FUNERAL OF Cyrus Edward Case CHARGE TO B. D. Case ACCOUNT NO. 145

PAYMENT GUARANTEED BY B. D. Case ADDRESS 1301 South 9th St. St. Joseph Mo SERIAL NO.

PHONE DATE May 5-1935 ANNUAL NO. 282

DESCRIPTION OF SERVICE	AMOUNT	DATE		√	CREDITS
~~Casket and~~ Services	50.00	May 3-35	By Ch B D Case		195.00
Embalming		May 4-35	By Ch B. D. Case		50.00
Outer Case or Vault Mausoleum	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					
Casket Coach					
Use of ..... Funeral Cars					
Use of Flower Cars					
Professional Supervision					
TO FUNERAL COMPLETE	245.00				245.00

927
S-ROSS CO., INDIANAPOLIS

NAME OF DECEASED Cyrus Eduard Case RESIDENCE 1610 Sacramento St. St Joseph Mo

FUNERAL AT ____ RESIDENCE ____ MORTUARY ____ CHURCH Troy M.E. DATE May 5-1935 HOUR 2:30 CLERGYMAN Finch.

SINGERS ____ LODGE AFFILIATIONS ____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. By Relatives steel Half cover		
Interior ____ Covering ____		
Manufacturer Imperial		
Total Net Cost of Casket		
Outer Case		
Vault Mausoleum		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MSd 65
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death Residence 1610 Sacramento St St Joseph Mo.

Date of Death May 3-1935

Cause of Death ____ Contributory ____

Duration ____ Autopsy ____

Sex M Color or Race W

Single ____ Married ✓ Widowed ____ Divorced ____ Child ____

Date of Birth June 1-1871 Age, Years 63 Months 11 Days 2

Occupation Retired Grain Inspector

How Long at Place of Death 1 year

Birthplace—City or County Hiawatha State or Country Kansas

Name of Father Eduard Case

Birthplace of Father Ohio

Maiden Name of Mother Augusta Leeland

Birthplace of Mother Wisconsin

Signed ____ M.D. ____ Coroner

Address St Joseph Mo. Date ____

Interment at Mt Olive Troy Kan

Lot or Grave No. ____ Section No. ____

Shipped to

Arrived from

Via ____ R. R. Date ____

In Charge of

Source of Call

Insured in ____ Amount ____

Beneficiary

FUNERAL OF Baby Kellogg CHARGE TO Dow Co. ACCOUNT NO.

PAYMENT GUARANTEED BY Guy McNutt ADDRESS SERIAL NO. 148

PHONE DATE May 5-1935 ANNUAL NO. 253

DESCRIPTION OF SERVICE	AMOUNT		DATE			V	CREDITS	
Casket and Services	10	00	June	6-35	By cash Dow Co.		10	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								
Filed May 7-35								
To Funeral Complete	10	00					10	00

GHT 1927
ARNES-ROSS CO., INDIANAPOLIS

Name of Deceased Baby Kellogg. Residence Troy Kans.

Funeral at ✓ Residence Mortuary Church Date Hour Clergyman

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		10 00
Casket No. Style		
Interior Covering		
Manufacturer		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		0 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

PERSONAL AND STATISTICAL

Place of Death Sisters Hosp St Joseph Mo.
Date of Death May 4 - 1935
Cause of Death Stillborn Contributory
Duration Autopsy
Sex Color or Race
Single Married Widowed Divorced Child
Date of Birth May 4-1935 Age, Years Months Days
Occupation
How Long at Place of Death
Birthplace—City or County State or Country
Name of Father
Birthplace of Father
Maiden Name of Mother
Birthplace of Mother
Signed Gladlow M.D. Coroner
Address St Joseph Mo Date May 4 - 1935
Interment at
Lot or Grave No. Section No.
Shipped to
Arrived from
Via R. R. Date
In Charge of
Source of Call
Insured in Amount
Beneficiary

FUNERAL OF Reatha Grant CHARGE TO John C. Grant ACCOUNT NO.

PAYMENT GUARANTEED BY ADDRESS SERIAL NO. 149

PHONE DATE May 8-1935 ANNUAL NO. 284

DESCRIPTION OF SERVICE	AMOUNT		DATE			V	CREDITS	
Casket and Services complete	155	00	May 6th		By Ch J.C. Grant		35	00
Embalming			Nov. 7-1935		By ch. J.C. Grant		20	00
Outer Case or Vault			7-2-	36	J. Cash " "		50	00
Washing and Dressing			11-9-	36	" " " "		20	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	155	00					155	00

IGHT 1927
BARNES-ROSS CO., INDIANAPOLIS

Name of Deceased: Reatha Grant Residence: Troy Kansas (R.F.D.)

Funeral at: Residence ___ Mortuary ___ Church ___ Date ___ Hour: 2 PM Clergyman: Rev. Finch

Singers: Sunny Slope Hosp. St Joseph, Mo. Lodge Affiliations ___

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		155 00
Casket No. 243 Style: Lingerpanel Perfection Bronze		
Interior: white Covering: White Lamb		
Manufacturer: Rx		
Total Net Cost of Casket		
Outer Case		
Vault ✓		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MSD 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

PERSONAL AND STATISTICAL

Place of Death: Sunny Slope Isolation Hosp.
Date of Death: May 6-1935
Cause of Death: Cerebrospinal Meningitis ~~Contributory~~
Duration ___ Autopsy ___
Sex: F Color or Race: W.
Single ___ Married ___ Widowed ___ Divorced ___ Child ✓
Date of Birth: Jan 31-1921 Age, Years: 14 Months: 3 Days: 5
Occupation: in school
How Long at Place of Death: 1 day
Birthplace—City or County: Chetopa State or Country: Kansas
Name of Father: John C. Grant
Birthplace of Father: Lawrence Kans.
Maiden Name of Mother: Allie Brock
Birthplace of Mother: Rochester Ill.
Signed: G. W. Moore M.D. ___ Coroner
Address: St Joseph Mo. Date: 5-6-35
Interment at: Mt Olive Troy Ks.
Lot or Grave No. ___ Section No. ___
Shipped to ___
Arrived from ___
Via ___ R. R. Date ___
In Charge of ___
Source of Call ___
Insured in ___ Amount ___
Beneficiary ___

FUNERAL OF Lulu Gertrude Farrell CHARGE TO Est. Florence Rhudy Cadow ACCOUNT NO.

PAYMENT GUARANTEED BY ADDRESS SERIAL NO. 150

PHONE DATE May 9-1935 ANNUAL NO. 285

DESCRIPTION OF SERVICE	AMOUNT	DATE		√	CREDITS
Casket and Services	285.00	7-10-35	Bryant F. Rhudy		377.00
Embalming					
Outer Case or Vault vault	90.00				
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices	2.00				
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
Filed May 17-1935					
					.00
TO FUNERAL COMPLETE	377.00				377

RIGHT 1927
BARNES-ROSS CO., INDIANAPOLIS

Name of Deceased: Lulu Gertrude Farrell Residence:

Funeral at: Residence Mortuary ✓ Church Date: May 9-1935 Hour: Clergyman: Rev Peterson

Singers: Lodge Affiliations:

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		375 00
Casket No. 80 Style: Half Couch		
Interior: Grey Baronette Covering: Platinum Brentwood		
Manufacturer: Rx		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		340 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

Personal and Statistical

Place of Death: Sisters Hosp St Joseph Mo.

Date of Death: May 7-1935

Cause of Death: Contributory:

Duration: Autopsy:

Sex: F. Color or Race: W.

