

Funeral Charge to Aufenkamp Baby Boy- Raymond J. Aufenkamp Account No. 711  
 Ordered by Father Guaranteed by " " " " Serial No. " " " "  
 Funeral at Residence Mortuary Cemetery Date Nov 31 1945 Hour 5 PM Annual No. 561  
 Clergyman Rev. Carter Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services..... ✓	35.00	11-2-45		
	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>tax</u>				
		42			
	To Funeral Complete	35.42			35.42

By cash  
 G. K. Kibler

35.00

tax

42

35.42

35.42

NAME OF DECEASED Baby Boy Gurfenkamp RESIDENCE \_\_\_\_\_  
 FUNERAL AT \_\_\_\_\_ RESIDENCE St. Olive Cemetery DATE 3-31-45 HOUR 5 PM CLERGYMAN Rev. Carter  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>102</u> Style <u>Single lid</u>	
Interior <u>white</u> Covering <u>White</u>	
Manufacturer <u>R4-art</u>	DEBITS
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	<u>MS 55</u>
Net Profit Apparent	

PERSONAL AND STATISTICAL

Place of Death St. Joseph Hosp.  
 Date of Death March 31-1945  
 Cause of Death Stillborn Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M. Color or Race W.  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth 3-31-45 Age, Years Still Birth  
 Occupation child  
 How Long at Place of Death \_\_\_\_\_  
 Birthplace—City or County St. Joseph State or Country Mo  
 Name of Father Raymond John Gurfenkamp  
 Birthplace of Father Brook Nebraska  
 Maiden Name of Mother Velma Lydia Kibler  
 Birthplace of Mother Troy Kansas  
 Signature E.P. Waller M.D. Coroner  
 Address St. Joseph Mo 3-31-45  
 Interment at St. 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 \_\_\_\_\_

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 Moran Annie Estelle Charge to Mrs. Osa Dishon Account No. 712  
 Ordered by Dishon Mrs. Osa Guaranteed by Dishon Mrs. Osa Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date April 6 Hour 2 p.m. Annual No. 562  
 Clergyman Rev. Harder Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	✓	Credits
	✓ Casket and Services	285 00	4-6-45	By Osa Dishon	301 68
	✓ Embalming				
	✓ Outer Case or Vault				
	✓ Washing and Dressing <u>File 396</u>				
	Shaving				
	Slumber Robe				
	<del>Suit or Dress</del>	13 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
	<u>Sales tax</u>	3 68			
	To Funeral Complete	301 68			301 68

Dress  
 M.O.S.S.  
 A.T.S.  
 d.M.S.  
 666-111-1111  
 11/11/11

NAME OF DECEASED Annie Stella Moran RESIDENCE \_\_\_\_\_  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE April 6 HOUR 2:30 PM CLERGYMAN Rev. Harder  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>244</u> Style <u>Octagon / allouch</u>	
Interior Covering <u>Polyette / Plaklia</u>	
Manufacturer <u>Rex - Art</u>	DEBITS
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing <u>dress</u>	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	<u>MTS 52</u>
Net Profit Apparent	

PERSONAL AND STATISTICAL

Place of Death Home of Mrs. Ida Dishon  
 Date of Death April 4 - 1945  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W -  
 Single  Married  Widowed  Divorced  Child   
 Date of Birth Oct 2 - 1868 Age, Years 6 Months 2 Days  
 Occupation Housewife  
 How Long at Place of Death 4 1/2 years  
 Birthplace—City or County \_\_\_\_\_ State or Country Ill  
 Name of Father Jacob Fehiele  
 Birthplace of Father Germany  
 Maiden Name of Mother Sylvia Winterroth  
 Birthplace of Mother Germany  
 Signed Dr. Gordon M.D. Coroner  
 Address Troy, Ill. Date April 4 - 1945  
 Interment at Mt. Olive - Troy, Ill.  
 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 Phue Martha Jane Charge to Miss Vera Phue Account No. 714  
 Ordered by Miss Vera Phue Guaranteed by Miss Vera Phue Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 4/8-1945 Hour 2:30 PM Annual No. \_\_\_\_\_  
 Clergyman Rev. Harder Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

*Wm  
Md. 55  
P. T. d.  
W. S. d.*

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	<u>475 00</u>	<u>8-21 45</u>		<u>598 00</u>
	Embalming <u>Call 590</u>				
	Outer Case or Vault	<u>100 00</u>			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	<u>15 00</u>			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Filed 6-18-45</u>				
	SALES TAX	<u>8 00</u>			
	To Funeral Complete	<u>598 00</u>			

NAME OF DECEASED Marthalam Phue RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 4/8-1945 HOUR 2:30 CLERGYMAN Rev. Harder  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_  
 Casket No. 924 Style Special RE State 1/2 C.  
 Interior Super Velvet Rom. Covering #248 BC  
 Manufacturer Rex-Art  
 Total Net Cost of Casket \_\_\_\_\_  
 Outer Case \_\_\_\_\_  
 Vault \_\_\_\_\_  
 Embalming \_\_\_\_\_  
 Clothing \_\_\_\_\_  
 Total Cash Advances \_\_\_\_\_  
 Total Net Cost of Funeral \_\_\_\_\_  
 Gross Profit on Funeral 2yd 55  
 \*Less Overhead Per Funeral \_\_\_\_\_  
 Net Profit Apparent \_\_\_\_\_

DEBITS

Place of Death Her home, Troy Kans.  
 Date of Death April 6-1945  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F. Color or Race W.  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth 3/20-1862 Age, Years 83 Months \_\_\_\_\_ Days 16  
 Occupation Housewife  
 How Long at Place of Death 82 years  
 Birthplace—City or County \_\_\_\_\_ State or Country Penn.  
 Name of Father Charles Maynard  
 Birthplace of Father Addebury England  
 Maiden Name of Mother Catherine Barr  
 Birthplace of Mother Eutica N. Y.  
 Signed A. E. Gordon M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address Troy Kans. Date April 6-1945  
 Interment at Mt. Olive - Troy Kans.  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_

REMARKS:

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 charge to Zimmerman Josephine Account No. 715  
 Ordered by Sophia + Jennette Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence  Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date Apr 11-1945 Hour 2-30 Annual No. 563  
 Clergyman Rev. Truburg Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

