



Funeral of Alfred Carson Hardy Charge to Account No. 423
 Ordered by Guaranteed by Serial No. 190
 Funeral at Residence Mortuary Church Date 7-31-58 Hour 10 am Annual No. 18
 Clergyman Stan. Rogge 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.....	250 00	8-2-58		
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	20 00			200 00
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe..... <u>Salt ray</u>	4 00			
	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.....	5 00			
	Casket Coach.....				
	Use of Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	279 00			

NAME OF DECEASED alf. C. Hardy RESIDENCE Moray Kans
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 7-31-56 HOUR 10AM CLERGYMAN Rev. Ro G G e
 SINGERS MRS. Denton SALZMAN LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Benton Nursing home</u>
Casket No. <u>150</u> Style <u>Oct. H.P.</u>			Date of Death <u>7-29-56</u>
Interior <u>tunnel</u> Covering <u>light drs</u>			Cause of Death <u>apoplexy</u> Contributory <u>none</u>
Manufacturer <u>alternately</u>	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case			Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>July 13-1877</u> Age, Years <u>79</u> Months _____ Days _____
Embalming			Occupation <u>pat farmer</u>
Clothing			How Long at Place of Death _____
			Birthplace—City or County _____ State or Country _____
			Name of Father <u>SAMUEL ERWIN HARDY</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>MARY ANN WILSON</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>Dr. Colman</u> M.D. _____ Coroner _____
			Address _____ Date _____
			Interment at <u>MORAY Ceme Tery</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.



NAME OF DECEASED William CLARY RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH Baptist DATE 8-12-56 HOUR 2:30 CLERGYMAN Rev. Parker
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TROY KANSAS (Home)</u>
Casket No. _____ Style _____			Date of Death <u>8-9-56</u>
Interior _____ Covering _____			Cause of Death <u>Coronary embolism</u> ^{3hrs} Contributory
Manufacturer _____	DEBITS		Duration _____ Autopsy _____
Total Net Cost of Casket			Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth _____ Age, Years <u>83</u> Months <u>10</u> Days <u>13</u>
Embalming _____			Occupation <u>Retired Farmer</u>
Clothing _____			How Long at Place of Death <u>35 YRS.</u>
			Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
			Name of Father <u>HENRY CLARY</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Hilda Foster CLARY</u>
			Birthplace of Mother _____
			Signed <u>A.E. Cordonier</u> M.D. _____ Coroner
			Address <u>TROY KANSAS</u> Date <u>8-10-56</u>
			Interment at <u>Courter 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			
*Less Overhead Per Funeral			
Net Profit Apparent			
REMARKS:			Source of Call _____
			Insured in _____ Amount _____
			Beneficiary _____

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

NAME OF DECEASED Rebecca S. Ramsier RESIDENCE Troy Kansas (Rural)
 FUNERAL AT RESIDENCE MORTUARY CHURCH BAPTIST DATE 8-21-56 HOUR 2 PM CLERGYMAN Rev. John Parker
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Troy, Kansas Rural (Home)</u>
Casket No. _____ Style <u>Grey metal 1/2 casket</u>		Date of Death <u>8-18-56</u>
Interior <u>Velvet Cape covering</u>		Cause of Death <u>Cerebral stroke</u> Contributory _____
Manufacturer <u>Smaller</u>		Duration <u>1 yr</u> Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>3-25-1867</u> Age, Years <u>89</u> Months _____ Days _____
Embalming <u>Clyde - Troy</u>		Occupation <u>Housewife</u>
Clothing <u>Robert Denton</u>		How Long at Place of Death <u>42 YRS.</u>
<u>Oliver - Callham Cal.</u>		Birthplace—City or County <u>CORNWALL</u> State or Country <u>ENGLAND</u>
<u>Mrs Clara Tandy - Alameda Ka</u>		Name of Father <u>Thomas HARRIS</u>
<u>Bulah Wilson Bens. W.</u>		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Ann Hoskins HARRIS</u>
		Birthplace of Mother _____
		Signed <u>A. E. Cordenier M.D.</u> Coroner _____
		Address _____ Date _____
		Interment at <u>Mount 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 _____		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 Arria E. Graves Charge to Ernest Graves Account No. 45-7-
 Ordered by _____ Guaranteed by _____ Serial No. 194
 Funeral at _____ Residence _____ Mortuary Christine Church _____ Date 9-2-34 Hour 2:30 PM Annual No. 22
 Clergyman Samuel Perry Lodge Affiliations _____ Body Shipped to or from _____

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

Roston Dulack
Vernie
Wm Wilkes Sr.
Carl Rubenke
Claude Brasel
Jno. T. Hunter
Wm Mitchell
Jef
 Insurance Policies
Ernest - Leon Hughes

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....				65.00
	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.....	20.00			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision <u>+ use of machinery</u> <u>& facilities</u>	30.00			
	<u>new equipment</u>	15.00			
	To Funeral Complete	65.00			65.00

NAME OF DECEASED ARRIA Graves RESIDENCE GARDEN CITY KS.
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 9-2-56 HOUR 2:30 pm CLERGYMAN Rev. Peney
 SINGERS MRS. Mitchell - Mrs Lux LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>St. Katherine Hosp. Garden City, Mo</u>
Casket No. _____ Style _____		Date of Death <u>8-29-54</u>
Interior _____ Covering _____		Cause of Death <u>Acute Myocardial Infarction</u>
Manufacturer _____		Duration <u>1 week</u> Autopsy <u>no</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>4-23-1877</u> Age, Years <u>85</u> Months _____ Days _____
Embalming _____		Occupation <u>Homemaker</u>
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>La Roche</u> State or Country <u>Mo</u>
		Name of Father <u>James A. Etherton</u>
		Place of Father _____
		maiden Name of Mother <u>Luccinda Roberts</u>
		Place of Mother _____
		Physician <u>R. J. Mayfield M.D.</u> Coroner _____
		Address <u>Garden City</u> Date <u>8-2-54</u>
		Interment at <u>mt. olive</u>
		Plot or Grave No. _____ Section No. _____
		Referred to _____
		Received from _____
		R. R. Date _____
		Charge of _____
		Price of Call _____
		Received in _____ Amount _____
		Beneficiary _____

DAVID O GRAVES - 90 yrs
 Place of death - GARDEN CITY KS.
 DATE of Funeral MAR 8 1961
 Mt Olive - TROY