Single: Married: Widowed: ✓ Divorced: Child:

Date of Birth: Oct 25-1888 Age, Years: 46 Months: 7 Days: 12

Occupation: Housewife

How Long at Place of Death:

Birthplace—City or County: Brenner State or Country: Kansas

Name of Father: Silas Bowerman

Birthplace of Father:

Maiden Name of Mother:

Birthplace of Mother:

Signed: M.D. Coroner

Address: Date:

Interment at: Mt Olivet Troy Kans.

Lot or Grave No.: Section No.:

Shipped to:

Arrived from:

Via: R. R. Date:

In Charge of:

Source of Call:

Insured in: Amount:

Beneficiary:

FUNERAL OF Abbie H. Townsend CHARGE TO Ethal Hackney ACCOUNT NO.

PAYMENT GUARANTEED BY ADDRESS Troy Kansas SERIAL NO. 286

PHONE DATE May 9-1935 ANNUAL NO. 151

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
Casket and Services	325 00	Aug 21-35	By Ch E.H.		435 00
Embalming					
Outer Case or Vault open end	110 00				
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers					
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
TO FUNERAL COMPLETE	435				435 00

HT 1927
RNES-ROSS CO., INDIANAPOLIS

NAME OF DECEASED Libbie St. Townsend RESIDENCE Troy Kansas

FUNERAL AT RESIDENCE ✓ MORTUARY CHURCH DATE May 9-1935 HOUR 2:30 P.M. CLERGYMAN Rev. Finch

SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 601 Style Modernistic Metal Cover		
Interior Troy Art Crafts Covering Blue grey Broad cloth		
Manufacturer Beck		
Total Net Cost of Casket		
Outer Case		
Vault open end		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		059 55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death her home Troy Kans

Date of Death May 6-1935

Cause of Death Cancer Contributory

Duration Autopsy

Sex Female Color or Race W

Single Married Widowed ✓ Divorced Child

Date of Birth June 24-1870 Age, Years 64 Months 10 Days 12

Occupation housewife

How Long at Place of Death life

Birthplace—City or County Troy State or Country Kansas

Name of Father Calvar T. Deaver

Birthplace of Father Clay County Mo

Maiden Name of Mother Mary E Taylor

Birthplace of Mother Buchanan Co. Mo.

Signed C. E. Haller M.D. Coroner

Address Troy Kans Date

Interment at Mt Olive Troy Kans

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Lulu Rachel Neal CHARGE TO Paid by M W Neal ACCOUNT NO. 15

PAYMENT GUARANTEED BY ADDRESS Severance Kansas SERIAL NO. 287

PHONE DATE May 18-1935 ANNUAL NO.

DESCRIPTION OF SERVICE	AMOUNT		DATE			√	CREDITS	
Casket and Services	70	00	May	17	By cash		75	00
Embalming								
Outer Case or Vault								
Washing and Dressing								
Shaving								
Slumber Robe								
Pd Mrs K Suit or Dress dress	5	00						
Other Articles of Clothing								
Transferring Body								
Door Badge								
Opening Grave								
Newspaper Notices								
Telegrams and Telephone Calls								
Use of ____ doz. Chairs								
Flowers								
Clergyman								
Singers								
Casket Coach								
Use of ____ Funeral Cars								
Use of Flower Cars								
Professional Supervision								
TO FUNERAL COMPLETE	75	00					75	00

HT 1927
NES-ROSS CO., INDIANAPOLIS

NAME OF DECEASED Lulu Rachel Neal RESIDENCE Severance Kansas

FUNERAL AT RESIDENCE MORTUARY CHURCH Severance Christian DATE May 18-1935 HOUR 2:30 PM CLERGYMAN Walter Myers

SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral Y dress		75 00
Casket No. 199 Style flat Cliffpanel crepe		
Interior Cream Covering grey crepe		
Manufacturer Mo-Kan		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing dress		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		05 55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death Sisters Hosp St Joseph Mo.

Date of Death May 16-1935

Cause of Death Contributory

Duration Autopsy

Sex F Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth Nov 23-1888 Age, Years 46 Months 5 Days 23

Occupation housewife

How Long at Place of Death 1½ dy.

Birthplace—City or County Sparta State or Country Kansas

Name of Father Wm B Nowlin

Birthplace of Father Iowa

Maiden Name of Mother Mary E Hayes

Birthplace of Mother Missouri

Signed Paul Forgrave M.D. Coroner

Address St Joseph Mo. Date

Interment at Oak Hill cemetery Severance Ks.

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Susie May Cochran CHARGE TO Don. Co. ACCOUNT NO. 153

PAYMENT GUARANTEED BY Ordered by F.W. Kotsch ADDRESS SERIAL NO. 288

PHONE DATE May 22-1935 ANNUAL NO.

DESCRIPTION OF SERVICE	AMOUNT		DATE			V	CREDITS	
Casket and Services	50	00	7-10-	35	Clerk Don. County		50	00
Embalming								
Outer Case or Vault								
Washing and Dressing								
Shaving								
Slumber Robe								
Suit or Dress								
Other Articles of Clothing								
Transferring Body								
Door Badge								
Opening Grave								
Newspaper Notices								
Telegrams and Telephone Calls								
Use of ..... doz. Chairs								
Flowers								
Clergyman								
Singers								
Casket Coach								
Use of ..... Funeral Cars								
Use of Flower Cars								
Professional Supervision								
TO FUNERAL COMPLETE								

dress 4.95 extra

Filed June 6-35

IGHT 1927
BARNES-ROSS CO., INDIANAPOLIS

NAME OF DECEASED Susie May Cochran RESIDENCE Troy - Kansas

FUNERAL AT ____ RESIDENCE ____ MORTUARY ____ CHURCH M.E. DATE May 22-35 HOUR 2:30 P.M. CLERGYMAN Rev. Finch.

SINGERS ____ LODGE AFFILIATIONS ____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 51 Style left panel		
Interior Cr Covering steel plain door		
Manufacturer RX		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		75 55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death Sisters Hosp. St Joseph Mo

Date of Death May 20-1935

Cause of Death Gangrene Contributory ____

Duration ____ Autopsy ____

Sex F Color or Race W

Single ____ Married ✓ Widowed ____ Divorced ____ Child ____

Date of Birth Oct. 21-1880 Age, Years 54 Months 6 Days 29

Occupation housewife

How Long at Place of Death 11 days at Hosp.

Birthplace ~~City or~~ County Hickory Co. State or Country Mo

Name of Father W N Adlach

Birthplace of Father unknown

Maiden Name of Mother unknown

Birthplace of Mother unknown

Signed Paul Forgrave M.D. Coroner

Address St Joseph Mo. Date ____

Interment at Mt Olive Troy Kansas

Lot or Grave No. ____ Section No. ____

Shipped to

Arrived from ____

Via ____ R. R. Date ____

In Charge of ____

Source of Call ____

Insured in ____ Amount ____

Beneficiary ____

FUNERAL OF John Raymond Bonham CHARGE TO Mrs Lou Bonham ACCOUNT NO. 154

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 289

PHONE _____ DATE June 13-1935 ANNUAL NO. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
Casket and Services	200 00	6-26-35	By Ck		330.00
Embalming at Crematorium	35 00				
Outer Case or Vault vault	90.00				
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing tie	1 00				
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers	3 50				
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
pressing suit	.50				
TO FUNERAL COMPLETE	330 00				330 00

HT 1927
RNES-ROSS CO., INDIANAPOLIS

NAME OF DECEASED John Raymond Bonham RESIDENCE Troy Kansas

FUNERAL AT RESIDENCE MORTUARY ✓ CHURCH DATE June 13-35 HOUR 2:30 P.M. CLERGYMAN Rev Walter Myers

SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No 445 Style half couch		
Interior gray satin Covering Emb Lamb		
Manufacturer Rx		
Total Net Cost of Casket		
Outer Case		
Vault Springfield		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		155 55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death Osawatomie Kansas

Date of Death June 11-1935

Cause of Death Contributory

Duration Autopsy

Sex M Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth June 2-1889 Age, Years 46 Months 0 Days 9

Occupation Janitor Court House

How Long at Place of Death

Birthplace—City or County St Joseph State or Country Mo

Name of Father John Bonham

Birthplace of Father St Joseph Mo

Maiden Name of Mother Ibbie M. Jackson

Birthplace of Mother Sparks Kans

Signed M.D. Coroner

Address Date

Interment at Mt Olivet Troy Ks.