*Dress*  
*M.Y. ds.*  
*o td*  
*n. d.*

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services. <u>537.50</u>	<u>42.50</u>	<u>5/3/45</u>		
	Embalming. <u>fall</u>				<u>549.95</u>
	<u>Outer Case on Vault</u> <u>concrete</u>	<u>100.00</u>			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	<del>Suit</del> Dress	<u>12.50</u>			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	<u>5.00</u>			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		<b>SALES TAX</b>			
		<u>7.45</u>			
To Funeral Complete		<u>549.95</u>			<u>549.95</u>

NAME OF DECEASED *Josephine Zimmerman* RESIDENCE *North of Bendena*  
FUNERAL AT RESIDENCE  MORTUARY  CHURCH  DATE *April 11-1945* HOUR *2:30* CLERGYMAN *Rev. Freeburg*  
SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral  
Casket No. *844* Style *stab hoes Arch*  
Interior *gray crepe* Covering *E-1017*  
Manufacturer *ret-art*  
Total Net Cost of Casket \_\_\_\_\_  
Outer Case \_\_\_\_\_  
Vault *concrete*  
Embalming \_\_\_\_\_  
Clothing \_\_\_\_\_

DEBITS

REVENUE ITEMS AND THEIR COST	CREDITS
Total Cash Advances _____	
Total Net Cost of Funeral _____	
Gross Profit on Funeral <i>0ad 56</i>	
*Less Overhead Per Funeral _____	
Net Profit Apparent _____	

Place of Death *her home North of Bendena*  
Date of Death *April 9-1945*  
Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
Sex *F* Color or Race *W*  
Single  Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
Date of Birth *July 28-1864* Age, Years *80* Months *8* Days *11*  
Occupation *housewife*  
How Long at Place of Death *entire life*  
Birthplace—City or County *Bendena* State or Country *Kans Rural*  
Name of Father *John Calvin Zimmerman*  
Birthplace of Father *Fredereck Maryland*  
Maiden Name of Mother *Catherine Lee*  
Birthplace of Mother *Buchanan County Mo*  
Signed *R.R. Clark* M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
Address *Bendena, Mo* Date \_\_\_\_\_  
Interment at *W. 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 \_\_\_\_\_

REMARKS:

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



Funeral of Blanton Joseph C. Charge to Anna Blanton Account No. 716  
 Ordered by Anna Blanton Guaranteed by " " Serial No. " "  
 Funeral at Residence Mortuary Church Date Apr 19 1945 Hour 2 PM Annual No. 584  
 Clergyman Rev. Twombly 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	✓	Credits
	Casket and Services.....		5/16 45		By cash (Anna Blanton) 45.00
	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>trip to Nadsuworth</u> <u>home &amp; service</u> <u>for funeral</u>	45.00			45.00
	SALES TAX				
	To Funeral Complete	45.00			45.00

*all personal*

NAME OF DECEASED Joe Blanton RESIDENCE St. Joseph - Mo  
 FUNERAL AT RESIDENCE  MORTUARY  CHURCH   
 D. Apr 19 - 1945 HOUR 2 P.M. CLERGYMAN Rev. Twombly  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Madsworth Kans.</u>
Casket No. _____ Style _____		Date of Death <u>April 16 - 1945</u>
Interior _____ Covering _____		Cause of Death <u>Myocardial failure</u>
Manufacturer _____	DEBITS	Duration _____ Autopsy <input checked="" type="checkbox"/>
Total Net Cost of Casket _____		Sex <u>M.</u> Color or Race _____
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>Apr 1 - 1945</u> Age, Years <u>55</u> Months _____ Days <u>15</u>
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death <u>2 days</u>
		Birthplace—City or County <u>Fairbury Kas</u>
		Name of Father <u>Cyrene Blanton</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Sarah Elizabeth Smith</u>
		Birthplace of Mother <u>Kans</u>
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Old Sparks Kas.</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>05 55</u>		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		

REMARKS: Anna Blanton  
1322 S. 6th St.  
St. Joseph - 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 Gaul Emil A Charge to Mrs Mella Gaul Account No. 717  
 Ordered by Mrs Gaul Guaranteed by " " " Serial No. " " "  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date Apr. 26-45 Hour 2.30 Annual No. 585  
 Clergyman Rev. E. H. Martens 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	375.00	5-23-45		
	Embalming <u>at Topekka &amp; service</u>	35.00			431.53
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>Shirt 1.75 tie 1.00</u>	2.75			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	10.00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision <u>heavy box top</u>	3.95			
	SALES TAX	4.83			
	To Funeral Complete	431.53			431.53

NAME OF DECEASED Emil August Gard RESIDENCE Droy Ks. rural  
 FUNERAL AT RESIDENCE MORTUARY CHURCH St. Paul's Church DATE Sept 26/1944 HOUR 2:30 CLERGYMAN Rev. E.H. Martens  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	
Casket No. <u>802</u> Style <u>state hall</u> <u>Cornish</u>	
Interior <u>Sil. Baroque</u> Covering <u>Emil. Reddown</u>	
Manufacturer <u>pt-art</u>	
Total Net Cost of Casket	
Outer Case <u>wood lot</u>	
Vault	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	<u>YAd. 55</u>
*Less Overhead Per Funeral	
Net Profit Apparent	

PERSONAL AND STATISTICAL

Place of Death State Hosp. Topeka Ks.  
 Date of Death April 23 - 1945  
 Cause of Death Emphysema Contributory  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Sept. 13 - 1878 Age, Years 66 Months 7 Days 10  
 Occupation farmer  
 How Long at Place of Death 11 months  
 Birthplace—City or County \_\_\_\_\_ State or Country Germany  
 Name of Father Carl Gard  
 Birthplace of Father Germany  
 Maiden Name of Mother Caroline Froelich  
 Birthplace of Mother Germany  
 Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address at Topeka Date \_\_\_\_\_  
 Interment at 1st Olive Droy Ks  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in \_\_\_\_\_ Amount \_\_\_\_\_  
 Beneficiary \_\_\_\_\_

REMARKS:

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



NAME OF DECEASED William F. Bembrick RESIDENCE Troy - Kansas  
 FUNERAL AT Residence MORTUARY Christian CHURCH Day May 6, 1945 HOUR 2.30 CLERGYMAN Rev Carter  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. <u>844</u> Style <u>Stahael Couch</u>		
Interior <u>Troy Cong. Exp. Balm Sil. E 107</u>		
Manufacturer <u>Richart</u>		
Total Net Cost of Casket		
Outer Case <u>wood box</u>		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	<u>0 Ad 55</u>	
*Less Overhead Per Funeral		
Net Profit Apparent		

