

Funeral of V. GRANT Blanton Charge to _____ Account No. 4~~71~~81
 Ordered by children Guaranteed by _____ Serial No. 218
 Funeral at _____ Residence _____ Mortuary _____ Church LDS Date 5-28-57 Hour 2 pm Annual No. 16
 Clergyman Will Twombly Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	325.00	6-1-57		344.40
	Embalming.....	25.00			
	Outer Case or Vault..... <u>wood</u>				
	Washing and Dressing.....	4.40			
	Shaving..... <u>shave & g</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.....				
		354.40			

Paid in full

*Pall Bearers
 Mike Speaks
 Gene Speaks
 J.R. Roland
 CARL Roland
 J.R. Blanton
 Harold Blanton*

Singers

Insurance Policies

To Funeral Complete

NAME OF DECEASED Ulysses GRANT Blanton RESIDENCE Troy KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH L.D.S. Fanning DATE 5-28-57 HOUR 2 PM CLERGYMAN Will Twombly
 SINGERS MRS. Denton SALZMAN 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 <u>1/2 couch</u>		Date of Death <u>5-25-57</u>
Interior <u>Ivory Tw. Covering</u> <u>Dec</u>		Cause of Death <u>CARDIAC DECOMPENSATION</u> <u>A-S. CARDIO. VASE. DIS</u>
Manufacturer <u>capitol city casket</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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>1-15-1870</u> Age, Years <u>87</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired FARMER</u>
Clothing _____		How Long at Place of Death <u>1 yr.</u>
_____		Birthplace—City or County <u>HARLAN</u> State or Country <u>Kentucky</u>
_____		Name of Father <u>Louis H. Blanton</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>BARBARA Hiltok</u>
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>Emerson Yoder</u> M.D. _____ Coroner
_____		Address <u>Penton Ms.</u> Date <u>5-27-57</u>
_____		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 Annie Culp Charge to _____ Account No. 483
 Ordered by children Guaranteed by _____ Serial No. 219
 Funeral at _____ Residence _____ Mortuary _____ Church Baptist Date 5-29-57 Hour 2pm Annual No. 17
 Clergyman John Parker Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Place of Burial				
	Casket and Services	200 00	5-28-57		50 00
	Cemetery	35 00	" "		30 00
	Grave No.	25 00	" "		60 00
	Lot No.		6-6-57		10 00
	Block No.		6-21-57		10 00
	Section		7-11-57		5 00
	Pall Bearers		7-26-57		10 00
			8-9-57		10 00
		10 00	9-4-57		5 00
			11-13-57		25 00
					21 00
		2 90	1-17-58		5 00
			4-1-58		5 00
			4-18-58		5 00
			5-9-58		5 00
			9-27-58		5 00
		21 25	10-20-58		2 00
			2-24-59		5 00
					94 7 00
			4-23-59		10 00
			9-14-59		20 00
			12-10-59		5 00
			4-4-60		2 00
			5-28-60		2 00
			7-24-60		8 15
	To Funeral Complete	294 15		Paid in full	294 15

NAME OF DECEASED Annie Culp RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH Baptist DATE 5-28-57 HOUR 2 pm CLERGYMAN John Parker
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral <u>oef. Hinge Panel</u>			Place of Death <u>Topeka KANSAS (STATE Hosp.)</u>
Casket No. _____ Style <u>602</u>			Date of Death <u>5-26-57</u>
Interior <u>1 w: 11</u> Covering <u>✓</u>			Cause of Death _____ Contributory _____
Manufacturer <u>REA METALLIC</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 _____ Widowed <u>✓</u> Divorced _____ Child _____
Vault _____			Date of Birth <u>10-10-1883</u> Age, Years <u>83</u> Months _____ Days _____
Embalming _____			Occupation <u>HOUSEWIFE</u>
Clothing _____			How Long at Place of Death <u>2 days</u>
_____			Birthplace—City or County <u>FORTESCUE</u> State or Country <u>MISSOURI</u>
_____			Name of Father <u>HENRY ROBINSON</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>UNKNOWN</u>
_____			Birthplace of Mother _____
_____			Signed _____ M.D. _____ Coroner _____
_____			Address _____ Date _____
_____			Interment at <u>Bellefont Cemetery - WATHERS</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 NONA BROWN LEE Charge to Account No. 483
 Ordered by Guaranteed by Serial No. 220
 Funeral at Residence Mortuary Church Date 5-29-57 Hour 4pm Annual No. 18
 Clergyman Will Twombly Lodge Affiliations Body Shipped to or from

Place of Burial
 Cemetery
 Grave No.
 Lot No.
 Block No.
 Section
 Pall Bearers
WAIT Meuniot
Raymond Thomas
Elmer Murphy
Mike Turpin
Cyril Guy
John Speaks
Walter ...
 Singers
 Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	<u>200 00</u>			
	Embalming.....				
	Outer Case or Vault. <u>wood</u>	<u>25 00</u>			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe <u>Suit</u>	<u>15 00</u>			
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body <u>Silent</u>	<u>3 20</u>			
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers <u>Elmer Murphy</u>	<u>5 00</u>			
	Casket Coach.....				
	Use of Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
				
				
				
	To Funeral Complete	<u>243 20</u>			

NAME OF DECEASED MONA BROWN LEE RESIDENCE TROY KANSAS RURAL
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 5-29-57 HOUR 4pm CLERGYMAN Will Twombly
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>ST. Joseph, Mo.</u>
Casket No. _____ Style <u>Oct. H. type Panel</u>		Date of Death <u>5-27-57</u>
Interior <u>Twill</u> Covering <u>doe</u>		Cause of Death <u>myocardial infarction</u>
Manufacturer <u>ARK. COFFIN CO</u>		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 <input checked="" type="checkbox"/> Child _____
Vault _____		Date of Birth <u>Feb. 22, 1882</u> Age, Years <u>75</u> Months _____ Days _____
Embalming _____		Occupation <u>FARMER</u>
Clothing _____		How Long at Place of Death <u>8 HRS.</u>
		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		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 MABEL Campbell Charge to..... Account No. 484
 Ordered by MRS. VEDA WARD Guaranteed by..... Serial No. 221
 Funeral at Residence Mortuary..... Church..... Date 6-2-57 Hour 2:30 pm Annual No. 19
 Clergyman DURWARD PENNY 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.....	593 00			
	Embalming.....		9-2 57		839 01
	Outer Case or Vault <u>STEEL VAULT</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.....				
	Clergyman.....				
	Singers.....	11 01			
	Casket Coach.....	40 00			
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
To Funeral Complete		839 01			