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in A.O.U.W. Amount

Beneficiary

FUNERAL OF M. D. L. (Lafe) Williams CHARGE TO _____ ACCOUNT NO. _____

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 290

PHONE _____ DATE June 30-1935 ANNUAL NO. 231

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓	CREDITS
Casket and Services	285.00	7-3-35	By Emma Williams		300.00
Embalming		8-8-35	By Nat Horace Williams		209.50
Outer Case or Vault Mausoleum	195.00				
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress suit	24.00				
Other Articles of Clothing shirt	1.50				
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers	4.00				
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
			See note on file		
			New note for 200 was		
			given and paid to Tony		
			State Bank - April 14-1936		
			Amount $150 interest and		
			$95.50 paid by ch of		
			H D Williams		
To Funeral Complete	509.50				509.50

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THE BARNES-ROSS CO., INDIANAPOLIS

NAME OF DECEASED Williams M. D. L. (Dale) RESIDENCE Bendena Kans

FUNERAL AT RESIDENCE MORTUARY CHURCH Bendena Lutheran DATE June 30-35 HOUR 2 30 p.m. CLERGYMAN Rev. J. W. Peterson

SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 807 Style Stationary Couch		
Interior #silver Covering Platinum Brentwood		
Manufacturer Baronette Bet		
Total Net Cost of Casket		
Outer Case Mausoleum		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		055 55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death His home Bendena Kansas.

Date of Death June 28-1935

Cause of Death Chronic Myocarditis Contributory

Duration Autopsy

Sex M. Color or Race W.

Single Married ✓ Widowed Divorced Child

Date of Birth Oct. 27 1857 Age, Years 77 Months 8 Days 1

Occupation Retired farmer

How Long at Place of Death 46 years.

Birthplace—City or Country Burnsville State or Country Mo.

Name of Father Fidello Williams

Birthplace of Father Illinois

Maiden Name of Mother Judith Bennett

Birthplace of Mother Kentucky

Signed R. F. Chety M.D. Coroner

Address Bendena Ks Date 6-29-35

Interment at Jordon Creek Cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Amanda Willmeth CHARGE TO ACCOUNT NO. 155

PAYMENT GUARANTEED BY ADDRESS Troy, Kansas SERIAL NO. 191

PHONE DATE July 1, 1935 ANNUAL NO.

DESCRIPTION OF SERVICE	AMOUNT		DATE			V	CREDITS	
Casket and Services	225	00	7-31-35		By Check		228	95
Embalming								
Outer Case or Vault ~~board~~ (N C)								
Washing and Dressing								
Shaving								
Slumber Robe								
Suit or Dress dress	12	95						
Other Articles of Clothing								
Transferring Body								
Door Badge								
Opening Grave								
Newspaper Notices								
Telegrams and Telephone Calls								
Use of doz. Chairs								
Flowers								
Clergyman								
Singers								
Casket Coach								
Use of Funeral Cars								
Use of Flower Cars								
Professional Supervision								
Filed 7-1-35								
To FUNERAL COMPLETE	238	95					228	95

Not Pd
Residue

HT 1927
RNES-ROSS CO., INDIANAPOLIS

NAME OF DECEASED Amanda Hilmeth RESIDENCE 6 miles south of Troy

FUNERAL AT RESIDENCE ✓ MORTUARY CHURCH DATE 7-3-1935 HOUR 2 PM CLERGYMAN Finch

SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		115 20
Casket No. 240 Style Octagon half Couch		
Interior Satin Covering Cot. Jac.		
Manufacturer		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing dress	13.95	
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		mdd 50
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death At home six mi. SE of Troy

Date of Death July 1-1935

Cause of Death Contributory

Duration Autopsy ✓

Sex F Color or Race W

Single ✓ Married Widowed Divorced Child

Date of Birth Aug 10-1853 Age, Years 81 Months 10 Days 21

Occupation housewife

How Long at Place of Death ~~75~~ 75 yrs.

Birthplace—City or County Buchanan Co State or Country Mo

Name of Father Wm Hilmeth

Birthplace of Father ✓

Maiden Name of Mother Mary Coffey

Birthplace of Mother ✓

Signed A. E. Cordonier M.D. Coroner

Address Troy Ks Date 7-2-35

Interment at Cordonier Cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF John W. Abel CHARGE TO Eva Able ACCOUNT NO. 156

PAYMENT GUARANTEED BY ADDRESS SERIAL NO.

PHONE DATE July 7 - 1935 ANNUAL NO. 292

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓	CREDITS
Casket and Services	150.00	7-8-35	By ck Eva Able		80.00
Embalming					Returned
Outer Case or Vault		7-31-35	Cashiers Check		165.00
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress suit	10.00				
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers	5.00				
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
TO FUNERAL COMPLETE	165.00				165.00

IGHT 1927
ARNES-ROSS CO., INDIANAPOLIS

Name of Deceased Abel John W. Residence Kansas City Mo

Funeral at Residence Mortuary ✓ Church Date July 7-35 Hour 2,30 Clergyman Finch

Singers Male Quartette Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. 234 Style Perfection shape		
Interior Cu satin Covering Silver brocade		
Manufacturer Rx		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing suit	10.00	
Total Cash Advances		
Total Net Cost of Funeral		SS
Gross Profit on Funeral	MSS	
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

Personal and Statistical

Place of Death Hosp. K.C. Kansas

Date of Death July 5-1935

Cause of Death Fall from Bldg. Contributory

Duration Autopsy

Sex M Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth Feb. 15-1895 Age, Years 40 Months 4 Days 20

Occupation carpenter

How Long at Place of Death 13 yrs

Birthplace—City or County Troy State or Country Ks.

Name of Father Abe Abel

Birthplace of Father Orange Co. Ind.

Maiden Name of Mother Sarah Jane Stump

Birthplace of Mother Lebanon Co. Mo

Signed M.D. Coroner

Address Date

Interment at Mt Olive Troy

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R.R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral of Marshall Homer Scott Charge to Otis Small Account No. 293

Payment Guaranteed by Otis Small Address Everest, Kansas Serial No.

Phone Date July 28-1935 Annual No.