PERSONAL AND STATISTICAL

Place of Death Sisters Hosp. St. Joseph Mo  
 Date of Death May 4 - 1945  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Sept. 19-1869 Age, Years 75 Months 7 Days 15  
 Occupation farmer  
 How Long at Place of Death 42 days  
 Birthplace—City or County Troy State or Country Kansas  
 Name of Father Char. Bembrick  
 Birthplace of Father Cincinnati Ohio  
 Maiden Name of Mother Therese Jane Lichter  
 Birthplace of Mother St. Joseph - Mo  
 Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 Interment at St Olive Troy - K.  
 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 Scholz, Edmund Charge to Family Account No. 719  
 Ordered by Mrs. Scholz Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date July 5, '45 Hour 2:00 PM Annual No. 587  
 Clergyman Rev. Carter 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.....	385 00	7-10-45	By check	501 02
	Embalming.....			" cash	80
	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 <u>10.00 tax .20</u> .....	10 20			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX.....	6 62			
	To Funeral Complete.....	501 82			501 82

NAME OF DECEASED Edmund Scholz RESIDENCE Troy, Kansas.  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE 7-5-45 HOUR 2:00 PM CLERGYMAN Rev. Carter  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

	DEBITS
Charge for Complete Funeral	
Casket No. <u>844</u> Style <u>State Co Couch</u>	
Interior <u>St Rose Congress</u> Covering <u>Rose Cedar E 107</u>	
Manufacturer <u>Craft</u> <u>Rx</u>	
Total Net Cost of Casket	
Outer Case	
Vault <u>Concrete</u>	
Embalming	
Clothing	
Total Cash Advances	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	
Net Profit Apparent	

CREDITS

PERSONAL AND STATISTICAL

Place of Death Missouri Methodist Hosp  
 Date of Death July 2, 1945  
 Cause of Death Pulmonary Embolism Contributory  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth June 12, 1885 Age, Years 60 Months \_\_\_\_\_ Days 20  
 Occupation Farmer  
 How Long at Place of Death 3 days  
 Birthplace—City or County Geary State or Country Ks  
 Name of Father Charlie A Scholz  
 Birthplace of Father Prussia  
 Maiden Name of Mother Mary Regnary  
 Birthplace of Mother France  
 Signed D. Paul Ferguson M.D. \_\_\_\_\_ Coroner  
 Address St. Joe Mo Date 7-3-45  
 Interment at Mt. Olive  
 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 Pollard, Bruce Charge to Jess Pollard Account No. 720  
 Ordered by Jess Pollard Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date July 15, 1945 Hour 2:30 P.M. Annual No. 568  
 Clergyman Rev. Harder 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	7-16	45	<i>By check</i>		293 68
	Embalming							
	Outer Case or Vault <i>concrete 6 section</i>	25	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						
To Funeral Complete		293	68					293 68

NAME OF DECEASED Bruce Pollard

RESIDENCE Troy, Kansas

FUNERAL AT RESIDENCE MORTUARY  CHURCH

DATE July 15, 1945 HOUR 2:30 P.M. CLERGYMAN Rev. Harder

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

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

PERSONAL AND STATISTICAL

Place of Death Missouri Methodist Hospital

Date of Death July 14, 1945

Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_

Duration \_\_\_\_\_ Autopsy \_\_\_\_\_

Sex M Color or Race W

Single  Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_

Date of Birth Mar 3, 1912 Age, Years 33 Months 4 Days 11

Occupation farmer

How Long at Place of Death \_\_\_\_\_

Birthplace—City or County Troy State or Country Kansas

Name of Father Jess Pollard

Birthplace of Father Buchanan county, Mo.

Maiden Name of Mother Martha Patchiff

Birthplace of Mother Anderson county, Kansas

Signed \_\_\_\_\_ M.D. \_\_\_\_\_ Coroner \_\_\_\_\_

Address \_\_\_\_\_ Date \_\_\_\_\_

Interment at Mt. Olive, Troy, Kansas

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 Strong, Anna Louise Charge to estate Account No. 721  
 Ordered by Lou Strong Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence  Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date July 16, 1945 Hour 2:00 P.M. Annual No. \_\_\_\_\_  
 Clergyman Rev. Harder 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	290 00	11-1-45		303 70
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers <u>10<sup>00</sup></u> tax <u>.20</u>	10 20			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>claim filed</u>				
	<u>8/8/45</u> SALES TAX	3 50			
	To Funeral Complete	303 70			303 70

NAME OF DECEASED *Anna Louise Strong*

RESIDENCE *Troy, Kansas*

FUNERAL AT RESIDENCE  MORTUARY CHURCH

DATE *July 16, 1945* HOUR *2:00* CLERGYMAN *Rev. Harter*

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

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <i>Missouri Methodist Hospital</i>
Casket No. Style		Date of Death <i>July 14, 1945</i>
Interior Covering		Cause of Death _____ Contributory _____
Manufacturer	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket		Sex <i>F</i> Color or Race <i>W</i>
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault		Date of Birth <i>Mar. 26, 1864</i> Age, Years <i>81</i> Months <i>3</i> Days <i>18</i>
Embalming		Occupation <i>Housewife</i>
Clothing		How Long at Place of Death <i>Lifetime</i>
Total Cash Advances		Birthplace—City or County <i>Troy</i> State or Country <i>Kansas</i>
Total Net Cost of Funeral		Name of Father <i>Henry Boder</i>
Gross Profit on Funeral		Birthplace of Father <i>Mt. Eaton, Ohio</i>
*Less Overhead Per Funeral		Maiden Name of Mother <i>Anna Zimmerman</i>
Net Profit Apparent		Birthplace of Mother <i>Frederick City, Maryland</i>
		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.