Singers

Insurance Policies

NAME OF DECEASED Mabel Campbell RESIDENCE Tracy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 6-2-57 HOUR 2:30 PM CLERGYMAN Durward Penny
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>ST. Joseph Hospital</u>
Casket No. _____ Style <u>1/2 couch Round End</u>			Date of Death <u>5-28-57</u>
Interior <u>Fabric Ivory</u> Covering <u>Felt</u>			Cause of Death <u>CANCER OF COLON</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 _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>11-20-1867</u> Age, Years <u>89</u> Months _____ Days _____
Embalming _____			Occupation <u>House w:Fc</u>
Clothing _____			How Long at Place of Death <u>10 Wks.</u>
_____			Birthplace—City or County <u>Tracy</u> State or Country <u>KANSAS</u>
_____			Name of Father <u>ALBERT PERRY</u>
_____			Birthplace of Father _____
Total Cash Advances _____			Maiden Name of Mother <u>Mildred Leland</u>
_____			Birthplace of Mother _____
_____			Signed <u>Emerson Yadee</u> M.D. _____ Coroner
_____			Address <u>Benton Ks.</u> Date <u>5-30-57</u>
_____			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 Wm. HARRY Hiles Charge to..... Account No. 485
 Ordered by Sons Guaranteed by..... Serial No. 222
 Funeral at..... Residence..... Mortuary Church..... Date 6-6-57 Hour 2 pm Annual No. 20
 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	V	Credits
	Casket and Services.....	325 00	7-5-57		183 00
	Embalming.....		9-5-57		85 70
	Outer Case or Vault <u>Wood Box</u>	25 00			
	Washing and Dressing.....		11-12-57		87 40
	Shaving.....				
	Slumber Robe <u>SALV. TAX</u>	4 40			
	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.....				
		354 40			

To Funeral Complete

NAME OF DECEASED Wm. Harry Hiles RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 6-6-57 HOUR 2pm 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. _____ Style <u>Art 1/2 Co. no crown</u>		Date of Death <u>6-4-57</u>
Interior <u>Zury Tumb</u> Covering <u>dark oak</u>		Cause of Death <u>CORONARY THROMBOSIS</u> Contributory
Manufacturer <u>Miller</u>		Duration <u>3 days</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>11-13-1889</u> Age, Years <u>67</u> Months _____ Days _____
Embalming		Occupation <u>CARPENTER</u>
Clothing		How Long at Place of Death <u>30 months</u>
		Birthplace—City or County <u>Tribune</u> State or Country <u>KANSAS</u>
		Name of Father <u>OREGON HILES</u>
		Birthplace of Father _____
Total Cash Advances		Maiden Name of Mother <u>LOUISA BOWMAN</u>
		Birthplace of Mother _____
		Signed <u>A.E. CORDENICE</u> M.D. _____ Coroner
		Address <u>Troy KANSAS</u> Date <u>6-4-57</u>
		Interment at <u>Mount Olive 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 Grace Campbell Charge to _____ Account No. 486
 Ordered by Will Campbell Guaranteed by _____ Serial No. 223
 Funeral at _____ Residence _____ Mortuary _____ Church Christian Date 7-5-57 Hour 2 pm Annual No. 21
 Clergyman Twombly & Roney Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Sammy Twombly
Leonard Twombly
Charlie Olsen
Roy Moore
Bill Whatstine
Jack Whatstine
 Singers
Mrs. Denton Salzman
Mr. Jim Quick
 Insurance Policies _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	685 00	7-5-57		830 50
	Embalming				
	Outer Case or Vault <u>Sectional</u>	45 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe <u>Salt Ty</u>	9 80			
	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 <u>1 doz</u>	35 70			
	Clergyman				
	Singers <u>4 doz</u>	15 00			
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
To Funeral Complete		830 50			

NAME OF DECEASED GRACE L. Campbell RESIDENCE Fanning Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 7-5-57 HOUR 2pm CLERGYMAN Twombly + Penry
 SINGERS MRS. Denton Salzman + Jim Zuiot LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Fanning, KANSAS</u>
Casket No. _____ Style <u>metal 1/2 Camp</u>		Date of Death <u>July 2, 1957</u>
Interior <u>any 7 cups</u> Covering <u>Blue metal</u>		Cause of Death <u>Pulmonary emboli</u> Contributory <u>HYPERTENSION CAUSING HEART FAILURE</u>
Manufacturer <u>Smiley</u>	DEBITS	Duration _____ Autopsy <u>yes</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>7-19-1897</u> Age, Years <u>59</u> Months _____ Days _____
Embalming _____		Occupation <u>House wife</u>
Clothing _____		How Long at Place of Death <u>19 yrs.</u>
_____		Birthplace—City or County <u>ST Joseph</u> State or Country <u>Missouri</u>
_____		Name of Father <u>Fred H. Nesser</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>ALVINA GAUL</u>
_____		Birthplace of Mother _____
_____		Signed <u>EVAN Peterson</u> M.D. _____ Coroner
_____		Address <u>Wathena Kansas</u> Date <u>7-11-57</u>
_____		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:
Social Security No - 48-0158-945

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

Funeral of George Meers Charge to _____ Account No. 488
 Ordered by _____ Guaranteed by _____ Serial No. 224
 Funeral at _____ Residence _____ Mortuary Church _____ Date 7-7-57 Hour 2:30 pm Annual No. 22
 Clergyman Will Twombly Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	375 00			
	Embalming		7-23-57		437 42
	Outer Case or Vault <u>wood</u>	25 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe	20 00			
	Suit or Dress	1 99			
	Other Articles of Clothing	22			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls <u>Sally T N</u>	5 44			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman	10 00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		437 32			
		427 33			
		421 89			
	To Funeral Complete				

NAME OF DECEASED George W. Meers RESIDENCE TROY KANSAS (RURAL)
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 7-7-57 HOUR 2:30 CLERGYMAN Will Twombly
 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. <u>ST. A. 22 86</u> Style <u>oak - 1/2 coach</u>		Date of Death <u>7-4-57</u>
Interior <u>Very Tall</u> Covering <u>Emb. Rose</u>		Cause of Death <u>Unknown</u> Contributory _____
Manufacturer <u>Rep. Metals</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>3-9-1873</u> Age, Years <u>84</u> Months _____ Days _____
Embalming		Occupation <u>FARMER</u>
Clothing		How Long at Place of Death <u>LIFETIME</u>
		Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>
		Name of Father <u>NATHANIEL MEERS</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>SARAH TAYLOR</u>
		Birthplace of Mother _____
		Signed _____ M.D. _____ Coronor _____
		Address _____ Date _____
		Interment at <u>MOSQUITO CREEK</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. _____ Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		
REMARKS:		