Description of Service	Amount	Date			✓	Credits
Casket and Services	110.00	Aug. 23-35	Cash	Otis Small		115.50
Embalming						
Outer Case or Vault						
Washing and Dressing						
Shaving						
Slumber Robe						
Suit or Dress						
Other Articles of Clothing	3.50 ×					
Transferring Body						
Door Badge						
Opening Grave						
Newspaper Notices						
Telegrams and Telephone Calls						
Use of ____ doz. Chairs $7.00 - $5.00						
Flowers	12.00 ×					
Clergyman						
Singers						
Casket Coach						
Use of ____ Funeral Cars						
Use of Flower Cars						
Professional Supervision						
To Funeral Complete	125.50					

IGHT 1927
BARNES-ROSS CO., INDIANAPOLIS

Name of Deceased: Scott Marshall Homer Residence: Everest Kansas

Funeral at: Residence ___ Mortuary ✓ Church ___ Date: July 28-1935 Hour: 2:30 PM Clergyman: Wm Twombly

Singers: ___ Lodge Affiliations: ___

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		125.50
Casket No. 130 Style: Single panel		
Interior: Velvet Covering: Velvet Embodoe		
Manufacturer: Ret		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing: trousers-shirt-tie belt-underwear-hose		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		75.50
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

Personal and Statistical

Place of Death: Home of Otis Small Everest Kans.
Date of Death: July 27-1935
Cause of Death: Lobar Pneumonia Contributory: Flu
Duration: ___ Autopsy: ___
Sex: M. Color or Race: W
Single ___ Married ___ Widowed ___ Divorced ___ Child ✓
Date of Birth: Jul 11-1920 Age, Years: 15 Months: 3 Days: 16
Occupation: ___
How Long at Place of Death: 1 mos
Birthplace—City or County: Troy State or Country: Kansas
Name of Father: Clyde Scott
Birthplace of Father: Troy Kansas
Maiden Name of Mother: Ellen Blunt
Birthplace of Mother: Troy Kans
Signed: W Paytre M.D. ___ Coroner ___
Address: Horton Kans Date: ___
Interment at: Mt Olive cemetery Troy Ks
Lot or Grave No. ___ Section No. ___
Shipped to: ___
Arrived from: ___
Via: ___ R.R. Date: ___
In Charge of: ___
Source of Call: ___
Insured in: ___ Amount: ___
Beneficiary: ___

FUNERAL OF Lewis D Swiggett CHARGE TO Berda Swiggett ACCOUNT NO. 157

PAYMENT GUARANTEED BY ADDRESS Troy Kansas SERIAL NO. 294

PHONE DATE July 30-1935 ANNUAL NO.

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
Casket and Services	200.00	Oct. 1, 1935	By Check		400.00
Embalming					
Outer Case or Vault Mausoleum	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	5.00				
Clergyman					
Singers					
Casket Coach					
Use of ..... Funeral Cars					
Use of Flower Cars					
Professional Supervision					
TO FUNERAL COMPLETE	400.00				400.00

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NAME OF DECEASED Swiggett Lewis D. RESIDENCE Troy Kansas

FUNERAL AT ____ RESIDENCE ____ MORTUARY ____ CHURCH Troy M.E. DATE July 30 35 HOUR 2:30 P.M. CLERGYMAN Rev. Finch

SINGERS ____ LODGE AFFILIATIONS ____

REVENUE ITEMS AND THEIR COST	DEBITS		CREDITS	
Charge for Complete Funeral			200	00
Casket No. 1209-08 Style half couch				
Interior grey silk Covering Blue silver plush				
Manufacturer Mo-Ban				
Total Net Cost of Casket				
Outer Case				
Vault Mausoleum	195	00		
Embalming				
Clothing				
Total Cash Advances				
Total Net Cost of Funeral				
Gross Profit on Funeral			195	00
*Less Overhead Per Funeral				
Net Profit Apparent				

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death his home Troy Kansas

Date of Death July 27-1935

Cause of Death ____ Contributory ____

Duration ____ Autopsy ____

Sex M Color or Race W

Single ____ Married ✓ Widowed ____ Divorced ____ Child ____

Date of Birth Nov 29-1878 Age, Years 56 Months 7 Days 28

Occupation Clerk District Court & farmer

How Long at Place of Death life

Birthplace—City or County Troy State or Country Kansas

Name of Father John Swiggett

Birthplace of Father Ellington

Maiden Name of Mother Della Lewis

Birthplace of Mother ?

Signed C. E. Haller M.D. ____ Coroner

Address Troy Kan Date ____

Interment at Mt Olive cemetery Troy Ks

Lot or Grave No. ____ Section No. ____

Shipped to

Arrived from

Via ____ R. R. Date ____

In Charge of

Source of Call

Insured in ____ Amount ____

Beneficiary

FUNERAL OF Mabel Howard Clark CHARGE TO Mrs Grace Tharman ACCOUNT NO. 158

PAYMENT GUARANTEED BY Mrs Tharman Mrs Ryers ADDRESS St Joseph Mo Mrs Jos H. Ryers Bendena Kas. 295

PHONE DATE Aug 2-1935 ANNUAL NO.

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
Casket and Services & clothing	160.00	Aug 30-35	By Ck P. Tharman		258.00
Embalming					
Outer Case or Vault vault	90.00				
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	5.00				
Singers	3.00				
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
Paid 8-30-35					
To Funeral Complete Paid H.K.	258	00			258 00

IGHT 1927
BARNES-ROSS CO., INDIANAPOLIS

Name of Deceased: Mabel Howard Clark Residence: St Joseph Mo

Funeral at: Residence ___ Mortuary ✓ Church ___ Date: July 2 1935 Hour: 2:30 P.M. Clergyman: Rev. Finch

Singers: Carlton Leeland Lodge Affiliations: ___

REVENUE ITEMS AND THEIR COST	DEBITS		CREDITS	
Charge for Complete Funeral			160	00
Casket No. 234 Style: Perfection Shrine				
Interior: Crush Covering: Silver Brocade				
Manufacturer: Ry				
Total Net Cost of Casket				
Outer Case				
Vault	90	00		
Embalming				
Clothing				
Total Cash Advances				
Total Net Cost of Funeral				
Gross Profit on Funeral			MDS	55
*Less Overhead Per Funeral				
Net Profit Apparent				

Remarks:

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

PERSONAL AND STATISTICAL

Place of Death: St Joseph Mo #2 Hosp.

Date of Death: July 31-1935

Cause of Death: Chronic Myocarditis

Duration: ___ Autopsy: ✓

Sex: F Color or Race: W

Single ___ Married ___ Widowed ✓ Divorced ___ Child ___

Date of Birth: Jul 22 1893 Age, Years: 42 Months ___ Days: 9

Occupation: ___

How Long at Place of Death: Liv St Joseph 15 yrs

Birthplace—City or County: Bendena State or Country: Kansas

Name of Father: Phelley Howard

Birthplace of Father: Illinois

Maiden Name of Mother: ___

Birthplace of Mother: Illinois

Signed ___ M.D. ___ Coroner

Address ___ Date ___

Interment at: Moray Cemetery

Lot or Grave No. ___ Section No. ___

Shipped to

Arrived from ___

Via ___ R. R. Date ___

In Charge of ___

Source of Call ___

Insured in ___ Amount ___

Beneficiary ___

FUNERAL OF John P. Keeven CHARGE TO Ann Keeven ACCOUNT NO.

