel lined</u>			Date of Death <u>Jan. 14-42</u>
Interior <u>white oak</u> Covering <u>white hazel</u>			Cause of Death <u>Pneumonia</u>
Manufacturer <u>Pr. Co.</u>	DEBITS		Contributory <input type="checkbox"/>
Total Net Cost of Casket			Duration _____ Autopsy <input checked="" type="checkbox"/>
Outer Case			Sex <u>F</u> Color or Race _____
Vault			Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Embalming			Date of Birth <u>12-24-49</u> Age, Years _____ Months _____ Days _____
Clothing			Occupation <u>mill</u>
			How Long at Place of Death <u>left</u>
			Birthplace—City or County <u>Fanning</u> State or County <u>Pa.</u>
			Name of Father <u>Burgel Jasper</u>
			Birthplace of Father <u>Fanning - Pa.</u>
			Maiden Name of Mother <u>Genevieve Pickersell</u>
			Birthplace of Mother <u>Grant Island N.H.</u>
Total Cash Advances			Signed <u>W. C. Gordon</u> Coroner
			Address _____ Date _____
			Interment at <u>Fanning Cemetery</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral		<u>MY 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 Freel James Paul Charge to James Freel Sr. Account No. 570
 Ordered by _____ Guaranteed by Paid by Ch. Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Protestant Date Jan 18 42 Hour 2 P.M. Annual No. 410
 Clergyman Rev. Ellet 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	28.50	1-17-42	By Ch. James Freel	28.84
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	To Funeral Complete				28.84

NAME OF DECEASED James Paul Free RESIDENCE Troy Kansas Rural
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE Jan 18-1941 HOUR 2 PM CLERGYMAN Rev. Elliot
 SINGERS _____ 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>107</u> Style <u>brunze lid</u>		Date of Death <u>Jan 17-1941</u>
Interior <u>cr. silk</u> Covering <u>white lamb</u>		Cause of Death <u>Pneumonia</u> <small>tributory</small>
Manufacturer <u>Rex-Art</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>M.</u> Color or Race <u>W</u>
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____		Date of Birth _____ Age, Years _____ Months _____ Days <u>4</u>
Embalming _____		Occupation <u>Child</u>
Clothing _____		How Long at Place of Death <u>die on entering Hosp</u>
		Birthplace—City or County <u>Troy</u> State or Country <u>Kansas</u>
		Name of Father <u>James Free</u>
		Birthplace of Father <u>Troy Kansas</u>
		Maiden Name of Mother <u>Pauline Euler</u>
		Birthplace of Mother <u>Wathena Kans.</u>
		Signed <u>Dr. Munday</u> M.D. <u>Monday</u> Coroner
		Address <u>St Joseph Mo</u> Date <u>1-17-41</u>
		Interment at <u>Mt Oliv 9001-16</u>
		Lot or Grave No. <u>Major Free's grave</u>
		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>118 95</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.

NAME OF DECEASED Sophia Giltwanger RESIDENCE Troy-Kans. (Rural)
 FUNERAL AT RESIDENCE MORTUARY CHURCH Date Jan 19-42 HOUR 2.30 CLERGYMAN Rev. Tenflin
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>her home west of Troy</u>
Casket No. <u>51</u> Style <u>left panel robe</u>			Date of Death <u>Jan. 17-1942</u>
Interior			Cause of Death <u>Cerebral</u>
Manufacturer <u>Ref. Art.</u> Covering <u>steel crepe</u>			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>Female</u> Color or Race _____
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>Dec 6-1854</u> Age, Years <u>87</u> Months <u>1</u> Days <u>11</u>
Embalming _____			Occupation <u>housewife</u>
Clothing <u>robe</u>			How Long at Place of Death <u>35 years</u>
			Birthplace—City or County _____ State or Country <u>Germany</u>
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
			Signed <u>A. C. Cardone</u> Date <u>Jan 19-1942</u> Coroner
			Address <u>Troy</u> Interment at <u>St. Charles Troy</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 Cash Advances _____			
Total Net Cost of Funeral _____			
Gross Profit on Funeral <u>yd 55</u>			
*Less Overhead Per Funeral _____			
Net Profit Apparent _____			

REMARKS:

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

Funeral of Ward Elizabeth Conrod charge to Ward Elizabeth Conrod Account No. 572
 Ordered by Mrs Sullivan Guaranteed by Mrs Sullivan Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church Christ Date Feb. 1-1942 Hour 2:30 Annual No. 418
 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	V	Credits
	Casket and Services	165 00	4-16-42		
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	7 00	Paid 4-16-42		
	Newspaper Notices		Paid 3-3-42		
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	3 06			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<i>Filed 3-10-42</i>				
	<i>SATIS FIED</i>	1 98			
	To Funeral Complete				177 04

NAME OF DECEASED *Elizabeth Ann Ward* RESIDENCE *Troy - Kansas*
 FUNERAL AT RESIDENCE MORTUARY CHURCH *Christians* DATE *Feb. 1-1942* HOUR *2:30* CLERGYMAN *Rev. Elliott*
 SINGER *Mrs. Helb. & Mary Neers* LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death	<i>her home Troy Ks.</i>
Casket No. <i>234</i> Style <i>Perf shrines</i>			Date of Death	<i>Jan 29-1942</i>
Interior <i>gray</i> Covering <i>Brocade</i>			Cause of Death	<i>Coronary heart disease</i>
Manufacture <i>W.C. Art</i>	DEBITS		Duration	
Total Net Cost of Casket			Autopsy	
Outer Case <i>Bot</i>			Sex	<i>F</i>
Vault			Color or Race	<i>W</i>
Embalming			Single	<input checked="" type="checkbox"/>
Clothing <i>none</i>			Married	<input type="checkbox"/>
			Widowed	<input type="checkbox"/>
			Divorced	<input type="checkbox"/>
			Child	<input type="checkbox"/>
			Date of Birth	<i>May 22-1857</i>
			Age, Years	<i>84</i>
			Months	<i>8</i>
			Days	<i>7</i>
			Occupation	<i>housewife</i>
			How Long at Place of Death	<i>70 years near Troy</i>
			Birthplace—City or County	<i>Apfords Ohio</i>
			State or Country	<i>Ohio</i>
			Name of Father	<i>James H. Hall</i>
			Birthplace of Father	<i>Jefferson County Ohio</i>
			Maiden Name of Mother	<i>Mary Nizger</i>
			Birthplace of Mother	<i>Mudgum County Ohio</i>
Total Cash Advances			Signed	<i>W.E. Coe</i>
			Date	<i>Feb 1 1942</i>
			Address	<i>Troy 12</i>
			Interment at	<i>Mt Olivet Troy</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>11.00</i>	<i>35</i>	Source of Call	
*Less Overhead Per Funeral			Insured in	
Net Profit Apparent			Amount	
REMARKS:			Beneficiary	

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

Funeral of Turkelson Johannah M. Charge to Clarence Turkelson Account No. 573
 Ordered by Clarence Turkelson Guaranteed by Robert Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church St. Patrick Date Feb. 6-1942 Hour 10 AM Annual No. 417
 Clergyman Rev. Patrick Affiliations Catholic Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	285.00	2-21-42		108.34
	Embalming		7-1-42		185.00
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls	1.00			
	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	293.34			293.34

NAME OF DECEASED Johannah Matilda Turkelson RESIDENCE Troy - Kansas (Rural)
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE Feb 6 1942 HOUR 10 AM CLERGYMAN Father Patrick O'Shea
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>802</u> Sale <u>at St. Mary's Church</u>		
Manufacturer <u>Gray Baronette</u> <u>Funeral Home</u>		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		<u>MTD</u>
*Less Overhead Per Funeral		
Net Profit Apparent		

Place of Death her home west of Troy
 Date of Death Feb. 2 - 1942
 Cause of Death acute Nephritis
 Duration _____ Autopsy
 Sex F Color or Race W
 Single _____ Married Widowed _____ Divorced _____ Child _____
 Date of Birth Feb 28 1881 Age, Years 60 Months 11 Days 4
 Occupation housewife
 How Long at Place of Death life near Troy
 Birthplace—City or County Troy State or Country Kansas
 Name of Father Michael O'Sullivan
 Birthplace of Father Ireland
 Maiden Name of Mother Mary Ann De Conroy
 Birthplace of Mother Ireland
 Signed R. P. Clutz M.D. _____ Coroner
 Address Bendena Date 2-6-1942
 Interment at St. Benedict's Bendena
 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 *W.D. Sharp & Family* Account No. *574*
 Buried at *Redwood* Residence *Redwood* Mortuary *Redwood* Church *Redwood*
 Date *Feb. 7-1942* Hour *2 P.M.* Annual No. *4164*
 Clergyman *Rev. F. Carter* Lodge Affiliations _____ Body Shipped to or from _____