Funeral of Fuller, Robert Lee Charge to Mrs. Clara Fuller Account No. 722  
 Ordered by Mrs. Clara Fuller Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date July 22, 1945 Hour 2:30 P.M. Annual No. 569  
 Clergyman \_\_\_\_\_ Lodge Affiliations Mason 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	7-23 45	by cash	288 50
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers <u>10<sup>00</sup></u> tax <u>.20</u>	10 20			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	SALES TAX	3 30			
	To Funeral Complete	288 50			

NAME OF DECEASED *Robert Lee Fuller* RESIDENCE *Severance, Kansas*  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE *July 23, 1945* HOUR *2:30 P.M.* CLERGYMAN  
 SINGERS LODGE AFFILIATIONS *Mason*

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <i>Severance, Kansas</i>
Casket No. Style		Date of Death <i>July 19 1945</i>
Interior Covering		Cause of Death <i>apoplexy</i> Contributory <i>collapsed right lung</i>
Manufacturer DEBITS		Duration <i>3 hrs</i> Autopsy
Total Net Cost of Casket		Sex <i>M</i> Color or Race <i>W</i>
Outer Case		Single Married <input checked="" type="checkbox"/> Widowed Divorced Child
Vault		Date of Birth <i>May 6 1871</i> Age, Years <i>74</i> Months <i>2</i> Days <i>13</i>
Embalming		Occupation <i>railway station agent</i>
Clothing		How Long at Place of Death <i>34 years</i>
Total Cash Advances		Birthplace—City or County <i>Pueblo</i> State or Country <i>Missouri</i>
Total Net Cost of Funeral		Name of Father <i>William Henry Fuller</i>
Gross Profit on Funeral		Birthplace of Father <i>unknown</i>
*Less Overhead Per Funeral		Maiden Name of Mother <i>Iva Jones</i>
Net Profit Apparent		Birthplace of Mother <i>unknown</i>
REMARKS:		Signed <i>AE Cordnier</i> M.D. Coroner
		Address <i>Troy, Mo.</i> Date <i>July 20, 1945</i>
		Interment at <i>Mt. Olive, Troy, 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

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

Funeral of Haupt, Francelia Charge to Harley Haupt Account No. 783  
 Ordered by Harley Haupt Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date July 25, 1945 Hour 2:30 P.M. Annual No. \_\_\_\_\_  
 Clergyman The Rev. J.E. Carter 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.....	225 00	8-30-45		273 00
	Embalming.....	30 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.....				
	Use of _____ doz. Chairs.....				
	Flowers <u>\$15.00 tax .30</u> .....	15 30			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	.....				
	.....				
	.....				
	SALES TAX.....	2 70			
	To Funeral Complete.....	273 00			

*claim filed August 11, 1945*

NAME OF DECEASED

*Francelia Haupt*

RESIDENCE

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH

DATE

*7/25/45*

HOUR

*2:30 PM*

CLERGYMAN

*F. E. Carter*

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death

*Kansas City, Missouri*

Date of Death

*July 23, 1945*

Cause of Death

*Carcinoma of colon*

Contributory

Duration

Autopsy

Sex

*F*

Color or Race

*W*

Single

Married

Widowed

Divorced

Child

Date of Birth

*July 1, 1868*

Age, Years

*77*

Months

Days *22*

Occupation

*Housewife*

How Long at Place of Death

Birthplace—City or County

*Pillmore*

State or Country

*Missouri*

Name of Father

*Narden Asher*

Birthplace of Father

*Ohio*

Maiden Name of Mother

*Mary Ann Floyd*

Birthplace of Mother

*London, England*

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

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



Funeral of Karr, Ernest F Charge to \_\_\_\_\_ Account No. 1  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary Temple Church \_\_\_\_\_ Date Aug 4, 1945 Hour 10:00 AM Annual No. \_\_\_\_\_  
 Clergyman Harder & Carter Lodge Affiliations Masonic 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.....	173 60	8-9-45	CH	415 30
	Embalming.....				
	Outer Case or Vault <u>M/ seal &amp; urn</u> .....	205 53			
	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.....	29 39			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>Sales Tax</u> .....	6 78			
	<u>use flowers</u> .....				
	To Funeral Complete	415 30			415 30

NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_

FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_

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

REVENUE ITEMS AND THEIR COST	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	
*Less Overhead Per Funeral	
Net Profit Apparent	

DEBITS

PERSONAL AND STATISTICAL
Place of Death _____
Date of Death _____
Cause of Death _____ Contributory _____
Duration _____ Autopsy _____
Sex _____ Color or Race _____
Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Date of Birth _____ Age, Years _____ Months _____ Days _____
Occupation _____
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.

Funeral of Warner, Mary Ann Charge to estate Account No. 2  
 Ordered by Harry Thompson Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date Aug. 15, 1945 Hour 10 A.M. Annual No. \_\_\_\_\_  
 Clergyman C. L. Harder 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.....	\$ 300 00	9-6-46	By Ch	315 59
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>11.75 tax.24</u>	11 99			
	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>Chin. filed 8/24/45</u>				
	<b>SALES TAX</b>	3 60			
	To Funeral Complete	\$ 315 59			315 59



NAME OF DECEASED Mary Ann Warner RESIDENCE \_\_\_\_\_  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE Aug. 15, 1945 HOUR 10 AM CLERGYMAN C. L. Harder  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	315 59	Place of Death <u>Hiawatha, Kansas</u>
Casket No. <u>244</u> Style <u>6-3 1/2 Couch</u>		Date of Death <u>August 12, 1945</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer <u>Roy Art.</u>		Duration _____ Autopsy _____
Total Net Cost of Casket	D.T. 05	Sex <u>F</u> Color or Race <u>W</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>Apr. 29, 1860</u> Age, Years <u>85</u> Months <u>3</u> Days <u>3</u>
Embalming _____		Occupation <u>Housewife</u>
Clothing _____	D 55	How Long at Place of Death <u>3 months</u>
Tax _____	L 54	Birthplace—City or County <u>Lancaster</u> State or Country <u>Penn.</u>
Total Cash Advances _____		Name of Father <u>Jacob Lentz</u>
		Birthplace of Father <u>Germany</u>
		Maiden Name of Mother <u>Eva Edle</u>
		Birthplace of Mother <u>Germany</u>
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Mt. Olive, Troy, Kansas</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral	68 54 PN DL	In Charge of _____
Gross Profit on Funeral	257 05	Source of Call _____
*Less Overhead Per Funeral	YDA 50	Insured in _____ Amount _____
Net Profit Apparent	M 20 55	Beneficiary _____
	MMY 50	
REMARKS:	57 03	

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

Funeral of Judd, Benjamin Franklin Charge to..... Account No. 3  
 Ordered by..... Guaranteed by..... Serial No.....  
 Funeral at..... Residence Mortuary..... Church..... Date Sept. 17, 1945 Hour 2 P. M. Annual No.....  
 Clergyman F. E. Carter..... Lodge Affiliations..... Body Shipped to or from.....