PAYMENT GUARANTEED BY Ann Keeven ADDRESS Troy Kans SERIAL NO. 296

PHONE DATE Aug 5-1935 ANNUAL NO. 232

DESCRIPTION OF SERVICE	AMOUNT	DATE		✓	CREDITS
Casket and Services	285 00	Sept 23-35	By W.S.T. Treasury Ck.		100 00
Embalming		Oct. 17-35	By Cash - Weiser		195 00
Outer Case or Vault mausoleum	195 00	Oct. 30-35	By Check		25 00
Washing and Dressing		Jan. 16-1936	By Check		100 00
Shaving		Apr. 14-1936	By Check		20 00
Slumber Robe		June 5-36	" "		10 00
Suit or Dress suit	30 00	12-19-36	" Cash		10 00
Other Articles of Clothing		1-28-37	" Cash		10 00
Transferring Body		6-23-37	" "		5 00
Door Badge		1-23-39	" Check A.O. Delaney		11 00
Opening Grave		5-18-39	Book Cases Cgd. to Delaney		20 00
Newspaper Notices		5-18-39	By cash		9 00
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers	5 00				
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To Funeral Complete	515 00				515 00

IT 1927
INES-ROSS CO., INDIANAPOLIS

Name of Deceased Keeven John P. Residence Troy Kansas

Funeral at Residence Mortuary Church Date Aug 5-35 Hour 8:30 a.m. Clergyman Father Eduard Schmitz

Singers Mrs Castle & solos Lodge Affiliations American Legion at grave

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 80V Style Hate half rough		
Interior Grey Baronett Covering Brentwood		
Manufacturer RY		
Total Net Cost of Casket		
Outer Case		
Vault Mausoleum	195	
Embalming		
Clothing suit 30.00		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		05 11
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

PERSONAL AND STATISTICAL

Place of Death his home Troy Kans.

Date of Death Aug. 2-1935

Cause of Death Pelter Stomach Contributory

Duration Autopsy

Sex M. Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth Nov 1-1896 Age, Years 38 Months 8 Days 21

Occupation Lawyer

How Long at Place of Death 5 years

Birthplace—City or County Nortonville State or Country Kansas

Name of Father Jas. A. Keeven

Birthplace of Father Nortonville Kans

Maiden Name of Mother Mary Faust

Birthplace of Mother Mass.

Signed C E Haller M.D. Coroner

Address Troy Kans Date

Interment at Nortonville Kansas

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF John Porter Newbury CHARGE TO _____ ACCOUNT NO. 159

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 297

_____ PHONE _____ DATE Aug. 10-1935 ANNUAL NO. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE		√	CREDITS	
Casket and Services	285 00	12-1936	Check - C. W. Ruder (admr)		290	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	5 00					
Clergyman						
Singers						
Casket Coach						
Use of ____ Funeral Cars						
Use of Flower Cars						
Professional Supervision						
TO FUNERAL COMPLETE	290 00				290	00

1927
ES-ROSS CO., INDIANAPOLIS

Name of Deceased: Kenbury John P. Residence: Troy Kansas

Funeral at: Residence ___ Mortuary ✓ Church ___ Date: Aug 10 35 Hour: 9 30 AM Clergyman: Finch

Singers: 2 Solos Mrs Castle Lodge Affiliations: ___

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. 802 Style: Statehood court		
Interior: Grey Bazar Covering: Brentwood		
Manufacturer: Ry		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		JMS 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

Personal and Statistical

Place of Death: His home Troy Kans

Date of Death: Aug 8 - 1935

Cause of Death: Chronic endocarditis Contributory: ___

Duration: ___ Autopsy: ___

Sex: M. Color or Race: W

Single: ___ Married: ___ Widowed: ✓ Divorced: ___ Child: ___

Date of Birth: Jan 21-1860 Age, Years: 75 Months: 1 Days: 17

Occupation: Janitor Troy grade School

How Long at Place of Death: 23 yrs

Birthplace—City or County: Rock Garden State or Country: Wisconsin

Name of Father: Walter Kenbury

Birthplace of Father: unknown

Maiden Name of Mother: " "

Birthplace of Mother: " "

Signed: C. E. Walker M.D. Coroner

Address: Troy Kas Date: ___

Interment at: Mt Olive Troy Ks.

Lot or Grave No.: ___ Section No.: ___

Shipped to: ___

Arrived from: ___

Via: ___ R. R. Date: ___

In Charge of: ___

Source of Call: ___

Insured in: ___ Amount: ___

Beneficiary: ___

FUNERAL OF Werner Paul F. CHARGE TO _____ ACCOUNT NO. 160

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. _____

PHONE _____ DATE Aug. 15-1935 ANNUAL NO. 298

DESCRIPTION OF SERVICE	AMOUNT		DATE		V	CREDITS	
Casket and Services	200	00	Apr. 29-36	by Check		25	00
Embalming			May 6-36	by Check		118	18
Outer Case or Vault			Sept 22-36	by check		59	82
Washing and Dressing							
Shaving							
Slumber Robe							
Suit or Dress							
Other Articles of Clothing shirt	1.50						
Transferring Body							
Door Badge							
Opening Grave							
Newspaper Notices funeral notice	1.50						
Telegrams and Telephone Calls							
Use of ____ doz. Chairs							
Flowers							
Clergyman							
Singers							
Casket Coach							
Use of ____ Funeral Cars							
Use of Flower Cars							
Professional Supervision Filed 10-4-35							
TO FUNERAL COMPLETE	203	00				203	00

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NAME OF DECEASED Paul Frederick Werner RESIDENCE Troy - Kansas

FUNERAL AT ___ RESIDENCE ___ MORTUARY ___ CHURCH Baptist DATE Aug 15-35 HOUR 2:30 PM CLERGYMAN Rev. Stubbrough

SINGERS ___ LODGE AFFILIATIONS ___

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 209-08 Style half couch		
Interior grey silk Covering silver plush		
Manufacturer Mo-Kan		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		M 25.55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death his home N.W. of Troy

Date of Death Aug 13-1935

Cause of Death ___ Contributory ___

Duration ___ Autopsy ___

Sex M. Color or Race W

Single ___ Married ✓ Widowed ___ Divorced ___ Child ___

Date of Birth Nov 6-1855 Age, Years 79 Months 9 Days 7

Occupation farmer

How Long at Place of Death 60 yrs

Birthplace—City or County ___ State or Country Germany

Name of Father Frederick C Werner

Birthplace of Father Germany

Maiden Name of Mother "

Birthplace of Mother Germany

Signed C E Hallier M.D. ___ Coroner

Address ___ Date ___

Interment at Mt Olive Troy Ks.

Lot or Grave No. ___ Section No. ___

Shipped to

Arrived from ___

Via ___ R. R. Date ___

In Charge of ___

Source of Call ___

Insured in ___ Amount ___

Beneficiary ___

FUNERAL OF Lower M. Kibler CHARGE TO Chas & Os Kibler ACCOUNT NO. 161

PAYMENT GUARANTEED BY Char & Os Kibley ADDRESS Troy Kansas SERIAL NO. 299

PHONE DATE Aug 16 1935 ANNUAL NO.

DESCRIPTION OF SERVICE	AMOUNT	DATE		√	CREDITS
Casket and Services	200.00	Aug 27 35	By check (O.W.K.)		55 57
Embalming		Nov 23-35	Cash Cora Anderson		10 00
Outer Case or Vault		May 29-36	By ch C. A. Kibler Jr.		55 57
Washing and Dressing		Nov 28-36	" " C. A. Kibler Jr.		27 78
Shaving		Dec 17-36	" " O. W. Kibler		27 78
Slumber Robe		Mch 5-37	By Cora Anderson		45 55
Suit or Dress suit	15.00				
Other Articles of Clothing Underwear & hose	1.25				
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers	6.00				
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
TO FUNERAL COMPLETE	227 25				227 26

HT 1927
ARNES-ROSS CO., INDIANAPOLIS

Name of Deceased Kibler Lower M. Residence Troy Kansas

Funeral at Residence Mortuary Church Christian Date Aug. 16-35 Hour 2:30 Clergyman Sapp.