Paid in Full
 May 1 1961
 \$160.00

SERVICES	50.00
HEARSE	25.00
Cemetery	40.00
Equipment	30.00
Music	15.00
	<u>145.00</u>
	160

Funeral of OLLIE Whetstine Charge to..... Account No. 458
 Ordered by..... Guaranteed by..... Serial No. 198
 Funeral at..... Residence..... Mortuary..... Church L.D.S. Date 9-6-56 Hour 2:30 PM Annual No. 23
 Clergyman Rev. Will Twombly Age 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	337 00			
	Embalming <i>oversize</i>	18 77			
	Outer Case or Vault <i>wood</i>	25 00			
	Washing and Dressing				
	Shaving <i>Salvat Kraushe</i>	35 00			
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	40 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of..... doz. Chairs				
	Flowers	20 00			
	Clergyman				
	Singers <i>Certified Copy</i>	2 00			
	Casket Coach				
	Use of..... Funeral Cars				
	Use of Flower Cars				
	Professional Supervision <i>Salvat</i>	50 55			
		482 82			
		449 52			
	To Funeral Complete	449 52			482 82

9-13-56
 Bank money order
 Culyers
 Krawitz
 Wayne Stone

NAME OF DECEASED OLLIE Ann Whetstine RESIDENCE Hiawatha KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH LATTER DAY SAINTS - DAY DATE 9-6-56 HOUR 2:30 CLERGYMAN Rev. Will Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Hiawatha KANSAS</u>
Casket No. <u>2X</u> Style <u>Winged Panel</u>		Date of Death <u>9-2-56</u>
Interior <u>Wing Panel</u> Covering <u>Plush</u>		Cause of Death <u>Multiple injuries</u> Contributory <u>Accident</u>
Manufacturer <u>Smaller</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>Wood</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>8-9-1906</u> Age, Years <u>50</u> Months _____ Days _____
Embalming _____		Occupation <u>Nurse Aide</u>
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>Vernon</u> State or Country <u>Missouri</u>
		Name of Father <u>Kubler</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Roberts</u>
		Birthplace of Mother _____
Total Cash Advances <u>9651</u>		Signed <u>R. M. King</u> M.D. <u>Carmer</u> Coroner
<u>SS. # 509-34-9651</u>		Address _____ Date _____
<u>Law. Mrs. Virginia Plautz</u>		Interment at <u>MT. Olive - TROY</u>
<u>1034 Ogden St</u>		Lot or Grave No. _____ Section No. _____
<u>Denver, Colo</u>		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 Allen G. Weber Charge to _____ Account No. 459
 Ordered by _____ Guaranteed by _____ Serial No. 196
 Funeral at _____ Residence _____ Mortuary _____ Church CHRISTIAN Date 9-19-56 Hour 2 pm Annual No. 24
 Clergyman Rev. D. Penney Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	440 00	9-19-56		666 80
	Embalming <u>Biglin Mortuary, O'Neill</u>	45 00			
	Outer Case or Vault <u>Sectional</u>	40 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe <u>Clothing</u>	5 32			
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body	20 00			
	Door Badge				
	Opening Grave <u>1296</u>	90 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	20 00			
	Clergyman				
	Singers <u>Salest 4</u>	6 48			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		666 80			
	To Funeral Complete	666 80			666 80

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

Coal Dishon
Ernest Sallee
Ernie Segrist
J. Weber
Tony Bros
 Singers
Mrs Salyman

Insurance Policies

NAME OF DECEASED Allen G. Weber RESIDENCE Troy Kansas Rural
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE 9-19-56 HOUR 2PM CLERGYMAN Rev. D. Penry
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>O'Neill, Nebr. (RURAL)</u>
Casket No. <u>450</u> Style <u>1/2 Coach Oct.</u>		Date of Death <u>9-16-56</u>
Interior <u>very plush covering</u> <u>light plunk</u>		Cause of Death <u>ACUTE CORONARY OCCLUSION</u> Contributory <u>CORONARY INSUFFICIENCY</u>
Manufacturer <u>Miller</u>		Duration <u>minutes</u> Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>5-16-98</u> Age, Years <u>58</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>6 months</u>
_____		Birthplace—City or County _____ State or Country _____
_____		Name of Father _____
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother _____
_____		Birthplace of Mother _____
_____		Signed <u>J. P. Brown</u> M.D. _____ Coroner _____
_____		Address <u>O'Neill, Nebr.</u> Date <u>9-16-56</u>
_____		Interment at <u>Mount Olive Cemetery</u>
_____		Lot or Grave No. <u>SE 1/4 # 104</u> Section No. <u>fourth</u>
_____		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 John Albert Nessel Charge to..... Account No. 488
 Ordered by..... Guaranteed by..... Serial No. 197
 Funeral at..... Residence..... Mortuary..... Church RLOS Date 9-30-56 Hour 2:30pm Annual No. 28
 Clergyman Rev. Will Twombly Lodge Affiliations..... Body Shipped to or from.....

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	320 00	10-24-56		150 00
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	30 00	11-4-56		54 20
	Washing and Dressing.....				
	Shaving.....		Apr: 57		154 70
	Slumber Robe.....				
	Suit or Dress..... <u>Shirt</u>	2 50			
	Other Articles of Clothing.....	1 91			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman..... <u>Y4</u>				
	Singers.....	4 49			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
To Funeral Complete		358 90			358 90