Handwritten notes in the table:
 Son Henry B Troy
 son Mrs Meers
 Mrs Sarah Troy

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

Funeral of Asbery Addison Masters Charge to..... Account No. 4800
 Ordered by HARRY MASTERS Guaranteed by..... Serial No. 222
 Funeral at..... Residence..... Mortuary..... Church Baptist Date 7-11-57 Hour 2 p.m. Annual No. 23
 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.....	375 00	<u>due 1540</u>		
	Embalming.....				
	Outer Case or Vault..... <u>wood</u>	25 00			
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body <u>Ty</u>	5 40			
	Door Badge.....	40 00			
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers..... ?	20 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	To Funeral Complete	465 40			

NAME OF DECEASED Asbery Addison MASTERS RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH BAPTIST DATE 7-11-57 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>Troy KANSAS</u>	
Casket No. <u>450</u> Style <u>4 Co. No. Small Can</u>				Date of Death	<u>JULY 9 1957</u>	
Interior <u>any satin</u> Covering <u>light plush</u>				Cause of Death	<u>Urinary Flu</u> Contributory _____	
Manufacturer <u>Miller</u>				Duration _____	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 _____
Vault				Date of Birth	<u>2-2-1880</u>	Age, Years <u>77</u> Months _____ Days _____
Embalming				Occupation	<u>FARMER</u>	
Clothing				How Long at Place of Death	<u>22 yrs.</u>	
				Birthplace—City or County	<u>Seligman State or Country Missouri</u>	
				Name of Father	<u>ADDISON MASTERS</u>	
				Birthplace of Father	_____	
				Maiden Name of Mother	<u>Jane Hurd</u>	
				Birthplace of Mother	_____	
Total Cash Advances				Signed _____	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 _____
				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:	<u>wife Julia</u>					

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



NAME OF DECEASED John A. Demoney RESIDENCE Tracy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Methodist DATE 7-19-57 HOUR 10am CLERGYMAN Lee Dickey
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Lakewood, Colorado</u>
Casket No. _____ Style <u>State & Coach</u>		Date of Death <u>7-16-57</u>
Interior <u>B.T. Satin</u> Covering <u>Brown Plush</u>		Cause of Death <u>Cerebral Vascular Accident</u>
Manufacturer <u>Chernathy</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>11-27-1885</u> Age, Years <u>71</u> Months _____ Days _____
Embalming _____		Occupation <u>CONTRACTOR</u>
Clothing _____		How Long at Place of Death <u>6 weeks</u>
		Birthplace—City or County <u>Kansas City</u> State or Country <u>Mo.</u>
<u>SS. 509-18-1183</u>		Name of Father <u>John Demoney</u>
Total Cash Advances _____		Birthplace of Father _____
<u>Emb + shipping case from Capital Mortuary</u>		Maiden Name of Mother <u>SARAH Bowen</u>
<u>1331 Sherman St. Denver Colo</u>		Birthplace of Mother _____
<u>Tel (3-6545)</u>		Signed <u>DALE HATHAWAY</u> M.D. _____ Coroner
<u>address 7177 West 61st</u>		Address <u>Lakewood Colo</u> Date <u>7-16-57</u>
<u>Emb + metal 195.00</u>		Interment at <u>Mount Olive Cemetery - Tracy</u>
<u>8.00 certified copy</u>		Lot or Grave No. _____ Section No. _____
Total Net Cost of Funeral _____		Shipped to _____
Gross Profit on Funeral _____		Arrived from _____
*Less Overhead Per Funeral _____		Via _____ R. R. Date _____
Net Profit Apparent _____		In Charge of _____
REMARKS:		Source of Call _____
Social Security No. <u>509-18-1183</u>		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 Kathryn Theis Charge to _____ Account No. 4 905
 Ordered by Nick Theis Guaranteed by _____ Serial No. 227
 Funeral at _____ Residence St. Charles Catholic Church Mortuary Date 7-29-57 Hour 9AM Annual No. 25
 Clergyman Fr. Egbert Hall OSB Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	370 00	8-17-57		436 34
	Embalming				
	Outer Case or Vault <u>Wood Box</u>	25 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave	25 00			
	Newspaper Notices <u>K.C. STAR</u>	6 30			
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>SALES TAX</u>	4 94			
	<u>BAL. on Flowers</u>	5 10			
To Funeral Complete		436 34			436 34

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

John Neumann
Francis
Leo
Lawrence Theis
Kenneth
Edmund ..

Church Singers
Choir

Insurance Policies

NAME OF DECEASED Kathryn Theis RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH St. Charles DATE 7-29-57 HOUR 9am CLERGYMAN Fr. Egbert Hall
 SINGERS Church Choir LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Shawnee Kansas</u>
Casket No. _____ Style <u>1/2 Couch</u>		Date of Death <u>7-25-57</u>
Interior <u>Ivory Richmond</u> Covering <u>Silver Lawton</u>		Cause of Death <u>Lymphoma</u> Contributory _____
Manufacturer <u>Capital City Casket Co</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 _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>11-7-1875</u> Age, Years <u>81</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death _____
		Birthplace—City or County <u>Amazonia</u> State or Country <u>Missouri</u>
		Name of Father <u>John Kobatish</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Anna</u>
Total Cash Advances _____		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Mount CALVARY - Wathena</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 _____		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 Alex O. Bachnick Charge to _____ Account No. 491
 Ordered by _____ Guaranteed by _____ Serial No. 228
 Funeral at _____ Residence _____ Mortuary Church _____ Date 7-31-57 Hour 10 AM Annual No. 26
 Clergyman WALTER W. Stoeppel WERTH Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
Bob Campbell
Fred Campbell
Hayden Seevers
Roy BRIGGS
OSCAR MAYER
Wm. Anslinger
 Singers
CAROL McKITTRICK

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	892 00	10-2-57 Mrs Bachnick		100 00
	Embalming		1-4-58 Mrs Bachnick		66 00
	Outer Case or Vault <u>Sectional Box</u>	50 00	9-22-58		50 00
	Washing and Dressing		10/2/58 Mrs Bachnick		21 60
	Shaving				762 02
	Slumber Robe				
	Suit or Dress <u>clearing suit</u>	1 00			
	Other Articles of Clothing	2 02			
	Transferring Body				
	Door Badge				
	Opening Grave	22 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman <u>Tax</u>	11 00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	Insurance Policies				
To Funeral Complete		978 02			