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

8-28-42
W.D. Sharp
11-13-41
W.D. Sharp

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services <i>given at Norton's</i>	<i>95.50</i>	<i>5-4-42</i>	<i>B of cash</i>	
	Embalming <i>included in service</i>			<i>Sharp Family</i>	<i>100.00</i>
	Outer Case or Vault <i>at Norton</i>		<i>2-19-42</i>	<i>Sharp</i>	<i>10.00</i>
	Washing and Dressing		<i>5-17-42</i>	" "	<i>10.00</i>
	Shaving		<i>6-4-42</i>	" "	<i>5.00</i>
	Slumber Robe		<i>10-13-42</i>	<i>Cash W.D. Sharp</i>	<i>5.00</i>
	Suit or Dress <i>one only given</i>	<i>8.00</i>	<i>2-20-43</i>	" "	<i>5.00</i>
	Other Articles of Clothing		<i>4-23-43</i>	" "	<i>3.68</i>
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman <i>\$35 only</i>				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision <i>meeting train</i>				
	<i>outside lot to service</i>				
	<i>grave decoration</i>				
	<i>grave marked &</i>				
	<i>personal service</i>	<i>35.00</i>			
	SALES TAX <i>and</i>				<i>.16</i>
	To Funeral Complete	<i>138.68</i>			<i>138.68</i>

NAME OF DECEASED Donna Marie Sharp RESIDENCE Troy - Kansas
 FUNERAL AT Fairy Emory RESIDENCE Fairy Emory MORTUARY Fairy Emory CHURCH _____
 DATE Feb. 7 1942 HOUR 2 AM CLERGYMAN Rev. Carter
 SINGER _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>State Symptomium at Norton 19</u>
Casket No. <u>from</u> Style <u>Scott F. H. Norton K.</u>			Date of Death <u>Feb. 4 - 1942</u>
Interior _____			Cause of Death <u>T.B.</u> Contributory _____
Manufacturer _____			Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>F</u> Color or Race <u>W</u>
Outer Case _____			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>Nov 1 - 1908</u> Age, Years <u>33</u> Months <u>11</u> Days <u>3</u>
Embalming <u>dress</u>			Occupation <u>none</u>
Clothing <u>dress</u>			How Long at Place of Death <u>10 months, 1 day</u>
			Birthplace—City or County <u>Gangot, Kan</u> State or Country <u>Kan</u>
			Name of Father <u>W. D. Sharp</u>
			Birthplace of Father <u>Severance K.</u>
			Maiden Name of Mother <u>Anna Sharp</u>
			Birthplace of Mother <u>Severance K.</u>
			Signed <u>at Norton</u> M.D. _____ Coroner _____
			Address <u>Kansas</u> Date _____
			Interment at <u>Severance K. Oak Hill</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
			Source of Call _____
			Insured in _____
			Beneficiary _____
Total Cash Advances			
Total Net Cost of Funeral			
Gross Profit on Funeral			
*Less Overhead Per Funeral			
Net Profit Apparent			

REMARKS:

In case any items not covered by direct charges are included in order, they will be subject to special rates.

Funeral Charge to Kesser Frederica H Account No. 575
 Ordered by Mrs. Kesser Mildred + Mrs. Campbell Serial No. _____
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date Feb. 22, 1942 Hour 2:30 PM Annual No. 420
 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	285.00			
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave <u>T.S. Beck # 3367 for</u>				
	Newspaper Notices <u>opening grave</u>	7.00			
	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	295.42			295.42

By property
 deeded see deed
 to of H. Beck
 City of Troy.