paid in full

NAME OF DECEASED Rollo Leroy Palmer RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 10-6-56 HOUR 2pm CLERGYMAN John Parker
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Blanton Nursing Home - Troy</u>
Casket No. <u>100</u> Style <u>Flat Top</u>			Date of Death <u>10-4-56</u>
Interior <u>Will</u> Covering <u>Black Dlx</u>			Cause of Death <u>General Heart Attack</u>
Manufacturer <u>NUEMAGE</u>	DEBITS		Duration <u>6 Mo.</u> Autopsy <u>NO</u>
Total Net Cost of Casket			Sex <u>Male</u> Color or Race <u>White</u>
Outer Case <u>Wood</u>			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>4-24-1867</u> Age, Years <u>89</u> Months <u>5</u> Days <u>8</u>
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death <u>11 YRS.</u>
			Birthplace—City or County <u>Medoka</u> State or Country <u>Illinois</u>
			Name of Father <u>Daniel Palmer</u>
			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Ethel Linda Palmer</u>
			Birthplace of Mother _____
			Signed <u>A. E. Cordonice</u> M.D. _____ Coroner _____
			Address <u>Troy Kansas</u> Date _____
			Interment at <u>Powhattan, Kansas</u>
			Lot or Grave No. _____ Section No. _____
			Shipped to _____
			Arrived from _____
			Via _____ R. R. Date _____
Total Net Cost of Funeral			In Charge of _____
Gross Profit on Funeral			
*Less Overhead Per Funeral			Source of Call _____
Net Profit Apparent			
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 of Robert A. McGee Charge to _____ Account No. 462
 Ordered by Sons Guaranteed by _____ Serial No. 199
 Funeral at _____ Residence _____ Mortuary Baptist Church Date 10-15-56 Hour 2 PM Annual No. 27
 Clergyman John Parker 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.....	272 00	<i>Paid 1-25-57</i>		300 00
	Embalming.....	25 00			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving..... <i>SALES TAX</i>	3 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.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
		300 00			
	To Funeral Complete	200 00			300 00

Paid in full

NAME OF DECEASED Robert A. McGREGOR RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH BAPTIST DATE 10-12-56 HOUR 2PM CLERGYMAN John Parkoe
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Douglas Nursing Home</u>
Casket No. <u>350</u> Style <u>1/2 Couch Walnut</u>		Date of Death <u>10-12-56</u>
Interior <u>Walnut</u> Covering <u>Dark</u>		Cause of Death <u>Cancer of Left Lung</u> Contributory _____
Manufacturer <u>Smiller</u>	DEBITS	Duration <u>6mo.</u> Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault		Date of Birth _____ Age, Years <u>75</u> Months _____ Days _____
Embalming		Occupation <u>FARMER</u>
Clothing		How Long at Place of Death <u>2 weeks</u>
<u>SS. 514-03-3428</u>		Birthplace—City or County _____ State or Country <u>INDIANA</u>
Total Cash Advances		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
		Signed <u>EMERSON YADER</u> M.D. _____ Coroner
		Address <u>Denton Kansas</u> Date <u>10-15-56</u>
		Interment at <u>COURTNER 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 INFANT Osgood (Boy) Charge to Robert L. Osgood Account No. 463
 Ordered by..... Guaranteed by..... Serial No. 200
 Funeral at..... Residence..... Mortuary..... Church..... Date 11-12-56 Hour 2 pm Annual No. 28
 Clergyman Lee Dickey Lodge Affiliations Welch Cemetery DAWN
MO. Body Shipped to or from.....

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	<u>35 00</u>	<u>5-29-57</u>		<u>36 00</u>
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving..... <u>SALES TAX</u>	<u>70</u>			
	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>35 70</u>			<u>36 00</u>

NAME OF DECEASED INFANT Osgood (Boy) RESIDENCE _____
Graveside Welch Cemetery
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH DAWN, MO. DATE 11-12-56 HOUR 2 PM CLERGYMAN Lee Dickey
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Mersey Hospital (St. Joe, Mo)</u>
Casket No. <u>2 FT.</u> Style <u>Baby FLAT TOP</u>			Date of Death <u>11-11-56</u>
Interior <u>IVORY SATIN</u> Covering <u>IVORY SATIN</u>			Cause of Death <u>B.H. Negative</u> Contributory _____
Manufacturer _____	DEBITS		Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____			Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case _____			Single _____ Married _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____			Date of Birth <u>11-11-56</u> Age, Years <u>0</u> Months <u>0</u> Days <u>0</u>
Embalming _____			Occupation _____
Clothing _____			How Long at Place of Death _____
			Birthplace—City or County <u>ST. Joseph</u> State or Country <u>Mo.</u>
			Name of Father <u>ROBERT L. Osgood</u>
			Birthplace of Father <u>TEXAS</u>
			Maiden Name of Mother <u>CLETA Hughes</u>
			Birthplace of Mother <u>Mo.</u>
Total Cash Advances _____			Signed <u>Arch Blair</u> M.D. _____ Coroner
			Address <u>TROY KANSAS</u> Date <u>11-12-56</u>
			Interment at <u>Welch Cemetery - DAWN 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 _____			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 ERMA L. THORNTON Charge to John Thornton Account No. 464
 Ordered by _____ Guaranteed by _____ Serial No. 201
 Funeral at _____ Residence _____ Mortuary _____ Church CHRISTIAN Date 11-26-56 Hour 2:30 pm Annual No. 29
 Clergyman D. Penry Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____

Pall Bearers
JAMES FREEL
JAMES ETHELTON
RALPH WINZER
GEA WASSON
LEROY SANDY
JACK GARRCH

Singers
MRS. DENTON SALTZMAN
"Beyond The Sunset"
"Going Down The Valley"
 Insurance Policies _____

Date	Description of Service	Amount	Date		Credits
	Casket and Services.....	589.00	11-24-56	Ch. By John Thornton	641.96
	Embalming.....				
	Outer Case or Vault <u>Sectional Box</u>	45.00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body..... <u>SALES TAX</u>	7.96			
	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				641.96