NAME OF DECEASED Alex O. Bachnick RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 7-31-57 HOUR 10 AM CLERGYMAN W.W. Stoeppelweh
 SINGERS CAROL McKittrick LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>TROY KANSAS RURAL</u>
Casket No. <u>302</u> Style <u>METAL 1/2 couch</u>		Date of Death <u>7-29-57</u>
Interior <u>R.T. BRIDAL SATIN</u> Covering		Cause of Death <u>Apoplexy</u> Contributory _____
Manufacturer <u>Superior Metallic</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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>4-6-1879</u> Age, Years <u>78</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired FARMER</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>Chicago</u> State or Country <u>Ill.</u>
_____		Name of Father _____
_____		Birthplace of Father _____
_____		Maiden Name of Mother _____
Total Cash Advances _____		Birthplace of Mother _____
_____		Signed <u>A.E. Cordonier</u> M.D. _____ Coroner
_____		Address <u>TROY KANSAS</u> Date <u>7-29-57</u>
_____		Interment at <u>Bonner Springs</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 _____		Insured in _____ Amount _____
*Less Overhead Per Funeral _____		Beneficiary _____
Net Profit Apparent _____		

Handwritten notes in the 'REVENUE ITEMS' column:
 2 lines
 30.60
 5.00
 35.60
 30.00
 5.60

SS. No. 510-383070
 REMARKS:
GRAY Bros. Phone
F 1 2-7530
NO ANSWER FA 1-0990

* 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 F. ETHERTON RESIDENCE TROY KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH CHRISTIAN DATE 8-8-57 HOUR 2PM CLERGYMAN D. PENRY
 SINGERS RALPH GRAVES LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <u>Mo. Methodist Hospital - ST. JOE</u>
Casket No. _____ Style <u>1/2 C Redwood</u>			Date of Death <u>8-5-57</u>
Interior <u>Red wood</u> Covering <u>Rose MARQUETTE</u>			Cause of Death <u>CONGENITAL SEPTIC KIDNEYS</u>
Manufacturer <u>REX ART</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 _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault			Date of Birth <u>12-11-1910</u> Age, Years <u>46</u> Months _____ Days _____
Embalming			Occupation <u>FARMER & FRUIT GROWER</u>
Clothing			How Long at Place of Death <u>6 days</u>
			Birthplace—City or County <u>ST. JOSEPH</u> State or Country <u>Missouri</u>
			Name of Father <u>Wm. ETHERTON</u>
			Birthplace of Father _____
Total Cash Advances			Maiden Name of Mother <u>LOTTIE M. DUBACH</u>
			Birthplace of Mother _____
			Signed <u>DR. HERMAN</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:			
<u>S.S. No. 496-42-2904</u>			

* 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 George A Appleby RESIDENCE TROY KANSAS
 FUNERAL AT Masonic Temple RESIDENCE MORTUARY CHURCH DATE 8-13-57 HOUR 10 AM CLERGYMAN Lee Dickey
Troy Masonic Lodge # 55 AFM
Order of Eastern Star
 SINGERS _____ LODGE AFFILIATIONS Royal Arch Masonic Lodge # 16

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL	
Charge for Complete Funeral			Place of Death <u>ST. Joseph Missouri</u>	
Casket No. _____	Style <u>Silver metal & casket</u>		Date of Death <u>August 11, 1957</u>	
Interior <u>Silver</u>	Covering <u>Springfield metal</u>		Cause of Death <u>Cerebral Hemorrhage</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 <u>Clark Steel Vanet</u>			Single <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____	
Vault <u>12ga. Silver</u>			Date of Birth <u>4-9-1875</u> Age, Years <u>82</u> Months _____ Days _____	
Embalming _____			Occupation <u>gracey Clerk</u>	
Clothing _____			How Long at Place of Death <u>5 days</u>	
			Birthplace—City or County <u>TROY</u> State or Country <u>KANSAS</u>	
			Name of Father <u>Alex Appleby</u>	
			Birthplace of Father _____	
			Maiden Name of Mother _____	
			Birthplace of Mother _____	
			Signed <u>Dr. Caryl Patten</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 _____	
			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:				
<u>SS. No. 512-20-0605 A</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 John A. Hackett Charge to _____ Account No. 494
 Ordered by WARREN HACKETT Guaranteed by _____ Serial No. 231
 Funeral at _____ Residence _____ Mortuary _____ Church St. Johns Lutheran Date 8-22-57 Hour 2 pm Annual No. 29
 Clergyman Stanley 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.....	50 00	8-23-57		90 60
	Embalming..... <i>Sales tax</i>	60			
	Outer Case or Vault..... <i>To church</i>	25 00			
	Washing and Dressing..... <i>Cemetery</i>	15 00			
	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	90 60			

NAME OF DECEASED John Albert Hockett RESIDENCE Troy Rural
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH St. Johns DATE 8-22-57 HOUR 2pm CLERGYMAN Stanley Rogge
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Troy Rural</u>
Casket No. <u>30</u> Style _____		Date of Death <u>8-20-57</u>
Interior <u>Pink Crepe</u> Covering <u>Blue Crepe</u>		Cause of Death <u>TRACHEAL Obstruction</u> <small>Contributory</small>
Manufacturer <u>Miller</u>	DEBITS	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 _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____		Date of Birth <u>7-20-57</u> Age, Years <u>0</u> Months <u>1</u> Days
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death <u>1 month</u>
_____		Birthplace—City or County <u>Doniphan</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>WARREN HOCKETT</u>
_____		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Alice Flickinger</u>
_____		Birthplace of Mother _____
_____		Signed _____ M.D. <u>Emerson Yaden</u> Coroner
_____		Address <u>Denton Kansas</u> Date <u>8-20-57</u>
_____		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.

NAME OF DECEASED Lawrence G. Foley

RESIDENCE Tracy Kansas

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 Hospital St Joseph</u>
Casket No. _____ Style <u>Flat top Baby 1-9"</u>		Date of Death <u>9-7-57</u>
Interior <u>Very Small</u> Covering <u>Furry fabric</u>		Cause of Death _____ Contributory _____
Manufacturer <u>Miller</u>	DEBITS	Duration <u>4 days</u> Autopsy _____
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>9-3-57</u> Age, Years _____ Months _____ Days <u>4</u>
Embalming _____		Occupation <u>Infant</u>
Clothing _____		How Long at Place of Death <u>4 days</u>
		Birthplace—City or County <u>St Joseph</u> State or Country <u>Mo</u>
		Name of Father <u>James H. Foley</u>
		Birthplace of Father _____
Total Cash Advances _____		Maiden Name of Mother <u>Ruth Bovo</u>
		Birthplace of Mother _____
		Signed <u>Dr. Yoder</u> M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>St. Charles Cemetery Tracy Kan</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
Total Net Cost of Funeral		In Charge of _____
Gross Profit on Funeral		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 Hugh Cowan Brown RESIDENCE Chicago Illinois
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH _____ DATE _____ HOUR _____ CLERGYMAN _____
 SINGER Mrs R. G. Lutzer, Modesta Norman LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Macon Mo</u>
Casket No. _____ Style _____		Date of Death <u>9-14-57</u>
Interior _____ Covering _____		Cause of Death <u>Coronary Occlusion</u> Contributory _____
Manufacturer _____		Duration <u>3 1/2 hours</u> Autopsy <u>no</u>
Total Net Cost of Casket _____	DEBITS	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>11-29-1891</u> Age, Years <u>65</u> Months _____ Days _____
Embalming _____		Occupation <u>Supr of Bus driver, Bus Co.</u>
Clothing _____		How Long at Place of Death <u>3 1/2 hours</u>
		Birthplace—City or County <u>Tray</u> State or Country <u>Kans</u>
		Name of Father _____
		Birthplace of Father _____
		Maiden Name of Mother _____
		Birthplace of Mother _____
		Signed _____ M.D. _____ Coroner _____
		Address _____ Date _____
		Interment at <u>Int. Clinic Cemetery</u>
		Lot or Grave No. <u>Byrd lot</u> Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
		Source of Call _____
		Insured in _____ Amount _____
		Beneficiary _____
Total Cash Advances		
<u>J. H. Hammel</u>		
<u>Chas Palmer</u>		
<u>Albert Zimmerman</u>		
<u>Ernest Mc Clelland</u>		
<u>R. J. Hayes</u>		
<u>A. P. Saff</u>		
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 Grace Pauline Necker Charge to Longman Co Account No. 497
 Ordered by _____ Guaranteed by _____ Serial No. 234
 Funeral at _____ Residence _____ Mortuary Church _____ Date _____ Hour _____ Annual No. 32
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