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services. <u>complete</u>	\$ <u>275</u> 00	<u>10/29/45</u>		<u>298</u> 70
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>\$20.00 tax - 0.40</u>	<u>20</u> 40			
	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.....				
	<b>SALES TAX</b>	<u>3</u> 30			
	To Funeral Complete	\$ <u>298</u> 70			<u>298</u> 70

NAME OF DECEASED Benjamin Franklin Judd RESIDENCE Troy, Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE Sept. 19, 1945 HOUR 2 P.M. CLERGYMAN F. E. Carter  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral		298 70	Place of Death	<u>Sisters Hospital, St. Joseph, Mo.</u>
Casket No. <u>176</u> Style <u>1/2 Comb Octagon</u>			Date of Death	<u>Sept. 19, 1945</u>
Interior _____ Covering _____			Cause of Death	Contributory _____
Manufacturer <u>Ray Art</u>	DEBITS		Duration _____	Autopsy _____
Total Net Cost of Casket	<u>LA 55</u>		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>Dec. 19, 1880</u> Age, Years <u>64</u> Months <u>9</u> Days <u>7</u>	
Embalming _____			Occupation <u>railroad laborer</u>	
Clothing <u>suit</u>	<u>Y 5 55</u>		How Long at Place of Death <u>three days</u>	
<u>Tax</u>	<u>O 45</u>		Birthplace—City or County <u>Sparks</u> State or Country <u>Kansas</u>	
Total Cash Advances _____			Name of Father <u>William C. Judd</u>	
			Birthplace of Father <u>St. Joseph, Mo.</u>	
			Maiden Name of Mother <u>Nancy Thomas</u>	
			Birthplace of Mother <u>Kentucky</u>	
			Signed _____ M.D. _____ Coroner _____	
			Address _____ Date _____	
			Interment at _____	
			Lot or Grave No. _____ Section No. _____	
			Shipped to _____	
			Arrived from _____	
			Via _____ R. R. Date _____	
Total Net Cost of Funeral	<u>20 70</u> <u>AS 45</u>		In Charge of _____	
Gross Profit on Funeral		<u>Y 5 55</u>	Source of Call _____	
*Less Overhead Per Funeral		<u>MLB 00 55</u>	Insured in _____ Amount _____	
Net Profit Apparent		<u>NO 55</u>	Beneficiary _____	
REMARKS:		<u>28.00</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 Kibler, Oscar W Charge to Estate Account No. 4  
 Ordered by Family Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date Oct 3, 1945 Hour 2:00 PM Annual No. \_\_\_\_\_  
 Clergyman Rev. Robert Biggs 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.....	380 00	3-11-46		516 56
	Embalming <u>Kansas City</u> .....	30 00			
	Outer Case or Vault <u>Concrete</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.....				
	<u>Filed 10/25/45</u>				
	<b>SALES TAX</b>	6 56			
	To Funeral Complete	516 56			516 56



NAME OF DECEASED Oscar W. Kibler RESIDENCE Troy Kansas

FUNERAL AT RESIDENCE MORTUARY CHURCH ✓ DATE Oct 3, 1945 HOUR 2:00 PM CLERGYMAN Robt. Biggs

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

REVENUE ITEMS AND THEIR COST CREDITS PERSONAL AND STATISTICAL

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	516 56
Casket No. <u>605</u> Style <u>1/2 Couch 6'6"</u>	
Interior _____ Covering _____	
Manufacturer <u>Stutz</u>	
Total Net Cost of Casket	PD 55
Outer Case <u>concrete</u>	DS 55
Vault _____	
Embalming	OS 55
Clothing _____	
<u>Sales Tax</u>	P DP
Total Cash Advances _____	
Total Net Cost of Funeral	NDM 56
Gross Profit on Funeral	365 09
*Less Overhead Per Funeral	OPD 55
Net Profit Apparent	YMD 55
	165 09

Place of Death Kansas City Kans.  
 Date of Death Sept 30, 1945  
 Cause of Death General Peritonitis Contributory  
 Duration 1 month Autopsy yes  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth June 4, 1872 Age, Years 73 Months 3 Days 26  
 Occupation Farmer  
 How Long at Place of Death 1 month  
 Birthplace—City or County Parnell State or Country Mo  
 Name of Father Lower Kibler  
 Birthplace of Father Ohio  
 Maiden Name of Mother Margaret Allen  
 Birthplace of Mother Mo.  
 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.



Funeral of Zimmerman, Fannie Bell Charge to Zimmerman Sisters Account No. 5  
 Ordered by..... Guaranteed by..... Serial No.....  
 Funeral at..... Residence  Mortuary..... Church..... Date Oct. 7, 1945 Hour 2:30 P.M. Annual No.....  
 Clergyman Arthur Freeburg Lodge Affiliations..... Body Shipped to or from.....

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	<u>445 00</u>	<u>Oct 22 1945</u>	<u>By check</u>	<u>587 25</u>
	Embalming.....				
	Outer Case or Vault <u>Concrete</u>	<u>100 00</u>			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress <u>Dress</u>	<u>15 00</u>			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....	<u>4 31</u>			
	Use of..... doz. Chairs.....				
	Flowers.....	<u>15 00</u>			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<b>SALES TAX</b>	<u>7 94</u>			
	To Funeral Complete	<u>587 25</u>			<u>587 25</u>

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

NAME OF DECEASED Fannie Bell Zimmerman RESIDENCE Bendena, Ks.  
 FUNERAL AT RESIDENCE  MORTUARY CHURCH DATE 10-7-45 HOUR 2:30 CLERGYMAN Freeburg  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	587 25
Casket No. <u>844</u> Style <u>1/2 Couch</u>	
Interior _____ Covering _____	
Manufacturer <u>Rex Art</u>	
Total Net Cost of Casket <u>76.50</u>	AP DS
Outer Case <u>concrete 53.00</u>	DS 55
Vault _____	
Embalming _____	
Clothing _____	
<u>9.94</u> sales Tax	A 72
<u>4.31</u> telegrams	L OM
<u>12.00</u> Flowers	MY 55
Total Cash Advances _____	
<u>140.75</u> Total Net Cost of Funeral	MLS AD
<u>449.45</u> Gross Profit on Funeral	LLP DS
<u>200.00</u> *Less Overhead Per Funeral	MLD 55
<u>249.25</u> Net Profit Apparent	OS M DS