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. 209-0.8 Style Plush half couch		
Interior Silk Covering Plush		
Manufacturer Mo-Kan		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		55.00
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

Personal and Statistical

Place of Death his home Troy Kan

Date of Death Aug. 14-1935

Cause of Death Contributory

Duration Autopsy

Sex M Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth Aug 5 1850 Age, Years 85 Months Days 9

Occupation Retired farmer

How Long at Place of Death 30 yrs

Birthplace—City or County Danville Ohio State or Country Ohio

Name of Father Geo. Kibler

Birthplace of Father Ohio

Maiden Name of Mother Maria Peasters

Birthplace of Mother Ohio

Signed C. E. Hadley M.D. Coroner

Address Date

Interment at Mt Olivet Cemetery Troy

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral Director: Forrest Butler & Son Charge to: Elmer Kesser Account No.

Payment Guaranteed by: Address: Serial No. 300

Phone: Date: Aug 24-1935 Annual No.

Description of Service	Amount	Date		✓	Credits
Casket and Services complete	50.00	Aug 23-35	By cash Elmer Kesser		20.00
Embalming By Butler at K-C Kan Miss					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers	3.50				
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To Funeral Complete					

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Name of Deceased: Nesser Ronold Lee Residence: Blair Kansas

Funeral at: Residence ____ Mortuary ____ Church ____ Date: Aug 24-1935 Hour: 10:30 AM Clergyman: Wm Twombly

Singers: ____ Lodge Affiliations: ____

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		50.00
Casket No. 150 Style Burial full lid		
Interior Cr. nobs Covering Select Panel		
Manufacturer Rex		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming By Butters at K.C. Kan		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

Personal and Statistical

Place of Death: Bethany Hosp. K.C. Kans.
Date of Death: Aug 27-1935
Cause of Death: ____ Contributory: ____
Duration: ____ Autopsy: ____
Sex: M Color or Race: W
Single: ____ Married: ____ Widowed: ____ Divorced: ____ Child: ✓
Date of Birth: Jan 16 1932 Age, Years: 3 Months: 7 Days: 5
Occupation: Child
How Long at Place of Death: 2 years
Birthplace—City or County: Sparks State or Country: Kansas
Name of Father: Elsmer Nesser
Birthplace of Father: Clarksdale Mo.
Maiden Name of Mother: Ruth Isaman
Birthplace of Mother: Richwell Mo
Signed: ____ M.D. ____ Coroner
Address: ____ Date: ____
Interment at: Farmer cemetery
Lot or Grave No.: ____ Section No.: ____
Shipped to
Arrived from
Via: ____ R.R. Date: ____
In Charge of
Source of Call
Insured in
Beneficiary

FUNERAL OF Patrick Crowley CHARGE TO _____ ACCOUNT NO. 162

PAYMENT GUARANTEED BY _____ ADDRESS _____ SERIAL NO. 301

_____ PHONE _____ DATE Aug 31-1935 ANNUAL NO. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS
Casket and Services + concrete vault	450.00	9/2/35	By check		$458.85
Embalming					
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing shirt 150 tie 50	200				
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls to Oklahoma	1.85				
Use of ____ doz. Chairs					
Flowers	5 00				
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision					
To Funeral Complete	$458.85				$458.85

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E BARNES-ROSS CO., INDIANAPOLIS

Name of Deceased Patrick Crowley Residence Troy Kansas

Funeral at Residence Mortuary Church St Charles Date Aug 31-35 Hour 10 A M Clergyman Father Edw Schmitz

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. Style		
Interior Covering		
Manufacturer		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		JMS 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

Personal and Statistical

Place of Death Atchison Sanitarium

Date of Death Aug 29-1935

Cause of Death Suicide hanging Contributory

Duration Autopsy

Sex M. Color or Race W

Single ✓ Married Widowed Divorced Child

Date of Birth Feb. 6-1869 Age, Years 66 Months 6 Days 23

Occupation farmer

How Long at Place of Death short time

Birthplace—City or County Troy State or Country Kans

Name of Father Timothy Crowley

Birthplace of Father Ireland

Maiden Name of Mother Hannorah Morissey

Birthplace of Mother Ireland

Signed M.D. Coroner

Address Date

Interment at St Olive Troy

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Dr R. S. Dunsmore CHARGE TO Dr Robt Dunsmore ACCOUNT No. 163

PAYMENT GUARANTEED BY _____ ADDRESS Cleveland Ohio MATERIAL No. 3021

PHONE _____ DATE Sept. 1-1935 ANNUAL No. _____

DESCRIPTION OF SERVICE	AMOUNT	DATE		√	CREDITS
Casket and Services		Sept 3-35	By Chas Dr Dunsmore		45.00
Embalming		" 3-35	Allowed and transferred to small ledger		15.00
Outer Case or Vault					
Washing and Dressing					
Shaving					
Slumber Robe					
Suit or Dress					
Other Articles of Clothing					
Transferring Body					
Door Badge					
Opening Grave					
Newspaper Notices					
Telegrams and Telephone Calls					
Use of ____ doz. Chairs					
Flowers	15.00				
Clergyman					
Singers					
Casket Coach					
Use of ____ Funeral Cars					
Use of Flower Cars					
Professional Supervision & service					
hearse, grave decoration & tent, funeral notices	45.00				
TO FUNERAL COMPLETE	60 00				60 00

Small ledger

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NAME OF DECEASED W. P. S. Densmore RESIDENCE Nala Nala Washington

FUNERAL AT RESIDENCE MORTUARY ~~CHURCH~~ Masonic Temple DATE Sept. 1-1935 HOUR 2 P.M. CLERGYMAN Rev. Finch.

SINGERS Male Quartette LODGE AFFILIATIONS In charge Troy Lodge A.F. + A.M.

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. Style		
Interior Covering		
Manufacturer		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		90 55
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death Nala Nala Wash.

Date of Death Aug 27-1935

Cause of Death Coronary Sclerosis Contributory

Duration Autopsy

Sex M. Color or Race W.

Single Married Widowed ✓ Divorced Child

Date of Birth Dec. 4-1853 Age, Years 81 Months 8 Days 23

Occupation Physician retired

How Long at Place of Death

Birthplace—City or County Washington State or Country Ia

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed M.D. Coroner

Address Date

Interment at Mt Olive cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

FUNERAL OF Julia Forrest CHARGE TO ACCOUNT NO. 164

PAYMENT GUARANTEED BY ADDRESS Troy Kansas SERIAL NO. 303

PHONE DATE Sept 4-1935 ANNUAL NO.

DESCRIPTION OF SERVICE	AMOUNT	DATE		V	CREDITS	
Casket and Services	500.00	Nov. 7-1935	By Ch. Michel Forrest		624	45
Embalming						
~~Outer Case or~~ Vault concrete	90.00					
Washing and Dressing						
Shaving						
Slumber Robe						
Suit or Dress dress] pd to Mrs. R. 11-9-35	16.95					
Other Articles of Clothing hose	1.00					
Transferring Body						
Door Badge						
Opening Grave						
Newspaper Notices						
Telegrams and Telephone Calls						
Use of ____ doz. Chairs						
Flowers	15.00					
Clergyman						
Singers						
Casket Coach						
Use of ____ Funeral Cars						
Use of Flower Cars						
Professional Supervision						
funeral notice	1.50					
Pd 11-9-35						
To Funeral Complete	674 45				624	45

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NAME OF DECEASED Julia Forrest RESIDENCE Troy Kansas

FUNERAL AT RESIDENCE MORTUARY CHURCH St Charles DATE Sept 4-1935 HOUR 10 AM CLERGYMAN Rev. Edw. Schmitz

SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST		CREDITS
Charge for Complete Funeral		
Casket No. 1063 Style Metal State		
Interior W Baronette Covering Solid Brass metal		
Manufacturer Missouri Casket Co.		
Total Net Cost of Casket		
Outer Case		
Vault Underground Concrete		
Embalming		
Clothing dress & Hose		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		LNR SS
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death Sisters Hosp St Joseph Mo.