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

Date	Description of Service	Amount		Date		✓	Credits	
	Casket and Services.....	200	00	10-1	57		200	00
	Embalming.....							
	Outer Case or Vault.....							
	Washing and Dressing.....							
	Shaving.....							
	Slumber Robe.....							
	Suit or Dress.....							
	Other Articles of Clothing.....							
	Transferring Body.....							
	Door Badge.....							
	Opening Grave.....							
	Newspaper Notices.....							
	Telegrams and Telephone Calls.....							
	Use of _____ doz. Chairs.....							
	Flowers.....							
	Clergyman.....							
	Singers.....							
	Casket Coach.....							
	Use of _____ Funeral Cars.....							
	Use of Flower Cars.....							
	Professional Supervision.....							
							
							
							
	To Funeral Complete							

NAME OF DECEASED *Grace P. Necker*

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOURLY

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral			Place of Death <i>Tray Kansas</i>
Casket No. <i>100</i> Style <i>Flat TOP</i>			Date of Death <i>9-21-57</i>
Interior <i>IVORY WALL</i> Covering <i>BLACK D.</i>			Cause of Death <i>Disrupts</i> Contributory
Manufacturer <i>MILLER</i>	DEBITS		Duration <i>6 years</i> Autopsy
Total Net Cost of Casket			Sex <i>Female</i> Color or Race <i>White</i>
Outer Case <i>WOOD</i>			Single Married <input checked="" type="checkbox"/> Widowed Divorced Child
Vault			Date of Birth <i>10-3-1888</i> Age, Years <i>68</i> Months Days
Embalming			Occupation <i>Housewife</i>
Clothing			How Long at Place of Death <i>27 years</i>
			Birthplace—City or County <i>Heron Mo.</i> State or Country <i>Mo</i>
			Name of Father <i>John Lancaster</i>
			Birthplace of Father
			Maiden Name of Mother <i>Julia Mabley</i>
			Birthplace of Mother
Total Cash Advances			Signed <i>G.E. Cordover</i> M.D. Coroner
			Address Date
			Interment at <i>Int. Aline</i>
			Lot or Grave No. Section No.
			Shipped to
			Arrived from
			Via R. R. Date
Total Net Cost of Funeral			In Charge of
Gross Profit on Funeral			
*Less Overhead Per Funeral			Source of Call
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 Gertrude A. Bell Charge to _____ Account No. 498
 Ordered by Mrs. Harold Weber Guaranteed by _____ Serial No. 235
 Funeral at _____ Residence _____ Mortuary _____ Church Methodist Date 9-27-57 Hour 2 pm Annual No. 33
 Clergyman Lee Dickey 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	850 00	10-21		1050 00
	Embalming				
	Outer Case or Vault <u>WILBERT</u>	160 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing <u>TAX</u>	13 40			
	Transferring Body				
	Door Badge				
	Opening Grave	40 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
To Funeral Complete		1063 40			

less 13.40

NAME OF DECEASED GERTRUDE A. BELL RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Methodist DATE 9-27-57 HOUR 2pm CLERGYMAN Dickey
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Near Elwood (in Ambulance en route to Hosp)</u>
Casket No. <u>302</u> Style <u>Metal 1/2 couch</u>		Date of Death <u>9-24-57</u>
Interior <u>Rose Tan</u> Covering <u>Bridal satin</u>		Cause of Death <u>Coronary Thrombosis</u> Contributory _____
Manufacturer <u>Superior Metallic</u>		Duration <u>3 Hrs.</u> Autopsy <u>No</u>
Total Net Cost of Casket	DEBITS	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>1-28-1882</u> Age, Years <u>75</u> Months _____ Days _____
Embalming _____		Occupation <u>House wife</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>Sabetha</u> State or Country <u>KANSAS</u>
_____		Name of Father <u>FRANK Behne</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>ANNA SAMMONS</u>
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>A.E. CORDONIC</u> M.D. _____ Coroner
_____		Address <u>TROY KANSAS</u> Date <u>9-26-57</u>
_____		Interment at <u>Mount Olive</u>
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. _____ Date _____
_____		In Charge of _____
_____		Source of Call _____
_____		Insured in _____ Amount _____
_____		Beneficiary _____
Total Net Cost of Funeral _____		_____
Gross Profit on Funeral _____		_____
*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 ANNA C. Nelson Charge to _____ Account No. 499
 Ordered by _____ Guaranteed by _____ Serial No. 236
 Funeral at _____ Residence _____ Mortuary Church _____ Date 10-9-1957 Hour 10:30 Annual No. 34
 Clergyman Rogge Lodge Affiliations _____ Body Shipped to or from _____

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

*all. Christensen
 Mrs
 Wddy Ross
 Ressa Hanson
 Julian Nelson
 Robt. Clark
 Singers*