Paid in full

NAME OF DECEASED ERMA L. Thornton RESIDENCE TRAY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Christian DATE 11-26-56 HOUR 9:30 CLERGYMAN D. PENRY
 SINGERS MRS. Denton SALTzman LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>MERCY Hospital</u>
Casket No. _____ Style <u>Cozy wood STATE</u>		Date of Death <u>11-23-56</u>
Interior <u>Rose Cedar</u> ^{Cross} Covering <u>Rose Cedar Hi. Pine</u>		Cause of Death <u>CORONARY Thrombosis</u> Contributory <u>Hypertensive Heart</u>
Manufacturer <u>ABERNATHY</u>		Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>10-2-1894</u> Age, Years <u>62</u> Months _____ Days _____
Embalming _____		Occupation <u>House wife</u>
Clothing _____		How Long at Place of Death <u>36 HRS.</u>
		Birthplace—City or County <u>Jewell</u> State or Country <u>KANSAS</u>
		Name of Father <u>Wm. H. Guion</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>PEARL</u>
		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Arch J. Blair</u> ^{DO} _{M.D.} _____ Coroner
Children _____		Address <u>TRAY KANSAS</u> Date <u>11-26-56</u>
<u>MRS. Dorothy Van Sickle ST Joe</u>		Interment at <u>MOUNT Olive</u>
<u>George - Topeka</u>		Lot or Grave No. _____ Section No. _____
<u>Woodrow - WATHENA</u>		Shipped to _____
<u>Raymond - K CITY</u>		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		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 R. W. Penger RESIDENCE 2670 S. Julian St. Denver, Colo
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>1180 S. Cook St. Denver</u>
Casket No. _____ Style _____		Date of Death <u>12-25-56</u> <u>3:30 P.M.</u>
Interior _____ Covering _____		Cause of Death <u>Occlusion, anterior coronary artery</u>
Manufacturer <u>Champion</u>		Duration <u>Autopsy</u>
Total Net Cost of Casket _____		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case <u>Steel 12 ga. Vault</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>11-10-1910</u> Age, Years <u>46</u> Months _____ Days _____
Embalming _____		Occupation <u>Hardware - Farming</u>
Clothing <u>Body shipped from Capitol mortuary 112 E. 14th Ave Denver</u>		How Long at Place of Death <u>9 mo</u>
		Birthplace—City or County <u>Phygraph</u> State or Country <u>Mo</u>
		Name of Father <u>Wm F. Penger</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Flora M. Hurd</u>
<u>Ronald M. Chase</u>		Birthplace of Mother _____
		Signed <u>Wm Aldridge</u> M.D. _____ Coroner
		Address <u>Denver General Hospital</u>
		Interment at <u>Int. Alene Cemetery</u>
		Lot or Grave No. <u>W 42 2108</u> Section No. <u>Front address</u>
		Shipped to _____
		Arrived from <u>Denver</u>
		Via <u>Burlington</u> R. R. Date <u>12-27-56</u>
		In Charge of <u>Railway Express</u>
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		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 RAY Eugene CLARY Charge to Gerald W. Clay Account No. 46 1/2
 Ordered by _____ Guaranteed by _____ Serial No. 203
 Funeral at _____ Residence _____ Mortuary Graveside Church _____ Date 1-24-57 Hour 11 AM. Annual No. 1
 Clergyman Rev. Stephen Lewis Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	35 00	1-24-57		45 90
	Embalming.....				
	Outer Case or Vault..... <i>wood</i>				
	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..... <i>T4</i>	90			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				

	To Funeral Complete	45 20			45 90

Paid in full

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

- Singers

- Insurance Policies

NAME OF DECEASED Ray E. Clay RESIDENCE _____
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE _____ HOUR _____ CLERGYMAN _____
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Sisters Hosp. St. Joseph</u>
Casket No. <u>10</u> Style <u>Flat Top 1:9</u>		Date of Death <u>1-23-47</u>
Interior <u>Wing Tank</u> Covering <u>any Sab</u>		Cause of Death <u>Prematurity</u> Contributory <u>atelectasis (collapse of lungs)</u>
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket		Sex <u>male</u> Color or Race <u>white</u>
Outer Case		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>1-21-17</u> Age, Years _____ Months _____ Days <u>2 days</u>
Embalming		Occupation _____
Clothing		How Long at Place of Death <u>2 days</u>
		Birthplace—City or County <u>St. Joseph</u> State or Country <u>Mo</u>
		Name of Father <u>Berard Walker Clay</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>Shirley Ann Ragan</u>
		Birthplace of Mother _____
		Signed <u>S. Wachter</u> M.D. _____ Coroner _____
		Address <u>St. Joseph</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		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 Gunder Severson Charge to..... Account No. 467
 Ordered by Knut Johnson Guaranteed by..... Serial No. 204
 Funeral at..... Residence..... Mortuary Church..... Date Feb. 4, 1957 Hour 2 PM Annual No. 2
 Clergyman Rev. R. G. G. Lodge Affiliations..... Body Shipped to or from.....

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	565 00			939 48
	Embalming <u>BRENNANS, TOPAUKA</u>	50 60			
	Outer Case or Vault <u>MAUSOLEUM</u>	285 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing <u>SHIRT, TIE, U.W. SUX</u>	5 40			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....	12 48			
	Professional Supervision <u>SALOS TAX</u>	7 35			
	<u>Cleaning suit</u>	1 00			
		939 48			
		939 48			
	To Funeral Complete				

Singers
 MRS Louise SALZMAN
 Dianne Hughes
 Pianist
 Insurance Policies

NAME OF DECEASED Gunder Severstson RESIDENCE MORAY COMMUNITY
FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 2-4-57 HOUR 2 PM CLERGYMAN Stanley Rober
SINGERS MRS. Louise SALZMAN LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Topeka, Kansas (State Hosp)</u>
Casket No. _____ Style <u>Winged Panel</u>			Date of Death <u>Feb. 2, 1957</u>
Interior <u>Rose W satin</u> Covering <u>Copper with metal</u>			Cause of Death <u>Pulmonary edema</u> Contributory _____
Manufacturer <u>MILLER</u>	DEBITS		Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket			Sex <u>Male</u> Color or Race <u>White</u>
Outer Case <u>MASCALUNA</u>			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____			Date of Birth <u>July 10-1878</u> Age, Years <u>77</u> Months _____ Days _____
Embalming _____			Occupation <u>Retired Farmer</u>
Clothing _____			How Long at Place of Death <u>4 yrs 10 mo</u>
			Birthplace—City or County _____ State or Country <u>NORWAY</u>
			Name of Father _____
			Birthplace of Father _____
			Maiden Name of Mother _____
			Birthplace of Mother _____
			Signed _____ M.D. _____ Coroner _____
			Address <u>STATE HOS PITAL</u> Date <u>2-4-57</u>
			Interment at <u>MORAY 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 Cash Advances _____
Total Net Cost of Funeral _____
Gross Profit on Funeral _____
*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 EMMA HAUZENRADER Charge to..... Account No. 469
 Ordered by..... Guaranteed by..... Serial No. 206
 Funeral at..... Residence..... Mortuary CHRISTIAN Church Date 2-23-57 Hour 2 PM Annual No. 4
 Clergyman DURWARD PENRY Lodge Affiliations..... Body Shipped to or from.....