NAME OF DECEASED Frederick H. Nesser RESIDENCE Troy Kansas
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE Feb. 22-1947 HOUR 2:30 CLERGYMAN Rev. Elliott
 SINGERS Mr. Webb LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>His home Troy Ks</u>
Casket No. <u>9005</u> Style <u>R.E. Stab 1/2 Couch</u>		Date of Death <u>Feb.</u>
Interior <u>Grey Crepe</u> Covering <u>Plain Platinum</u> Buttons <u>Antoni</u>		Cause of Death <u>Coronary Thrombosis</u>
Manufacturer <u>Met-Cut</u>	DEBITS	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>July 26-1871</u> Age, Years <u>70</u> Months <u>6</u> Days <u>24</u>
Embalming		Occupation <u>Cret farmer</u>
Clothing		How Long at Place of Death <u>in Troy 22 yrs</u>
		Birthplace—City or County <u>Opden</u> State or Country <u>Dutch</u>
		Name of Father <u>Hartin Nesser</u>
		Birthplace of Father <u>Switzerland</u>
Total Cash Advances		Maiden Name of Mother <u>Elizabeth Herzl</u>
		Birthplace of Mother <u>Switzerland</u>
		Signed <u>at Cordova</u> Coroner
		Address <u>Troy - Kan</u> Date _____
		Interment at <u>Mt 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>Jan 50</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 Robinson Grace D. Charge to Est Account No. 576
 Ordered by Mr. & Mrs. Perry M. Gentry Guaranteed by Wm. T. Feb. 23-1942 Serial No. _____
 Funeral at Residence Mortuary _____ Church Catholic Date Feb. 23-1942 Hour 10 A M Annual No. 421
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	425.00	8-21-42		
	Embalming <u>H.C. Indiana</u>	25.00			
	Outer Case Vault	100.00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress <u>complete clothing</u>	21.25			
	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>Flowers not charged</u>				
	<u>Filed Mch. 14-1942</u>				
	SALES TAX	7.52			
	To Funeral Complete	578.77			578.77

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

a TD dress
21.25
paid 8-25-42

NAME OF DECEASED *Grace Darlene Robinson* RESIDENCE *Sparks Kansas*
 FUNERAL AT *Sparks* RESIDENCE MORTUARY CHURCH *Catholic* DATE *Feb. 23-1942* HOUR *10 AM* CLERGYMAN *Father Robt + Edward*
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <i>Palma</i> <i>St. Louis</i> <i>bound up urn</i>	
Interior <i>honey suckle</i> <i>covering</i> <i>metal finish</i>	
Manufacturer <i>Springfield Metal Co.</i>	
Total Net Cost of Casket	
Outer Case	
Vault <i>Springfield Metal</i>	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<i>DDN 55</i>
*Less Overhead Per Funeral	
Net Profit Apparent	

PERSONAL AND STATISTICAL

Place of Death *Union Depot St. Joseph Mo*
 Date of Death *Feb. 20-1942*
 Cause of Death *acute congestive heart failure*
 Duration _____ Autopsy _____
 Sex *F* Color or Race *W*
 Single _____ Married _____ Widowed Divorced _____ Child _____
 Date of Birth *June 30-1890* Age, Years *51* Months *7* Days *20*
 Occupation *housewife*
 How Long at Place of Death *few minutes*
 Birthplace—City or County *Sparks* State or Country *Kansas*
 Name of Father *Andrew Sparks*
 Birthplace of Father *Sparks Kansas*
 Maiden Name of Mother *Addie Carter*
 Birthplace of Mother *De Kalb Mo*
 Signed *W. Mundy* Coroner
 Address *St. Joseph Mo*
 Interment at *St. Joseph 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 _____

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 Walters Howard B. Jr. Charge to Family - Account No. 577
 Ordered by Mrs. Walter Frank Ruth Guaranteed by " " Serial No. _____
 Funeral at _____ Residence _____ Mortuary Bendish Church _____ Date Feb 2, 1942 Hour 3 P.M. Annual No. 422
 Clergyman Rev. Gaston Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	<input checked="" type="checkbox"/>	Credits
	Casket and Services <u>complete</u>	<u>115.00</u>	<u>3-1942</u>	<u>Burch Ruth Walters</u>	<u>119.44</u>
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	<u>3.00</u>			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	<u>1.44</u>			
	To Funeral Complete	<u>119.44</u>			<u>119.44</u>

NAME OF DECEASED A. B. Walters RESIDENCE Bendena, Kans
 FUNERAL AT RESIDENCE MORTUARY CHURCH Bendena DATE Feb. 27 1947 HOUR 3 P.M. CLERGYMAN Rev. Gaston
 SINGERS Boughton, Zeno, Noverson, Stansoin AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Mo. Meth Hosp.</u>
Casket No. <u>12 M</u> Style <u>flat top square</u>			Date of Death <u>Feb. 27 1947</u>
Interior <u>Cream</u> Covering <u>Blue</u>			Cause of Death <u>Intestinal Obstruction</u>
Manufacturer <u>Price Bleuff</u>	DEBITS		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 _____ Age, Years _____ Months _____ Days _____
Embalming			Occupation <u>farmer + stock raiser</u>
Clothing			How Long at Place of Death <u>6 days</u>
			Birthplace—City or County _____ State or Country <u>Indiana</u>
			Name of Father <u>Thomas S. Walters</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>Sadie Sherman</u>
Total Cash Advances			Birthplace of Mother _____
			Signed _____ M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>Meroy</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>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.