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services <u>JOPLIN, MO.</u>		<u>12-11-57</u>		<u>376.64</u>
	Embalming <u>AT PARKER, MORT.</u>				
	Outer Case or Vault <u>STEEL 12ga</u>	<u>195 00</u>			
	Washing and Dressing				
	Shaving <u>PRESSING HAIR</u>	<u>5 00</u>			
	Slumber Robe				
	Suit or Dress	<u>39 00</u>			
	Other Articles of Clothing				
	Transferring Body <u>TO CEMETERY</u>	<u>10 00</u>			
	Door Badge				
	Opening Grave	<u>40 00</u>			
	Newspaper Notices				
	Telegrams and Telephone Calls <u>TO JOPLIN ST. JOE (2)</u>				
	Use of _____ doz. Chairs				
	Flowers <u>REG. BOOK</u>	<u>2 00</u>			
	Clergyman <u>G.C.K. CARDS</u>	<u>2 00</u>			
	Singers <u>GRAVE MARKER</u>	<u>1 50</u>			
	Casket Coach				
	Use of _____ Funeral Cars <u>Subst. 74</u>	<u>4 79</u>			
	Use of Flower Cars				
	Professional Supervision <u>and use of</u>				
	<u>mortuary facilities, etc.</u>				
	<u>flowers etc, near Chapel</u>	<u>75 00</u>			
	<u>for funeral</u>				
		<u>374 29</u>			
	To Funeral Complete <u>Phone Calls</u>	<u>2 35</u>			
		<u>376.64</u>			

NAME OF DECEASED ANNA C. Nelson RESIDENCE Joplin Mo.
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 10-9-57 HOUR 10:30 CLERGYMAN Rogge
 SINGERS Mrs. Ben Williamson LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Joplin Mo</u>
Casket No. _____ Style _____		Date of Death <u>10-7-57</u>
Interior _____ Covering _____		Cause of Death <u>CANCER OF OVARIES</u> Contributory _____
Manufacturer _____		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>5-28-1877</u> Age, Years <u>80</u> Months _____ Days _____
Embalming _____		Occupation <u>Housewife</u>
Clothing _____		How Long at Place of Death <u>1 YR</u>
		Birthplace—City or County <u>Gower</u> State or Country <u>Mo</u>
		Name of Father <u>Clement Pope</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>MARILYN SCOTT ZIMMERMAN</u>
Total Cash Advances _____		Birthplace of Mother _____
		Signed _____ M.D. _____ 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 _____		
*Less Overhead Per Funeral _____		Source of Call _____
Net Profit Apparent _____		
		Insured in _____ Amount _____
		Beneficiary _____

REMARKS:

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



Funeral of James Freel SR. Charge to..... Account No. ~~498~~ ⁵⁰⁰
 Ordered by James Freel JR. Guaranteed by..... Serial No. 237
 Funeral at..... Residence..... Mortuary..... Christian Church Date 10-15-57 Hour 2:30 Annual No. 35
 Clergyman D. 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.....	<u>205 00</u>			<u>30 00</u>
	Embalming.....	<u>30 00</u>			<u>131 15</u>
	Outer Case or Vault..... <u>wood</u>				<u>100 00</u>
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing..... <u>underwear</u>	<u>2 44</u>			
	Transferring Body.....				
	Door Badge..... <u>SALES TAX</u>	<u>3 06</u>			
	Opening Grave.....				
	Newspaper Notices..... <u>Cleaning Suit</u>	<u>65</u>			
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs				
	Flowers.....				
	Clergyman.....				
	Singers..... <u>Trust</u>	<u>20 00</u>			
	Casket Coach.....				
	Use of..... Funeral Cars				
	Use of Flower Cars.....				
	Professional Supervision.....				
		<u>261 15</u>			
	To Funeral Complete				

NAME OF DECEASED James Fred SR. RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH Christian DATE 10-15-57 HOUR 2:30 CLERGYMAN D. Penney
 SINGERS Mrs. Denton Salzman 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>240</u> Style <u>Flaming Square</u> ^{wood top}		Date of Death <u>10-15-57</u>
Interior <u>Ray Tunnell</u> Covering <u>Embr. Rose</u>		Cause of Death <u>Apoplexy</u> Contributory _____
Manufacture <u>Penn Bluff</u>	DEBITS	Duration <u>9 days</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 <u>9-15-1870</u> Age, Years <u>87</u> Months _____ Days _____
Embalming _____		Occupation <u>Retired Farmer</u>
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>LANCASTER</u> State or Country <u>Pennsylvania</u>
_____		Name of Father <u>Unknown</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>Unknown</u>
_____		Birthplace of Mother _____
Total Cash Advances _____		Signed <u>A.E. Cordonier</u> M.D. _____ Coroner
_____		Address <u>Troy Kansas</u> Date <u>10-14-57</u>
_____		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 Petra Thomas Charge to _____ Account No. 501
 Ordered by Alex Thomas Guaranteed by _____ Serial No. 338
 Funeral at _____ Residence _____ Mortuary Church _____ Date 10-20-57 Hour 2 PM Annual No. 36
 Clergyman Dailey Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

JAMES MAHER
 EARL ETZENHAUSEN
 WAIT KIBLER
 Lyle ROCKEY
 HAROLD FARHART
 Ed HOWLAND

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	435 00	10-21-57		486 12
	Embalming				
	Outer Case or Vault <u>wood</u>	25 00			
	Washing and Dressing				
	Shaving <u>Tay</u>	5 72			
	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	20 40			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
		486 12			
	To Funeral Complete	486 12			486 12

Paid in full

NAME OF DECEASED Petra Jensine Thomas RESIDENCE TROY KANSAS
 FUNERAL AT _____ RESIDENCE _____ MORTUARY CHURCH _____ DATE 10-20-57 HOUR 2 PM CLERGYMAN DAILEY
 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>45-A4</u> Style <u>1/2 Couch Style</u>		Date of Death <u>10-18-57</u>
Manufacturer <u>Capital City</u>		Cause of Death <u>ARTERIO SCLEROTIC</u> Contributory <u>Coronary Disease</u>
Total Net Cost of Casket		Duration <u>10 Yrs</u> Autopsy <u>NO</u>
Outer Case <u>Wood</u>		Sex <u>Female</u> Color or Race <u>White</u>
Vault _____		Single _____ Married <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Embalming _____		Date of Birth <u>8-24-1876</u> age, Years <u>81</u> Months _____ Days _____
Clothing _____		Occupation <u>House wife</u>
Total Cash Advances _____		How Long at Place of Death _____
		Birthplace—City or County _____ State or Country <u>DENMARK</u>
		Name of Father <u>Jens P. FALK</u>
		Birthplace of Father _____
		Maiden Name of Mother <u>Dennisen</u>
		Birthplace of Mother _____
		Signed <u>Emerson Godeard</u> Coroner _____
		Address <u>Denton Kans.</u> Date <u>10-19-57</u>
		Interment at <u>Mount Olive</u>
		Lot or Grave No. _____ Section No. _____
		Shipped to _____
		Arrived from _____
		Via _____ R. R. Date _____
		In Charge of _____
Total Net Cost of Funeral		Source of Call _____
Gross Profit on Funeral		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 Joseph B. Emmerich Charge to _____ Account No. 500⁹
 Ordered by Wife Guaranteed by _____ Serial No. 239
 Funeral at _____ Residence _____ Mortuary _____ Church ST. CHARLES Date 11-25-57 Hour 9:30 AM Annual No. 37
 Clergyman Fr. Egeert Hall OSB Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial _____
 Cemetery _____
 Grave No. _____
 Lot No. _____
 Block No. _____
 Section _____
 Pall Bearers
FRANK CARTER
Ben Ainley
Chas Knapp
Nick Theis
Henry Foley
Leo McIntyre