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	400 00			
	Embalming.....		2-27-57		
	Outer Case or Vault..... <u>Sectional</u>	45 00			By Cash Mrs. Reinken 516 10
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress..... <u>Sally 74</u>	5 70			
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	40 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....	20 40			Paid in full
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision..... <u>Presenting Memorials</u>	5 00			
				
				
				
	To Funeral Complete	516 10			516 10

NAME OF DECEASED Emma HAUZZEN RADER RESIDENCE TROY, KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 2-23-57 HOUR 2 PM CLERGYMAN DURWARD PENNEY
 SINGERS Mrs. Sultzman, Joann Neale 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>450</u> Style <u>1/2 Couch, Octagon</u>		Date of Death <u>2-20-57</u>
Interior <u>Very Nice</u> Covering <u>Light Blue</u>		Cause of Death <u>myocardial infarction</u> Contributory <u>A.S.C.U.D.</u>
Manufacture <u>Millich</u>	DEBITS	Duration <u>3 days</u> Autopsy <u>no</u>
Total Net Cost of Casket _____		Sex <u>FEMALE</u> Color or Race <u>White</u>
Outer Case <u>Sustained Box</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>8-18-1874</u> Age, Years <u>82</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>60 yrs</u>
<u>Rev. Clarence Hartzman, Sp. Past</u>		Birthplace—City or County <u>WATHENA</u> State or Country <u>KANSAS</u>
<u>Mrs. Floyd Miller, Centralia</u>		Name of Father <u>Schiske</u>
<u>Rev. William W. Johnson, Wabasha</u>		Birthplace of Father _____
<u>" Carmine Bullard, Denton</u>		Maiden Name of Mother _____
Total Cash Advances <u>Geo. H. J. St Joe</u>		Birthplace of Mother _____
		Signed <u>E. J. Rader</u> M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Mount Olive 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 Emil Hillje Charge to..... Account No. 470
 Ordered by..... Guaranteed by..... Serial No. 207
 Funeral at..... Residence..... Mortuary Methodist Church Date 3-8-27 Hour 2pm Annual No. 5
 Clergyman Harvey Daud 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.....	255 00			
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	21 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing..... <u>None</u>	57			
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....	25 00			
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....	10 00			
	Singers.....	10 00			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars..... <u>Society</u>	35 6			
	Professional Supervision.....				
To Funeral Complete		329 07			

NAME OF DECEASED Emil Hillje RESIDENCE Denton KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH Methodist DATE 3-8-57 HOUR 2PM CLERGYMAN HARVEY DODD
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	DEBITS
Charge for Complete Funeral	
Casket No. <u>200</u> Style <u>Oak. Hanging Panel</u>	
Interior <u>Wynntanell</u> Covering <u>light color-lace</u>	
Manufacturer <u>Miller</u>	
Total Net Cost of Casket	
Outer Case	
Vault	
Embalming	
Clothing	
Total Cash Advances	
<u>SSA 510-32-8278</u>	
<u>sales</u>	
Total Net Cost of Funeral	
Gross Profit on Funeral	
*Less Overhead Per Funeral	
Net Profit Apparent	

CREDITS	PERSONAL AND STATISTICAL
	Place of Death <u>Denton, KANSAS (His Home)</u>
	Date of Death <u>3-6-57</u>
	Cause of Death <u>Coronary occlusion</u> Contributory <u>Arteriosclerosis</u>
	Duration <u>12 hrs</u> ⁷ <u>years</u> Autopsy <u>NO</u>
	Sex <u>MALE</u> Color or Race <u>White</u>
	Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
	Date of Birth <u>10-7-1887</u> Age, Years <u>69</u> Months _____ Days _____
	Occupation <u>CARPENTER</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>3-8-57</u> M.D. <u>Emerson Yoder</u> ^{MD} Coroner
	Address <u>Denton, KANSAS</u> Date _____
	Interment at <u>Denton 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 _____

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 Henrietta Gildersleeve Charge to Account No. 471
 Ordered by Guaranteed by Serial No. 208
 Funeral at Residence Mortuary Church Date 3-16-57 Hour 2:30pm Annual No. 6
 Clergyman Joseph Borton Lodge Affiliations Body Shipped to or from

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

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	225 00			248 10
	Embalming.....				
	Outer Case or Vault..... <u>Wood Box</u>	20 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices..... <u>SALES TAX</u>	3 10			
	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	248 10			248 10

3-18-57 By Cash
Jerry Faye
Gildersleeve

Paid in full

NAME OF DECEASED Henrietta Gilder sleeve RESIDENCE Severance KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 3-16-57 HOUR 2:30 CLERGYMAN Joseph Borton
 SINGERS FRANK Rush & Helen Foster LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Methodist Hospital - St. Joseph</u>
Casket No. _____ Style <u>3 Panel FLATTOP</u>			Date of Death <u>3-13-57</u>
Interior <u>Twill</u> Covering <u>Doe</u>			Cause of Death <u>Pneumonia</u> Contributory _____
Manufacturer <u>Oklahoma City Casket</u>	DEBITS		Duration _____ Autopsy <u>No</u>
Total Net Cost of Casket			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>9-11-72</u> Age, Years <u>84</u> Months _____ Days _____
Embalming _____			Occupation <u>House Wife</u>
Clothing _____			How Long at Place of Death <u>5 days</u>
_____			Birthplace—City or County <u>Jamestown</u> State or Country <u>KANSAS</u>
_____			Name of Father <u>Henry Andrus</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>unknown Emily DeLong</u>
_____			Birthplace of Mother _____
Total Cash Advances _____			Signed <u>CARYL POTTER</u> M.D. _____ Coroner
_____			Address <u>St. Joseph Mo</u> Date _____
_____			Interment at <u>OAK Hill Cemetery - Severance</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 ESTA V. SURLES Charge to..... Account No. 470
 Ordered by..... Guaranteed by..... Serial No. 209
 Funeral at..... Residence..... Mortuary CHRISTIAN Church Date 3-21-57 Hour 2 PM Annual No. 7
 Clergyman DURWARD PENNY Lodge Affiliations..... Body Shipped to or from.....