Date of Death Sept 2-1935

Cause of Death Contributory

Duration Autopsy

Sex F Color or Race

Single ✓ Married Widowed Divorced Child

Date of Birth Aug 24 1857 Age, Years 78 Months Days 8

Occupation housewife.

How Long at Place of Death 38 days.

Birthplace—City or County St Louis State or Country Mo.

Name of Father Michael Forrest

Birthplace of Father Cork Ireland

Maiden Name of Mother Margaret Herty

Birthplace of Mother Cork Ireland

Signed Greg Thompson M.D. Coroner

Address St Joseph Mo Date Sept 2-1935

Interment at Mt Olive Troy Ks

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral of W. L. Goodman Charge to Paid by wire Account No. 165

Ordered by ..... Guaranteed by ..... Serial No. 304

Funeral at ..... Residence ..... Mortuary ..... Church ..... Date ..... Hour ..... Annual No. Coffin's

Clergyman ..... Lodge Affiliations ..... Body Shipped to or from Corpus Christi Tex.

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	100	00	9-10-35		By cash (wire)		100	00
	Embalming								
	Outer Case or Vault								
	Washing and Dressing								
	Shaving								
	Slumber Robe								
	Suit or Dress Shroud included								
	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	100	00					100	00

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Name of Deceased W. S. Goodman Residence Supposedly Corpus Christi Tex

Funeral at Residence Mortuary Church Date Hour Clergyman

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		100 00
Casket No. 199 Style Lift panel		
Interior Cr silk Covering satin grey crepe		
Manufacturer Mo-Kan		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing Shroud included		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		95 58
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks: Body found beside 36 highway 2 miles west of Troy supposed to Corpus Christi Texas

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

Personal and Statistical

Place of Death Found dead on #36 highway 2 miles west of Troy

Date of Death Sept 10-1935

Cause of Death Pulmonary T.B. Contributory Morphine Addict T.B. of Spine Lumbar region.

Duration Autopsy

Sex M Color or Race W

Single probably ~~Married~~ Widowed Divorced Child

Date of Birth Unknown ~~Age~~ Years about ~~Months~~ 30 ~~Days~~ years

Occupation unknown

How Long at Place of Death Unknown

Birthplace—City or County State or Country

Name of Father Unknown

Birthplace of Father "

Maiden Name of Mother "

Birthplace of Mother "

Signed Roy Mudinger M.D. Coroner Coroner

Address Bright Hill Date Sept 10-1935

Interment at

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral of William Tomodeo Charge to Lester Cox Account No. 166

Ordered by Guaranteed by Lester Cox Serial No. 305

Funeral at Residence Mortuary Church Date Hour Annual No.

Clergyman Lodge Affiliations Body Shipped to or from

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date		V	Credits
	✓ Casket and Services & clothing	100 00	12-9-35	By Cash Lester Cox		100 00
	✓ Embalming					
	— Outer Case or Vault					
	— Washing and Dressing					
	— Shaving					
	Slumber Robe					
	Suit or Dress Shroud					
	— 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	100 00				100 00

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NAME OF DECEASED Wm Tornodes RESIDENCE Bunk house north of Troy

FUNERAL AT ..... RESIDENCE ..... MORTUARY ..... CHURCH ..... DATE ..... HOUR ..... CLERGYMAN .....

SINGERS ..... LODGE AFFILIATIONS .....

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		100 00
Casket No. 51 Style flat top crepe		
Interior ..... Covering		
Manufacturer Rex		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing shroud underwear & sox		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		
*Less Overhead Per Funeral		Pd 55
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death Rock quarry north of Troy

Date of Death Sept 27 - 1935

Cause of Death Homicide - Fracture of skull

Duration ..... Autopsy .....

Sex M Color or Race negro.

Single ..... Married ..... Widowed ..... Divorced ..... Child .....

Date of Birth Mch 14-1877 Age, Years 58 Months 6 Days 13

Occupation laborer rock quarry

How Long at Place of Death .....

Birthplace—City or County ..... State or Country .....

Name of Father .....

Birthplace of Father .....

Maiden Name of Mother .....

Birthplace of Mother .....

Signed ..... M.D. Ray Mudinger Coroner

Address ..... Date .....

Interment at Shipped to Great Bend Kans.

Lot or Grave No. ..... Section No. .....

Shipped to

Arrived from .....

Via ..... R. R. Date .....

In Charge of .....

Source of Call .....

Insured in ..... Amount .....

Beneficiary .....

Funeral of Lizzie Clary Charge to Pd by Hobe Clary. Account No. 169

Ordered by Guaranteed by Paid. Serial No. 306

Funeral at Residence Mortuary ✓ Church Date Sept 30 35 Hour 2300 P.M. Annual No.

Clergyman Rev. Finch. 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	185 00	Sept 29 35	By cash Hobe Clary		194 95
	Embalming					
	Outer Case or Vault					
	Washing and Dressing					
	Shaving					
	Slumber Robe					
	Suit or Dress dress	9 95				
	Other Articles of Clothing					
	Transferring Body					
	Door Badge					
	Opening Grave					
	Newspaper Notices					
	Telegrams and Telephone Calls					
	Use of ..... doz. Chairs					
	Flowers					
	Clergyman					
	Singers					
	Casket Coach					
	Use of ..... Funeral Cars					
	Use of Flower Cars					
	Professional Supervision					
	To Funeral Complete	194 95				194 95

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Name of Deceased Eizzie Clary

Residence

Funeral at Residence Mortuary ✓ Church

Date Sept. 30 35 Hour 2 30 Clergyman Rev. Finch

Singers

Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		185 00
Casket No. Style		
Interior Covering		
Manufacturer		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing dress	9 95	
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		Nil 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

Personal and Statistical

Place of Death her home Troy Junction

Date of Death Sept. 28-1935

Cause of Death Contributory

Duration Autopsy

Sex F Color or Race W

Single Married Widowed ✓ Divorced Child

Date of Birth Oct. 3-1865 Age, Years 69 Months 11 Days 25

Occupation housewife

How Long at Place of Death 27 years at Junction

Birthplace—City or County Troy State or Country Kansas

Name of Father Jas Miller

Birthplace of Father Indiana

Maiden Name of Mother Lucinda Beagle

Birthplace of Mother Indiana

Signed C E Haller M.D. Coroner

Address Date

Interment at Mt Olive

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral of John P. Pfleming Charge to Paid by N. G. Sterner Account No. 168

Ordered by Guaranteed by Serial No. 307

Funeral at Residence ✓ Mortuary Church Date 11-11-35 Hour 2:00 P.M. Annual No.

Clergyman Lodge Affiliations Body Shipped to or from

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount		Date			✓	Credits	
	Casket and Services Complete	50	00	Nov. 18-1935		By Ch. N. G. Sterner		50	00
	Embalming								
	Outer Case or Vault								
	Washing and Dressing								
	Shaving								
	Slumber Robe								
	Suit or Dress								
	Other Articles of Clothing								
	Transferring Body								
	Door Badge								
	Opening Grave								
	Newspaper Notices								
	Telegrams and Telephone Calls								
	Use of ..... doz. Chairs								
	Flowers								
	Clergyman								
	Singers								
	Casket Coach								
	Use of ..... Funeral Cars								
	Use of Flower Cars								
	Professional Supervision								
	To Funeral Complete	50	00					50	00

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Name of Deceased John P. Pfenning Residence County Farm.