Singers
Choir

Insurance Policies _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	683 00			
	Embalming		12-10-57		591 20
	Outer Case or Vault <u>SECTIONAL</u>	50 00			
	Washing and Dressing		12-19-57		150 00
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <u>SALES TAX</u>	8 20			
	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		741 20			

NAME OF DECEASED Joseph Bede Emmerich RESIDENCE Troy Kansas
 FUNERAL AT RESIDENCE MORTUARY CHURCH ST. CHARLES DATE 11-25-57 HOUR 9:30 CLERGYMAN FR. Egbert Hall
 SINGERS Church Choir 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>207</u> Style <u>1/2 Couch metal</u>		Date of Death <u>November 23 1957</u>
Interior <u>Silver Gray</u> Covering <u>Silver metal</u>		Cause of Death <u>CARCINOMA OF PROSTATE</u>
Manufacturer <u>Diplom metallic</u>		Duration <u>2 YRS.</u> Autopsy <u>NO</u>
Total Net Cost of Casket		Sex <u>MALE</u> Color or Race <u>WHITE</u>
Outer Case <u>Sentinel Bay</u>		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>Aug 7 1896</u> Age, Years <u>61</u> Months <u></u> Days <u></u>
Embalming		Occupation <u>LABORER (grain elevator)</u>
Clothing		How Long at Place of Death <u>24 YRS.</u>
		Birthplace—City or County <u>Bendena</u> State or Country <u>KANSAS</u>
		Name of Father <u>George Emmerich</u>
		Birthplace of Father
		Maiden Name of Mother <u>Anna Hess</u>
		Birthplace of Mother
		Signed <u>Emerson Yoder</u> M.D. Coroner
		Address <u>Denton Kansas</u> Date <u>NOV. 23 1957</u>
		Interment at <u>ST. CHARLES CEMETERY</u>
		Lot or Grave No. Section No.
		Shipped to
		Arrived from
		Via R. R. Date
		In Charge of
		Source of Call
		Insured in Amount
		Beneficiary
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:
S.S. Number 509-05-8830

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





Funeral of Osgood, Baby Boy Charge to _____ Account No. 509
 Ordered by _____ Guaranteed by _____ Serial No. 240
 Funeral at _____ Residence Graveside Church _____ Date 12-4-57 Hour 2 pm Annual No. 38
 Clergyman Lee Dickey Lodge Affiliations Welch Cemetery Dawn, Mo. 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.....	25 00			
	Embalming..... <u>TAX</u>	70			
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving..... <u>Phone</u>	75			
	Stemmer Robe..... <u>TRIP TO DAWN</u>	5 00			
	Suit or Dress.....				
	Other Articles of Clothing..... <u>BLANKET</u>	60			
	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	42 05			

NAME OF DECEASED Osgood, Baby Boy RESIDENCE _____
 FUNERAL AT Graveside Welch Cemetery MORTUARY _____ CHURCH _____
 DATE 12-4-57 HOUR 2pm CLERGYMAN Lee Dickey
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>Missouri Methodist Hospital</u>
Casket No. _____ Style _____		Date of Death <u>12-2-57</u>
Interior _____ Covering _____		Cause of Death <u>Hydrops Fetals</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 _____ Widowed _____ Divorced _____ Child <input checked="" type="checkbox"/>
Vault _____		Date of Birth <u>12-2-57</u> Age, Years <u>0</u> Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		How Long at Place of Death _____
_____		Birthplace—City or County <u>St. Joseph</u> State or Country <u>Missouri</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>Missouri</u>
Total Cash Advances _____		Signed <u>DR. Williams</u> M.D. _____ Coroner
<u>5061 TARKIO, Mo</u>		Address <u>St Joseph Mo</u> Date <u>Dec. 3, 1957</u>
<u>with K.C. Mo.</u>		Interment at <u>Welch Cemetery DAWN Mo</u>
<u>Phone M.L. 31892</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 Mac V. Lyness RESIDENCE _____
 FUNERAL AT _____ RESIDENCE _____ MORTUARY _____ CHURCH Methodist DATE 12-9-57 HOUR 2pm CLERGYMAN Campbell & Dickey
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST		CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____			Place of Death <u>Annapolis, Md.</u>
Casket No. _____ Style _____			Date of Death <u>12-5-57</u>
Interior _____ Covering _____			Cause of Death <u>CANCER</u> Contributory _____
Manufacturer _____		DEBITS	Duration _____ Autopsy _____
Total Net Cost of Casket _____			Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>without Sectors</u>			Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____			Date of Birth <u>5-1-1885</u> Age, Years <u>72</u> Months _____ Days _____
Embalming <u>Shipped from</u>			Occupation <u>College Teacher</u>
Clothing <u>Annapolis Md.</u>			How Long at Place of Death _____
Total Cash Advances _____			Birthplace—City or County _____ State or Country <u>Ohio</u>
_____			Name of Father <u>Jacob Hildebrand</u>
_____			Birthplace of Father _____
_____			Maiden Name of Mother <u>Mac McDermott</u>
_____			Birthplace of Mother _____
_____			Signed <u>F.W. Meyer Jr.</u> M.D. _____ Coroner
_____			Address <u>Annapolis Md.</u> Date <u>12-5-57</u>
_____			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 MARY MIDER Charge to _____ Account No. 503
 Ordered by EMMETT SALLEE Guaranteed by _____ Serial No. 242
WATHENA Methodist
 Funeral at _____ Residence _____ Mortuary _____ Church _____ Date 12-10-57 Hour 2 pm Annual No. 40
 Clergyman De Laughter Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services.....	375 00	12-11	57		183 57
	Embalming.....		12-12	57		7 80
	Outer Case or Vault..... <u>wood</u>	20 00				
	Washing and Dressing.....		12-58			313 40
	Shaving.....					504 05
	Slumber Robe..... <u>791</u>	5 20				
	Suit or Dress.....	15 00				
	Other Articles of Clothing.....					
	Transferring Body.....					
	Door Badge.....					
	Opening Grave.....	40 00				
	Newspaper Notices.....					
	Telegrams and Telephone Calls.....					
	Use of _____ doz. Chairs.....	3 57				
	Flowers.....	15 30				
	Clergyman.....	15 00				
	Singers & Organist.....	10 00				
	Casket Coach <u>W.O. Schuler</u>	5 00				
	Use of _____ Funeral Cars.....					
	Use of Flower Cars.....					
	Professional Supervision.....					
	Insurance Policies.....					
To Funeral Complete		470 20				