		Date	Description of Service	Amount	Date	V	Credits
Place of Burial			Casket and Services.....	235 00			
Cemetery			Embalming.....			pd 4-1-57	258 00
Grave No.			Outer Case or Vault..... <u>WOOD</u>	20 00			
Lot No.			Washing and Dressing.....				
Block No.			Shaving.....				
Section			Slumber Robe.....				
Pall Bearers			Suit or Dress.....				
			Other Articles of Clothing.....				
			Transferring Body..... <u>SALISTY</u>	3 12			
			Door Badge.....				
			Opening Grave.....				
			Newspaper Notices.....				
			Telegram and Telephone Calls.....				
			Use of..... doz. Chairs.....				
			Flowers.....				
			Clergyman.....				
Singers			Singers.....				
			Casket Coach.....				
			Use of..... Funeral Cars.....				
			Use of Flower Cars.....				
			Professional Supervision.....				
Insurance Policies							
			To Funeral Complete	258 12			

NAME OF DECEASED ESTA V. SURLES RESIDENCE TROY, KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE 3-21-57 HOUR 2pm CLERGYMAN DURWARD PENRY
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY, KANSAS (HER HOME)</u>
Casket No. _____ Style <u>Flamingo 7-Panel</u>		Date of Death <u>3-18-57</u>
Interior <u>Very Large</u> Covering <u>Dark</u>		Cause of Death <u>Coronary Thrombosis</u> Contributory ^{Previous} <u>coronary disease</u>
Manufacturer <u>Perdahl</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>4-14-1876</u> Age, Years <u>80</u> Months _____ Days _____
Embaling _____		Occupation <u>House Wife</u>
Clothing _____		How Long at Place of Death <u>25 YEARS</u>
_____		Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>William Pridgeon</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>FANNIE GRAY</u>
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>A.E. Cordenier</u> M.D. _____ Coroner
_____		Address _____ Date _____
_____		Interment at <u>Mount Olive 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 HAMILTON D. KENT Charge to..... Account No. 473
 Ordered by..... Guaranteed by..... Serial No. 210
 Funeral at..... Residence..... Mortuary..... CHRISTIAN Church..... Date 3-27-57 Hour 2 PM Annual No. 8
 Clergyman DURWARD PENNY 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.....	589 00	4-15-57		642 21
	Embalsming.....				
	Outer Case or Vault..... <u>Sectional</u>	45 00			
	Washing and Dressing.....				
	Shaving.....				
	Stemmer Robe..... <u>Prayer Cleaning Suit</u>	25			
	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..... <u>Sales Tax</u>	7 96			
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete				642 21

NAME OF DECEASED HAMILTON D. Kent RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 3-27-57 HOUR 2 PM CLERGYMAN DURWARD PENNY
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>TROY, KANSAS (His Home)</u>
Casket No. <u>2220</u> Style <u>REX-ART CASKET CO.</u>		Date of Death <u>3-25-57</u>
Interior <u>WARY SANTON</u> covering <u>JASPER MARQUETT</u>		Cause of Death <u>CARCINOMA OF PANCREAS</u> Contributory _____
Manufacturer <u>JASPER MARQUETT</u>	DEBITS	Duration <u>1 1/2 YRS</u> Autopsy <u>NO</u>
Total Net Cost of Casket <u>JASPER MARQUETT TRIN</u>		Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case <u>Walnut Sectional</u>		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>10-31-1881</u> Age, Years <u>75</u> Months _____ Days _____
Embalming _____		Occupation <u>Custodian - High School</u>
Clothing _____		How Long at Place of Death <u>37 YRS.</u>
		Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
		Name of Father <u>John Kent</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Alice Deckard</u>
		Birthplace of Mother _____
Total Cash Advances <u>P.B.</u>		Signed <u>A.E. CORDNER</u> M.D. _____ Coroner _____
<u>Warren Deckard</u>		Address _____ Date _____
<u>Harold Eckhart</u>		Interment at <u>Mount Olive Cemetery</u>
<u>Ralph Winger</u>		Lot or Grave No. _____ Section No. _____
<u>Frank Winkert</u>		Shipped to _____
<u>Geo. Walden</u>		Arrived from _____
<u>Jim Frulo</u>		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral _____		Source of Call _____
Gross Profit on Funeral _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		
REMARKS:		

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

Funeral of Henry Ursus Gabbert Charge to..... Account No. 474
 Ordered by WIFE Guaranteed by..... Serial No. 211
 Funeral at..... Residence Mortuary Church..... Date 4-8-57 Hour 2 PM Annual No. 9
 Clergyman Will Twombly Lodge Affiliations..... Body Shipped to or from.....

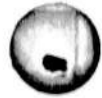
	Date	Description of Service	Amount	Date	V	Credits
Place of Burial		Casket and Services. <u>USE OF MORTUARY</u>	<u>75.00</u>			
Cemetery		Embalming.....				
Grave No.		Outer Case or Vault. <u>CONCRETE SECTIONAL</u>	<u>45.00</u>			<u>197.10</u>
Lot No.		Washing and Dressing.....	<u>10.00</u>			
Block No.		Shaving.....				
Section		Slumber Robe.....				
Pall Bearers		Suit or Dress.....				
		Other Articles of Clothing.....				
		Transferring Body.....	<u>29.20</u>			
		Door Badge.....				
		Opening Grave.....				
		Newspaper Notices.....				
		Telegrams and Telephone Calls.....				
		Use of..... doz. Chairs.....				
		Flowers.....				
		Clergyman..... <u>SALES TAX</u>	<u>90</u>			
		Singers.....				
Singers		Casket Coach.....	<u>14.00</u>			
		Use of..... Funeral Cars.....				
		Use of Flower Cars.....				
		Professional Supervision.....				
		<u>REGISTER BOOK</u>	<u>1.50</u>			
Insurance Policies		<u>ACKNOWLEDGE MENT CARDS</u>	<u>1.50</u>			
		<u>USE OF GRAVE EQUIPMENT</u>	<u>20.00</u>			
		To Funeral Complete	197.10			