Place of Death Bendena Ks.  
 Date of Death 10-5-45  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W  
 Single  Married \_\_\_\_\_ Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Aug 20, 1866 Age, Years 79 Months 1 Days 15  
 Occupation Housewife  
 How Long at Place of Death Life  
 Birthplace—City or County \_\_\_\_\_ State or Country \_\_\_\_\_  
 Name of Father John Calvin Zimmerman  
 Birthplace of Father Fredrick Maryland  
 Maiden Name of Mother Catherine Lee  
 Birthplace of Mother Buchanan County Mo.  
 Signed R. R. Chitt M.D. \_\_\_\_\_ Coroner \_\_\_\_\_  
 Address Bendena Ks. Date 10-6-45  
 Interment at Mt. Olive 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 Williams, Amanda Charge to Children Account No. 6  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date Oct 14, 1945 Hour 2:00 P M Annual No. \_\_\_\_\_  
 Clergyman Rev. Carter 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	175 00	10/15/45		38 48
	Embalming		10/15/45		38 48
	Outer Case or Vault		10/15/45		38 48
	Washing and Dressing		10/15/45		38 48
	Shaving		10/18/45		38 48
	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	15 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		2 40			
	To Funeral Complete	192 40			192 40

NAME OF DECEASED Amanda Williams RESIDENCE Troy, Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH  DATE Oct 14, 1945 HOUR 2 P.M. CLERGYMAN Rev. Carter  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS
Charge for Complete Funeral		192.40
Casket No. <u>234</u> Style <u>hinge panel</u>		
Interior <u>Grey Art</u> Covering <u>Trid Brocade</u>		
Manufacturer <u>Ry</u>	DEBITS	
Total Net Cost of Casket <u>45.00</u>	<u>LD 55</u>	
Outer Case		
Vault		
Embalming		
Clothing		
<u>Flowers 12.00</u>	<u>MY 55</u>	
Total Cash Advances		
<u>57.00</u> Total Net Cost of Funeral	<u>DA 55</u>	
<u>135.00</u> Gross Profit on Funeral	<u>MOD 65</u>	
<u>200.00</u> *Less Overhead Per Funeral	<u>MLD 55</u>	
<u>65.00</u> Net Profit Apparent	<u>MS 65</u>	

PERSONAL AND STATISTICAL

Place of Death Severance Kansas  
 Date of Death Oct 17, 1945  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Mar 1, 1871 Age, Years 74 Months 3 Days 10  
 Occupation House wife  
 How Long at Place of Death one week  
 Birthplace—City or County Troy State or Country Ks.  
 Name of Father Jac. W. Lewis  
 Birthplace of Father Indigra  
 Maiden Name of Mother Emeline C. Cary  
 Birthplace of Mother Indiana  
 Signed A. E. Cardenier 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.

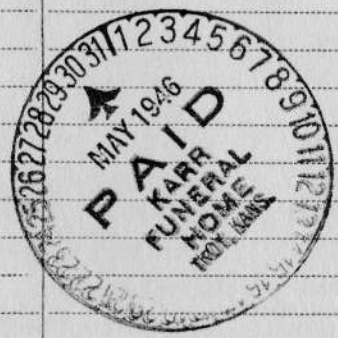
Funeral of Hagenbuch, Phebe Charge to Family Account No. 7  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 11-12-45 Hour 11:00 A.M. Annual No. \_\_\_\_\_  
 Clergyman Hills + Harder Lodge Affiliations \_\_\_\_\_ 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	5-30-46		481 14
	Embalming				
	Outer Case or Vault <u>Box</u>	10 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	18 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Mosalem Tap - Phebe</u>	140 00			
	<u>Mosalem Tap - Joseph</u>	140 00			
	<u>Lab</u>				
	<u>11-17-45</u>				
	SALES TAX	8 44			
	To Funeral Complete	<del>481 14</del>			481 14



NAME OF DECEASED Phoebe Hagenbuch RESIDENCE Troy  
 FUNERAL AT RESIDENCE MORTUARY CHURCH  DATE 11-12-45 HOUR 11:00 AM CLERGYMAN Hills - Harder  
 SINGERS Symmes - Dowden LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		481 14	Place of Death <u>Missouri Methodist Hosp</u>
Casket No. <u>231 B8</u> Style <u>Octagon King Cap</u>			Date of Death <u>Nov. 8, 1945</u>
Interior _____ Covering _____			Cause of Death <u>Coronary Thrombosis</u> Contributory _____
Manufacturer <u>Pine Bluff</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket	17 68		Sex <u>7</u> Color or Race <u>W</u>
Outer Case	10 00		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>1-4-1869</u> Age, Years <u>76</u> Months <u>9</u> Days <u>13</u>
Embalming _____			Occupation <u>Housewife</u>
Clothing _____			How Long at Place of Death <u>13 days</u>
<u>Flowers</u>	14 40		Birthplace—City or County <u>Oden</u> State or Country <u>Ill.</u>
<u>tax</u>	8 14		Name of Father <u>Harry A. Hills</u>
<u>Museum Top-Phoebe</u>	140 00		Birthplace of Father <u>Dundas N.Y.</u>
<u>" " - Joseph</u>	140 00		Maiden Name of Mother <u>Mary Curnin</u>
Total Cash Advances			Birthplace of Mother <u>Ohio</u>
			Signed <u>Carly</u> M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at _____
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
			In Charge of _____
Total Net Cost of Funeral	310 22		
Gross Profit on Funeral		170 92	
*Less Overhead Per Funeral		2 00 00	
Net Profit Apparent -		29 08	
REMARKS:			Source of Call _____
			Insured in _____ Amount _____
			Beneficiary _____

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

*Low*



NAME OF DECEASED Kierie Emmond Bruner RESIDENCE Tray Co.  
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 11-13-45 HOUR 2:30 CLERGYMAN F. E. Carter  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS
Charge for Complete Funeral	358 40
Casket No. <u>876</u> Style <u>1/2 coach, flat</u>	
Interior <u>Ivory</u> Covering <u>Plat Stanley</u>	
Manufacturer <u>Rev-Art</u>	
Total Net Cost of Casket	48 50
Outer Case	10 00
Vault	
Embalming	
Clothing <u>shirt + tie</u>	1 50
Total Cash Advances	
<u>Flowers</u>	6 00
<u>tax</u>	4 40
Total Net Cost of Funeral	70 40
Gross Profit on Funeral	288 00
*Less Overhead Per Funeral	200 00
Net Profit Apparent	88 00