504.07

NAME OF DECEASED MARY Mider RESIDENCE ST. Joseph Mo
 FUNERAL AT WATSON'S RESIDENCE METHODIST CHURCH METHODIST DATE 12-10-57 HOUR 2 pm CLERGYMAN De Laughden
 SINGERS _____ LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death <u>ST. Joseph Mo.</u>
Casket No. <u>450</u> Style <u>Oct. 1/2 canopy</u>		Date of Death <u>12-8-57</u>
Interior <u>Very Satin</u> Covering <u>gray broad</u>		Cause of Death <u>Myocardial Failure</u> Contributory <u>Pneumonia</u>
Manufacturer <u>Miller</u>	DEBITS	Duration <u>3 wks</u> 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 <input checked="" type="checkbox"/> Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth <u>12-10-1859</u> Age, Years <u>97</u> Months _____ Days _____
Embalming _____		Occupation <u>Housework</u>
Clothing _____		How Long at Place of Death <u>5 yrs</u>
_____		Birthplace—City or County <u>West Union</u> State or Country <u>OHIO</u>
_____		Name of Father <u>Peter Mider</u>
_____		Birthplace of Father _____
_____		Maiden Name of Mother <u>unknown</u>
_____		Birthplace of Mother _____
_____		Signed <u>Scott Benson</u> M.D. _____ Coroner
Total Cash Advances _____		Address <u>St Joseph Mo</u> Date <u>12-10-57</u>
_____		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 ELLEN WARNER Charge to _____ Account No. 504
 Ordered by _____ Guaranteed by _____ Serial No. 243
 Funeral at _____ Residence _____ Mortuary Church _____ Date 12-11-57 Hour 2 pm Annual No. 41
 Clergyman _____ Lodge Affiliations _____ Body Shipped to or from _____

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services..... <u>509.64</u>	<u>614.00</u>	12-11-57 <u>12-11-57</u>		<u>570.00</u>
	Embalming.....	<u>50.00</u>	<u>1-2-58</u>		
	Outer Case or Vault..... <u>SECTIONAL</u>				
	Washing and Dressing.....				
	Shaving..... <u>TG</u>	<u>10.36</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.....				
	Insurance Policies.....				
	To Funeral Complete	<u>674.36</u>			

NAME OF DECEASED ELLEN B. WARNER RESIDENCE Elwood and Troy
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 12-11-57 HOUR 2 pm CLERGYMAN John Parker
 SINGERS MRS. John Parker & Mrs. Penny LODGE AFFILIATIONS _____

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral <u>2220.00</u>		Place of Death <u>Methodist Hospital</u>
Casket No. <u>2220</u> Style <u>vc</u>		Date of Death <u>12-8-57</u>
Interior <u>None</u> Covering <u>Rose Marquett</u>		Cause of Death <u>Cerebral Hemorrhage</u> Contributory _____
Manufacturer <u>Pyral</u>	DEBITS	Duration <u>5 days</u> Autopsy <u>No</u>
Total Net Cost of Casket		Sex <u>Female</u> Color or Race <u>White</u>
Outer Case <u>Sectional</u>		Single _____ Married _____ Widowed <input checked="" type="checkbox"/> Divorced _____ Child _____
Vault _____		Date of Birth <u>2-2-1877</u> Age, Years <u>80</u> Months _____ Days _____
Embalming _____		Occupation _____
Clothing <u>Interiors, White gold Savoy</u>		How Long at Place of Death <u>4 days</u>
<u>Crepe, Mrs. Ross Savoy</u>		Birthplace—City or County <u>Springfield</u> State or Country <u>Ill.</u>
<u>Pattern uph.</u>		Name of Father <u>John ELAN</u>
Total Cash Advances _____		Birthplace of Father _____
		Maiden Name of Mother <u>MARY ELLEN DAVIS</u>
		Birthplace of Mother _____
		Signed <u>M. Herman</u> M.D. _____ Coroner _____
		Address <u>St Joe</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 _____		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 Wm. Calvin Pollard Charge to..... Account No. 507
 Ordered by EARL Pollard Guaranteed by..... Serial No. 244
 Funeral at..... Residence..... Mortuary Church..... Date 12-26-57 Hour 2 pm Annual No. 42
 Clergyman HARVEY DODD Lodge Affiliations Woodmen of the World Body Shipped to or from.....

	Date	Description of Service	Amount	Date	V	Credits
Place of Burial		Casket and Services.....	475 00	12-30-57		
Cemetery		Embalming.....				680 00
Grave No.		Outer Case or Vault.....	160 00			
Lot No.		Washing and Dressing.....				
Block No.		Shaving.....	8 80			
Section		Slumber Robe..... <u>SALVETY</u>				
Pall Bearers		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.....				
		Clergyman.....				
Singers		Singers.....				
		Casket Coach.....				
		Use of..... Funeral Cars.....				
		Use of Flower Cars.....				
		Professional Supervision.....				
Insurance Policies					
					
					
					
		683 90			
		To Funeral Complete				

NAME OF DECEASED William Calvin Pollard RESIDENCE Denton KANSAS
 FUNERAL AT RESIDENCE MORTUARY CHURCH DATE 12-26-57 HOUR 2pm CLERGYMAN HARVEY Doud
 SINGERS LODGE AFFILIATIONS WAW

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral		Place of Death <u>Denton KANSAS</u>
Casket No. _____ Style <u>H. P. Perfection</u>		Date of Death <u>12-23-57</u>
Interior <u>Florg Tumor</u> Covering <u>SILVER METAL</u>		Cause of Death <u>ACUTE PULMANARY THROMBOSIS</u>
Manufacturer <u>OZARK CASKET CO</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 <input checked="" type="checkbox"/> Widowed _____ Divorced _____ Child _____
Vault <u>WILBERT</u>		Date of Birth <u>12-31-1878</u> Age, Years <u>78</u> Months _____ Days _____
Embalming		Occupation <u>RETIRED FARMER</u>
Clothing		How Long at Place of Death _____
		Birthplace—City or County <u>Rushville</u> State or Country <u>MO.</u>
		Name of Father <u>A. L. POLLARD</u>
		Birthplace of Father <u>WIFE Fannie Pollard (no Entry)</u>
Total Cash Advances		Maiden Name of Mother <u>MARTHA MORGAN</u>
		Birthplace of Mother _____
		Signed <u>Emerson Yoder</u> D. _____ Coroner
		Address <u>Denton Kansas</u> Date _____
		Interment at <u>MT. Olive TRAY</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.