*PA 5-14-57
by order of Gabbert*

NAME OF DECEASED Henry URSUS Gabbert RESIDENCE St. Joseph, Mo.
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 4-8-57 HOUR 2 PM CLERGYMAN Will Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>V. Hospital - Wadsworth</u>
Casket No. _____ Style _____		Date of Death <u>4-5-57</u>
Interior _____ Covering _____		Cause of Death <u>Pulmonary Edema</u> Contributory _____
Manufacturer _____	DEBITS	Duration _____ Autopsy <u>yes</u>
Total Net Cost of Casket		Sex <u>Male</u> Color or Race <u>White</u>
Outer Case		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>8-8-1901</u> Age, Years <u>55</u> Months _____ Days _____
Embalming		Occupation <u>Salesman</u>
Clothing		How Long at Place of Death <u>1 month</u>
		Birthplace—City or County <u>St. Joseph</u> State or Country <u>Mo.</u>
		Name of Father <u>Edward Gabbert</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>MAUD</u>
		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
<u>P. B.</u>		Address _____ Date _____
<u>Emmett Hayes</u>		Interment at <u>Mount Olive Cemetery - Troy</u>
<u>Emercy Chapple</u>		Lot or Grave No. _____ Section No. _____
<u>Forrest Hagambush</u>		Shipped to _____
<u>Robert Howard</u>		Arrived from _____
<u>Henry Foley</u>		Via _____ R. R. Date _____
<u>Harold Nitz</u>		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral		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 Bessie SARAH FULLER RESIDENCE TROY, KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH Methodist DATE 4-14-57 HOUR 2:30pm CLERGYMAN Lee Dickey
 SINGERS MacWilliamson LODGE AFFILIATIONS Order of Eastern Star - Troy
White Shrine - St. Joe

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Sisters Hospital - St. Joseph, Mo</u>
Casket No. <u>91-7223</u> Style _____		Date of Death <u>4-10-57</u>
Interior <u>Biegerton</u> <u>Small</u> Covering _____		Cause of Death <u>Pulmonary edema + Effusion</u> Contributory _____
Manufacturer <u>Beck Casket Co</u>	DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>8-11-1891</u> Age, Years <u>65</u> Months _____ Days _____
Embalming _____		Occupation <u>House Wife</u>
Clothing _____		How Long at Place of Death <u>2 days</u>
_____		Birthplace—City or County <u>White Cloud</u> State or Country <u>Kansas</u>
_____		Name of Father <u>John Edward Gormley</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>MARY E. CASH</u>
_____		Birthplace of Mother _____
_____		Signed <u>Peterson</u> M.D. _____ Coroner
_____		Address <u>Wathena Kansas</u> Date <u>4-12-57</u>
_____		Interment at <u>Mount Olive Cemetery - 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 _____		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 CLARA J. BAHR Charge to _____ Account No. 474
 Ordered by LAWRENCE BAHR Guaranteed by _____ Serial No. 213
 Funeral at _____ Residence _____ Mortuary _____ Church ST. BENEDECTS Date 4-30-57 Hour 10 A.M. Annual No. 11
 Clergyman WALTER VOLLMER Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	529 00	522 13		
	Embalming.....				
	Outer Case or Vault..... <u>CONCRETE</u>	45 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>+ TAX</u>	25 50			
	Clergyman.....				
	Singers.....				
	Casket Coach..... <u>SALES TAX</u>	7 87			
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				

	To Funeral Complete	616 87			

7-23-57
Lawrence Bahr

600 00

Albert Bahr
 Elmer Bahr
 Norman Bahr
 George Bahr
 Clarence Ingels
 Chas Nimmz

Singers

Insurance Policies

NAME OF DECEASED CLARA J. Bahr RESIDENCE Denton Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST. Benedict DATE 4-30-57 HOUR 10 am CLERGYMAN WALTER Vollmer
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>St. Joseph's Hospital - St. Joseph</u>
Casket No. _____ Style <u>1/2 Couch RE</u>		Date of Death <u>4-28-57</u>
Interior <u>ivory shiraz</u> Covering <u>Med. Steel Felt</u>		Cause of Death <u>Cerebral Hemorrhage</u> Contributory _____
Manufacturer <u>Cambria type case Miller</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket _____		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case _____		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>3-21-1880</u> Age, Years <u>77</u> Months _____ Days _____
Embalming _____		Occupation <u>House Wife</u>
Clothing _____		How Long at Place of Death <u>4 HRS.</u>
_____		Birthplace—City or County <u>Bendona</u> State or Country <u>Kansas</u>
_____		Name of Father <u>John Kosman</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Veronica Kessler</u>
_____		Birthplace of Mother _____
_____		Signed <u>Emerson Yoder</u> M.D. _____ Coroner _____
_____		Address <u>Denton Kansas</u> Date <u>4-28-57</u>
_____		Interment at <u>Denton 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 Anna McIntyre Charge to _____ Account No. 475
 Ordered by James & John McIntyre Guaranteed by _____ Serial No. 214
 Funeral at _____ Residence _____ Mortuary _____ Church St. Charles Date 4-30-57 Hour 9 AM Annual No. 12
 Clergyman Egbert Hall OSB. Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	340 00	5-2-57		100 00
	Embalming.....		5-2-57		100 00
	Outer Case or Vault.....	25 00	5-9-57		100 00
	Washing and Dressing.....		5-13-57		69 58
	Shaving.....				
	Slumber Robe <u>SALES TAX</u>	4 58			369 58
	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	369 58			369 58

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
NORMAN Thompson
Leo McIntyre
Kenneth McIntyre
Cecil McIntyre
John McDonough
Wm. F. Ranken
 Singers _____
 Insurance Policies _____

paid in full

NAME OF DECEASED Anna McIntyre RESIDENCE SPARKS, KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST. CHARLES DATE 4-30-57 HOUR 9am CLERGYMAN Egbert Hall
 SINGERS church choir LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Highland Kansas</u>
Casket No. _____ Style <u>OCTAGON HALF CASH</u>		Date of Death <u>4-28-57</u>
Interior <u>ivory will</u> Covering <u>LT. EM. D.C.</u>		Cause of Death <u>CORONARY OCCLUSION</u> Contributory <u>ARTERIOSCLEROSIS</u>
Manufacturer <u>CAPITAL CITY CASSETTE</u> DEBITS		Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>FEMALE</u> Color or Race <u>WHITE</u>
Outer Case		Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Child <input type="checkbox"/>
Vault		Date of Birth <u>9-12-59</u> Age, Years <u>86</u> Months _____ Days _____
Embalming		Occupation <u>Home</u>
Clothing		How Long at Place of Death <u>7 months</u>
		Birthplace—City or County <u>KANSAS</u> State or Country <u>USA</u>
		Name of Father <u>JAMES S. MCINTYRE</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Bridget Connely</u>
		Birthplace of Mother _____
Total Cash Advances		Signed _____ M.D. _____ Coroner
		Address _____ Date _____
		Interment at <u>FANNING KANSAS</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		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 John, Abbett Charge to _____ Account No. 478
 Ordered by children Guaranteed by _____ Serial No. 212
 Funeral at _____ Residence _____ Mortuary _____ Church Baptist Date 5-2-57 Hour 2 pm Annual No. 13
 Clergyman John PARKEE 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	892 00	790 00	July 18 - 57	1000 00
	Embalming				
	Outer Case or Vault <u>Steel</u>	195 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	50 00			
	Clergyman <u>TAX</u>	<u>50</u>			
	Singers				
	Casket Coach <u>Sales Tax</u>	14 60			
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Certified Copy</u>				
		1000 60			
	To Funeral Complete				