PERSONAL AND STATISTICAL

Place of Death St. Joseph, Mo.  
 Date of Death 11-11-45  
 Cause of Death Pulmonary Oedema Contributory  
 Duration 6 days Autopsy \_\_\_\_\_  
 Sex M Color or Race W  
 Single \_\_\_\_\_ Married  Widowed \_\_\_\_\_ Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Jan 21, 1865 Age, Years 80 Months 9 Days 21  
 Occupation Millwright  
 How Long at Place of Death 6 days  
 Birthplace—City or County \_\_\_\_\_ State or Country Ohio  
 Name of Father Abner Bruner  
 Birthplace of Father unknown  
 Maiden Name of Mother unknown  
 Birthplace of Mother \_\_\_\_\_  
 Signed Paul Fargrave M.D. \_\_\_\_\_ Coroner  
 Address \_\_\_\_\_ Date \_\_\_\_\_  
 Interment at Highland Cemetery  
 Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_  
 Shipped to \_\_\_\_\_  
 Arrived from \_\_\_\_\_  
 Via \_\_\_\_\_ R. R. Date \_\_\_\_\_  
 In Charge of \_\_\_\_\_  
 Source of Call \_\_\_\_\_  
 Insured in MWA 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 BRUNER, EVA K. Charge to Mr. + Mrs ALFRED C. NELSON Account No. 9  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 12-7-45 Hour 2:30 P.M. Annual No. \_\_\_\_\_  
 Clergyman F. E. CARTER 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	335 00	12-7-45		359 42
	Embalmng				
	Outer Case or Vault <u>Box</u>	10 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	10 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	4 42			
	To Funeral Complete	359 42			359 42



NAME OF DECEASED C. K. Bruner RESIDENCE Tracy Kansas  
 FUNERAL AT RESIDENCE MORTUARY CHURCH  DATE 12-7-45 HOUR 2:30 CLERGYMAN F. E. Carter  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	
Charge for Complete Funeral	359 42	
Casket No. <u>316 1/2</u> Style <u>1/2 Couch</u>		
Interior _____ Covering _____		
Manufacturer <u>Tribute</u>	70 30	
Total Net Cost of Casket	10 00	
Outer Case _____		
Vault _____		
Embalming _____		
Clothing _____		
Total Cash Advances		
<u>7 lowers</u>	8 00	
<u>Tax</u>	4 42	
Total Net Cost of Funeral	92 72	
Gross Profit on Funeral	266 70	
*Less Overhead Per Funeral	200 00	
Net Profit Apparent	66 70	

PERSONAL AND STATISTICAL

Place of Death Sisters Hosp. St. Joe. Mo.  
 Date of Death 12-5-45  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth 12-21-1866 Age, Years 78 Months 11 Days 14  
 Occupation Housewife  
 How Long at Place of Death 3 days  
 Birthplace—City or County Oregon State or Country Mo.  
 Name of Father \_\_\_\_\_  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birthplace of Mother \_\_\_\_\_  
 Signed Paul Ferguson 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.

Funeral of DAVIES, ELIZABETH Charge to FAMILY Account No. 10  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary  Church \_\_\_\_\_ Date 12-14-45 Hour 2:00 PM Annual No. \_\_\_\_\_  
 Clergyman TWOMBLY Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	290 00	12-10-45	By check Tom Davis	25 75
	Embalming		" " "	" Cash Jim Davis	25 75
	Outer Case or Vault <u>Box</u>	13 00	12-11-45	By check Lou Davis	25 75
	Washing and Dressing		12-13-45	By check Heira	161 41
	Shaving		12-19-45	By Cash Frank Davis	25 75
	Slumber Robe		12-22-45	By P.O. Order Nellie Schmidt	25 75
	Suit or Dress <u>Dress</u>	10 00	12-26-45	" " Geneva Farlay	25 75
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	SALES TAX	3 94			
	To Funeral Complete	316 94			316 94



NAME OF DECEASED Elizabeth Davis RESIDENCE Troy  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY  CHURCH \_\_\_\_\_ DATE 12-14-45 HOUR 2:00 CLERGYMAN J. Swombly  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	
Charge for Complete Funeral	316	94
Casket No. <u>314</u> Style <u>1/2 Couch</u>		
Interior _____ Covering _____		
Manufacturer _____		
Total Net Cost of Casket	44	50
Outer Case <u>Box</u>	12	88
Vault _____		
Embalming _____		
Clothing _____	3	95
Total Cash Advances		
<u>Tax</u>	3	94
Total Net Cost of Funeral	65	27
Gross Profit on Funeral	250	67
*Less Overhead Per Funeral	200	00
Net Profit Apparent	50	67

PERSONAL AND STATISTICAL

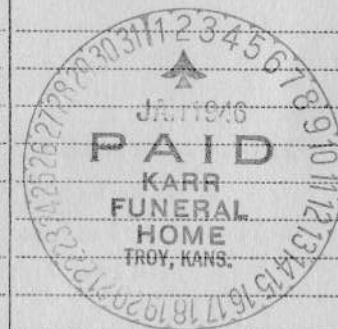
Place of Death Troy, N.Y.  
 Date of Death 12-14-45  
 Cause of Death \_\_\_\_\_ Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Oct 12, 1867 Age, Years 78 Months 1 Days 27  
 Occupation Housewife  
 How Long at Place of Death 68 yrs  
 Birthplace—City or County Harlem State or Country N.Y.  
 Name of Father \_\_\_\_\_  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birthplace of Mother \_\_\_\_\_  
 Signed A. E. Cordover M.D. \_\_\_\_\_ Coroner  
 Address Troy, N.Y. Date \_\_\_\_\_  
 Interment at Fanning, N.Y.  
 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 PAXTON, SARAH JANE Charge to Don County Account No. 11  
 Ordered by ..... Guaranteed by ..... Serial No. ....  
 Funeral at ..... Residence ..... Mortuary  Church ..... Date 12-19-45 Hour 2 PM Annual No. ....  
 Clergyman F.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

Date	Description of Service	Amount	Date		√	Credits
	Casket and Services.....	<u>65 00</u>	<u>1-2-46</u>	<u>Ch. Don Co.</u>		<u>65 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.....					
	Use of ..... Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
To Funeral Complete		<u>65 00</u>				<u>65 00</u>



NAME OF DECEASED Sarah Jane Payton RESIDENCE Doniphan  
 FUNERAL AT RESIDENCE  MORTUARY  CHURCH  DATE 12-19-45 HOUR 2 PM CLERGYMAN Carter  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	DEBITS		CREDITS
Charge for Complete Funeral			65 00
Casket No. Style			28 50
Interior Covering			
Manufacturer			
Total Net Cost of Casket	18	50	
Outer Case	10	00	
Vault			
Embalming			
Clothing			
Total Cash Advances			
Total Net Cost of Funeral	28	50	
Gross Profit on Funeral			36 50
*Less Overhead Per Funeral			
Net Profit Apparent			