NAME OF DECEASED Eibagail Maller RESIDENCE Troy - Kansas
 FUNERAL AT Christian Church RESIDENCE Troy MORTUARY Christian CHURCH Christian DATE March 5 - 1942 HOUR 3 PM CLERGYMAN Rev. Elliott
 SINGERS Mr. Webb LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral _____	
Casket No. <u>244</u> Style <u>oak</u> <u>1/2 Couch</u>	
Interior <u>oak</u> Covering <u>day</u> <u>Polychrome</u> <u>Dallas</u>	
Manufacturer <u>Put - Art.</u>	
Total Net Cost of Casket _____	
Outer Case _____	
Vault <u>Johnson Metal</u>	
Embalming _____	
Clothing _____	
Total Cash Advances _____	
Total Net Cost of Funeral _____	
Gross Profit on Funeral <u>god 55</u>	
*Less Overhead Per Funeral _____	
Net Profit Apparent _____	

Place of Death State Hosp. Topeka Ks
 Date of Death March 3 - 1942
 Cause of Death Alzheimeric Contributory _____
 Duration _____ Autopsy W
 Sex F Color or Race _____
 Single _____ Married X Widowed _____ Divorced _____ Child _____
 Date of Birth June 6 1880 Years 61 Months 8 Days 27
 Occupation housewife
 How Long at Place of Death 3 years
 Birthplace—City or County Sillamont State or Country Mo
 Name of Father Samuel Fording
 Birthplace of Father Pa
 Maiden Name of Mother Margaret Johnson
 Birthplace of Mother Missouri
 Signed _____ M.D. _____ Coroner _____
 Address Topeka Ks Date _____
 Interment at Mt Oliv 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 _____

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 Brounlee Jefferson D. Charge to Doniphan Co. Account No. 579
 Ordered by Doniphan Co. Guaranteed by " Serial No. _____
 Funeral at Residence Mortuary Church Date March 28 42 Hour 2 P.M. Annual No. 424
 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	50.00	4-1-42	By check Doniphan Co.	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 3-28-42</u>				
	SALES TAX				
	To Funeral Complete	50.00			50.00

NAME OF DECEASED Jefferson D. Brounlee RESIDENCE Troy - Kans
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Nov 28-42 HOUR 2 PM CLERGYMAN Rev. Carter
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____ Casket No. <u>100</u> Style <u>flat top</u> Interior <u>creams</u> Covering <u>grey crepe</u> Manufacturer <u>Ry-Lert</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 55</u> *Less Overhead Per Funeral _____ Net Profit Apparent _____		Place of Death <u>Kenneth Brounlee home</u> Date of Death <u>Nov 26-1942</u> Cause of Death <u>Chronic Endocarditis</u> Duration _____ Autopsy _____ Sex <u>M</u> Color or Race <u>W</u> Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/> Date of Birth <u>June 27-1861</u> Age, Years <u>80</u> Months <u>8</u> Days <u>29</u> Occupation <u>ret. farmer</u> How Long at Place of Death <u>near Troy 24 yrs</u> Birthplace—City or County <u>Forbes</u> State of Country <u>Mo</u> Name of Father <u>David Brounlee</u> Birthplace of Father <u>unknown</u> Maiden Name of Mother <u>Mary Jane Rice</u> Birthplace of Mother <u>Macola, Mo</u> Signed <u>C. E. Waller</u> M.D. Coroner Address <u>Troy, Mo</u> Date <u>3-27-42</u> Interment at <u>St. Anne Troy Mo</u> Lot or Grave No. _____ Section No. _____ Shipped to _____ Arrived from _____ Via _____ R. R. Date _____ In Charge of _____ Source of Call _____ Insured in _____ Amount _____ Beneficiary _____
REMARKS: * Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.		