NAME OF DECEASED John M. Abbe II RESIDENCE TROY RURAL
 FUNERAL AT RESIDENCE MORTUARY CHURCH BAPTIST DATE 5-2-57 HOUR 2pm CLERGYMAN John Parker
 SINGERS _____ LODGE AFFILIATIONS Masonic

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Home NEAR TROY, Ks.</u>
Casket No. <u>302</u> Style <u>Metal 1/2 Couch</u>		Date of Death <u>4-29-57</u>
Interior <u>R.T. Bridal Satin</u> Covering		Cause of Death <u>CORONARY THROMBOSIS</u> Contributory <u>ARTERIO SCLEROSIS</u>
Manufacturer <u>Superior Metalic</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>White</u>
Outer Case		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault		Date of Birth <u>5-2-1884</u> Age, Years <u>72</u> Months _____ Days _____
Embalming		Occupation <u>FARMER</u>
Clothing		How Long at Place of Death <u>LIFETIME</u>
<u>510-383-903</u>		Birthplace—City or County <u>KANSAS</u> State or Country <u>USA</u>
Total Cash Advances		Name of Father <u>PERRY ABBE II</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>SARAH E. HAMILTON</u>
		Birthplace of Mother _____
		Signed <u>A.E. GORDONIER</u> M.D. _____ Coroner
		Address <u>TROY</u> Date <u>5-1-57</u>
		Interment at <u>BELMONT CEMETERY - WATHONA</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 William F. Rawles Charge to County Account No. 479
 Ordered by Lloyd Dawson Guaranteed by SPARKS BAPTIST Serial No. 216
 Funeral at _____ Residence _____ Mortuary _____ Church SPARKS BAPTIST Date 5-5-57 Hour 2:30pm Annual No. 14
 Clergyman WALTER HOWARD Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	200 00	5-7 57		82 10
	Embalming.....		6-1 "		117 90
	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.....				
	Insurance Policies.....				
	To Funeral Complete	200 00			

NAME OF DECEASED William F. Rawles RESIDENCE Sparks, Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Sparks Baptist DATE 5-5-57 HOUR 2:30 CLERGYMAN Walter Howard
 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>100</u> Style <u>FLAT TOP</u>		Date of Death <u>5-4-57</u>
Interior <u>IVORY Twill</u> Covering <u>Black Doe</u>		Cause of Death <u>APOPLEXY</u> Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case		Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault		Date of Birth <u>8-22-1875</u> Age, Years <u>81</u> Months _____ Days _____
Embalming		Occupation <u>RAILROAD</u>
Clothing		How Long at Place of Death <u>5 YRS.</u>
		Birthplace—City or County <u>SPARKS</u> State or Country <u>KANSAS</u>
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
Total Cash Advances		Signed <u>A.E. Cordenier</u> M.D. _____ Coroner
		Address <u>TROY KANSAS</u> Date _____
		Interment at <u>IOWA POINT</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 LAURA Mabel Ellis Charge to _____ Account No. 480
 Ordered by Boyd Ellis Guaranteed by _____ Serial No. 217
 Funeral at Residence Mortuary Church _____ Date 5-8-57 Hour 3pm Annual No. 15
 Clergyman Will Twombly Lodge Affiliations EASTERN STAR Body Shipped to or from _____

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

CLAY Thomas
 F.H. Dillenback
 F. Hagenbuck
 R. Noyes
 Ed Thomas
 Walter Kibler

Singers
 Mrs. Ben Williamson

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services.....	596 00			876 31
	Embalming.....				
	Outer Case or Vault <u>STEEL (CLARK)</u>	195 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....	32 00			
	Other Articles of Clothing <u>SLIP, UNDERWEAR</u>				
	Transferring Body <u>MOS-</u>	4 35			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of _____ doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers <u>Tax</u>	9 46			
	Casket Coach.....				
	Use of _____ Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<u>CERTIFIED COPIES</u>	3 00			
	<u>Private membership fee</u>				
	<u>Gravestone fee \$24.81</u>				
		839 81			
	To Funeral Complete				

NAME OF DECEASED LAURA Mabel Ellis RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE 5-8-57 HOUR 3pm CLERGYMAN Will Twombly
 SINGERS Mrs. Ben Williamson LODGE AFFILIATIONS EASTERN STAR

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>TROY KANSAS</u>
Casket No. _____ Style <u>1/2 Couch GRAY METAL</u>			Date of Death <u>5-6-57</u>
Interior <u>Very French</u> ^{cheese} covering			Cause of Death <u>Cerebral Thrombosis</u> Contributory
Manufacturer <u>Miller</u>	DEBITS		Duration _____ Autopsy <u>NO</u>
Total Net Cost of Casket			Sex <u>FEMALE</u> Color or Race <u>White</u>
Outer Case			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>10-25-1875</u> Age, Years <u>81</u> Months _____ Days _____
Embalming			Occupation <u>OFFICE WORK</u>
Clothing			How Long at Place of Death <u>11 months</u>
			Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
			Name of Father <u>CHARLES ELLIS</u>
			Birthplace of Father _____
			Maiden Name of Mother <u>MARY E. HARLEY</u>
			Birthplace of Mother _____
Total Cash Advances			Signed <u>A.E. Cordonier</u> M.D. _____ Coroner
			Address <u>TROY KANSAS</u> Date _____
			Interment at <u>Mount Olive 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			
*Less Overhead Per Funeral			Source of Call _____
Net Profit Apparent			
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.