PERSONAL AND STATISTICAL

Place of Death Doniphan Kans.  
 Date of Death 12-16-45  
 Cause of Death Influenza Contributory  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex F Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth Apr 10, 1850 Age, Years 95 Months 8 Days 6  
 Occupation \_\_\_\_\_  
 How Long at Place of Death \_\_\_\_\_  
 Birthplace—City or County \_\_\_\_\_ State or Country Miss.  
 Name of Father Jim Johnson  
 Birthplace of Father \_\_\_\_\_  
 Maiden Name of Mother \_\_\_\_\_  
 Birthplace of Mother \_\_\_\_\_  
 Signed R. L. Clutz 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 Lizzie F. Sharp RESIDENCE St. Joseph, Mo.  
 FUNERAL AT RESIDENCE MORTUARY CHURCH  DATE 12-23-45 HOUR 2 PM CLERGYMAN P. S. Barrow  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	DEBITS		CREDITS
Charge for Complete Funeral			661 67
Casket No. <u>318 1/2</u> Style _____			
Interior _____ Covering _____			
Manufacturer <u>Rx</u>			
Total Net Cost of Casket	73 50		
Outer Case	145 00		
Vault _____			
Embalming		7 95	
Clothing _____			
Total Cash Advances			
<u>Flowers</u>	8 00		
<u>Sales Tax</u>	9 92		
Total Net Cost of Funeral	243 87		<del>477</del>
Gross Profit on Funeral		417 80	
*Less Overhead Per Funeral		200 00	
Net Profit Apparent		217 80	

PERSONAL AND STATISTICAL

Place of Death St. Joseph Mo.  
 Date of Death 12-20-45  
 Cause of Death Debility Contributory \_\_\_\_\_  
 Duration \_\_\_\_\_ Autopsy \_\_\_\_\_  
 Sex 7 Color or Race W  
 Single \_\_\_\_\_ Married \_\_\_\_\_ Widowed  Divorced \_\_\_\_\_ Child \_\_\_\_\_  
 Date of Birth July 10, 1861 Age, Years 84 Months 5 Days 10  
 Occupation Housewife  
 How Long at Place of Death 20 days  
 Birthplace—City or County Lancaster State or Country Ka.  
 Name of Father Wynne P. Husar  
 Birthplace of Father Ky  
 Maiden Name of Mother Susan J.oma  
 Birthplace of Mother Ky  
 Signed Fuson 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:

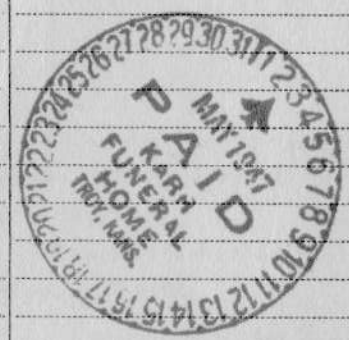
\* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.



Funeral of YOUNG, CARL E Charge to ADELINE YOUNG Account No. 13  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. \_\_\_\_\_  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church  Date 12-26-45 Hour 2:00 P.M. Annual No. \_\_\_\_\_  
 Clergyman L.A. INDLECOFFER + Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_  
CARTER

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	400 00	6-17-46	By Cash Adeline Young	150 00
	Embalming.....		8-2-46	U. S. Grant. Co.	100 00
	Outer Case or Vault <u>Mausoleum</u> .....	235 00	11-25-46	.. Carl Adeline Young	250 00
	Washing and Dressing.....		12-26-46	..	25 00
	Shaving.....		2-3-47	..	25 00
	Slumber Robe.....		3-3-47	..	25 00
	Suit or Dress.....		4-2-47	..	50 00
	Other Articles of Clothing.....		5-3-47	..	29 70
	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.....				
	SALES TAX	9 70			
To Funeral Complete		654 70			654 70



NAME OF DECEASED Carl E. Young RESIDENCE Troy, Mo.  
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 12-26-45 HOUR 2 PM CLERGYMAN  
 SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	DEBITS		CREDITS
Charge for Complete Funeral			654 70
Casket No. <u>318</u> Style			
Interior Covering			
Manufacturer			
Total Net Cost of Casket	73 00		
Outer Case			
Vault <u>Mausoleum</u>	145 00		
Embalming			
Clothing			
Total Cash Advances			
<u>Flowers</u>		8 00	
<u>Tax</u>		9 70	
Total Net Cost of Funeral	235 70		
Gross Profit on Funeral		419 00	
*Less Overhead Per Funeral		200 00	
Net Profit Apparent		219 00	

PERSONAL AND STATISTICAL

Place of Death Troy, Kansas  
 Date of Death 12-22-45  
 Cause of Death Suicide Contributory  
 Duration Autopsy  
 Sex M Color or Race W  
 Single  Married  Widowed  Divorced  Child   
 Date of Birth June 26, 1920 Age, Years 25 Months 5 Days 26  
 Occupation Soldier  
 How Long at Place of Death life  
 Birthplace—City or County Troy State or Country Ks.  
 Name of Father John Young  
 Birthplace of Father  
 Maiden Name of Mother Eva Mix  
 Birthplace of Mother  
 Signed Old Benity M.D. Coroner Coroner  
 Address Date 12-22-45  
 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 James N. Stasby RESIDENCE Troy Kansas  
 FUNERAL AT RESIDENCE MORTUARY  CHURCH DATE 12-29-45 HOUR 10 AM CLERGYMAN Harder  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral	65 00	Place of Death <u>Troy Ks.</u>
Casket No. _____ Style _____		Date of Death <u>12-29-45</u>
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer _____		Duration _____ Autopsy _____
Total Net Cost of Casket	18 50	Sex <u>M</u> Color or Race <u>W</u>
Outer Case	10 00	Single _____ Married _____ Widowed _____ Divorced <input checked="" type="checkbox"/> Child _____
Vault _____		Date of Birth <u>Mar. 10, 1866</u> Age, Years <u>79</u> Months <u>9</u> Days <u>17</u>
Embalming _____		Occupation <u>Farmer</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>Daville</u> State or Country <u>Ill.</u>
_____		Name of Father <u>Unknown</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother _____
Total Cash Advances _____		Birthplace of Mother _____
_____		Signed <u>A. E. Cochran</u> M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at _____
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral	28 50	In Charge of _____
Gross Profit on Funeral	36 50	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.