Funeral at Residence Mortuary ✓ Church Date 11-13-35 Hour 2:00 P.M. Clergyman Rev. Finch

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		50 00
Casket No. Style		
Interior Covering		
Manufacturer Rx		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		75 00
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

Personal and Statistical

Place of Death County farm - Troy.

Date of Death Nov. 12th 1935

Cause of Death Coronary Artery Disease Contributory Arteriosclerosis

Duration Autopsy

Sex M Color or Race W

Single ✓ Married Widowed Divorced Child

Date of Birth Aug 21, 1865 Age, Years 70 Months 2 Days 21

Occupation Retired farmer

How Long at Place of Death 1½ yrs.

Birthplace—City or County Troy State or Country Ks.

Name of Father Michael Pfenning

Birthplace of Father Troy, Ks.

Maiden Name of Mother

Birthplace of Mother

Signed J. J. Bardowitz M.D. Coroner

Address Troy, Ks. Date

Interment at Mt Olive.

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral of Farbough, Jacob John Charge to ..... Account No. 169

Ordered by ..... Guaranteed by ..... Serial No. 308

Funeral at ..... Residence ..... Mortuary ..... Church M.E. Date 12-27-35 Hour 2 P.M. Annual No. .....

Clergyman Finch + Meyer Lodge Affiliations ..... Body Shipped to or from .....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services	285 00	12-30-36	By Ch. R. J. Farbough		360 00
	Embalming					
	Outer Case or Vault vault metal	75 00				
	Washing and Dressing					
	Shaving					
	Slumber Robe					
	Suit or Dress					
	Other Articles of Clothing					
	Transferring Body					
	Door Badge					
	Opening Grave					
	Newspaper Notices					
	Telegrams and Telephone Calls					
	Use of ..... doz. Chairs					
	Flowers					
	Clergyman					
	Singers					
	Casket Coach					
	Use of ..... Funeral Cars					
	Use of Flower Cars					
	Professional Supervision					
	To Funeral Complete	360 00				360 00

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NAME OF DECEASED Jacob John Farbough RESIDENCE Troy Kansas

FUNERAL AT ____ RESIDENCE ____ MORTUARY ____ CHURCH Troy ME DATE Dec 27-35 HOUR 2 PM CLERGYMAN Finch & Meyer

SINGERS ____ LODGE AFFILIATIONS ____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		360 00
Casket No. 802 Style State half Cover		
Interior grey Barronette Covering Platinum Brentwood		
Manufacturer Rex		
Total Net Cost of Casket		
Outer Case		
Vault plain grey metal	75 00	
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		285 00
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death his home Troy Kansas

Date of Death Dec. 24 - 1935

Cause of Death Apoplexy Contributory ____

Duration ____ Autopsy ____

Sex M Color or Race W

Single ____ Married ✓ Widowed ____ Divorced ____ Child ____

Date of Birth June 20-1853 Age, Years 82 Months 6 Days 22

Occupation Retired farmer

How Long at Place of Death 21 yrs.

Birthplace—City or County Ontario State or Country Canada

Name of Father Jacob Farbough

Birthplace of Father ____

Maiden Name of Mother Elizabeth Marcuff

Birthplace of Mother ____

Signed C. E. Cordonier M.D. ____ Coroner

Address Troy Ks Date ____

Interment at Mt Olivet Cemetery

Lot or Grave No. ____ Section No. ____

Shipped to ____

Arrived from ____

Via ____ R. R. Date ____

In Charge of ____

Source of Call ____

Insured in ____ Amount ____

Beneficiary ____

Funeral of Campbell Wm Walter Charge to Wm Campbell Account No. 170

Ordered by Wm Campbell Guaranteed by " Serial No. 309

Funeral at Residence Mortuary ✓ Church Date Dec 28-35 Hour 2 P.M. Annual No. 263

Clergyman Rev Lodge Affiliations Body Shipped to or from 46

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	180.	00	1-9-36		By Chas Wm Campbell		160	00
	Embalming			"	"	cash " "		23	50
	Outer Case or Vault								
	Washing and Dressing								
	Shaving								
	Slumber Robe								
	Suit or Dress								
	Other Articles of Clothing								
	Transferring Body								
	Door Badge								
	Opening Grave								
	Newspaper Notices								
	Telegrams and Telephone Calls								
	Use of ... doz. Chairs								
	Flowers	3.	50						
	Clergyman								
	Singers								
	Casket Coach								
	Use of ... Funeral Cars								
	Use of Flower Cars								
	Professional Supervision								
	To Funeral Complete	183.	50					183.	50

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NAME OF DECEASED Wm Walter Campbell RESIDENCE Troy Kansas

FUNERAL AT ____ RESIDENCE ____ MORTUARY ✓ CHURCH ____ DATE Dec 28-35 HOUR 7 P.M. CLERGYMAN Rev. Finch

SINGERS ____ LODGE AFFILIATIONS ____

REVENUE ITEMS AND THEIR COST		CREDITS	
Charge for Complete Funeral		180	00
Casket No. 247 Style Octagon half couch			
Interior Silver Bathas Covering Gl steel vel #410			
Manufacturer Berth	DEBITS		
Total Net Cost of Casket			
Outer Case			
Vault			
Embalming			
Clothing			
Total Cash Advances			
Total Net Cost of Funeral			
Gross Profit on Funeral		M&N	SS
*Less Overhead Per Funeral			
Net Profit Apparent			

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death Sisters Hosp.

Date of Death Dec 25-1935

Cause of Death Chronic Myocarditis Contributory ____

Duration ____ Autopsy ✓

Sex M Color or Race W

Single ____ Married ____ Widowed ✓ Divorced ____ Child ____

Date of Birth Nov. 11-1857 Age, Years 78 Months 1 Days 14

Occupation Ret. farmer

How Long at Place of Death 8 days

Birthplace—City or County Jonesboro State or Country Illinois

Name of Father James Campbell

Birthplace of Father Tenn

Maiden Name of Mother ____

Birthplace of Mother ____

Signed Paul Forgrave M.D. By Hosp. Intern Coroner

Address St Joseph Mo Date 12-26-35

Interment St Aloise Cemetery

Lot or Grave No. ____ Section No. ____

Shipped to ____

Arrived from ____

Via ____ R. R. Date ____

In Charge of ____

Source of Call ____

Insured in ____ Amount ____

Beneficiary ____

Funeral of Rutherford Fred E. Charge to ..... Account No. 171

Ordered by ..... Guaranteed by ..... Serial No. 310

Funeral at ..... Residence ..... Mortuary ✓ Church ..... Date Dec 29-35 Hour 1.30 P.M. Annual No. .....

Clergyman Rev-Feirich Lodge Affiliations M.W.A. 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	75.00	12-29-35	Ck By Fred Rutherford		75.00
✓	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	75 00				75.00

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NAME OF DECEASED Fred Ellis Rutherford RESIDENCE Troy Kansas

FUNERAL AT ____ RESIDENCE ____ MORTUARY Barr Funeral Home ~~CHURCH~~ DATE Dec 29-1935 HOUR 1:30 P.M. CLERGYMAN Rev. Finch.

SINGERS ____ LODGE AFFILIATIONS ____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. ____ Style ____		
Interior ____ Covering ____		
Manufacturer		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		Pd 55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death his home Troy - Kans

Date of Death Dec. 25 - 1935

Cause of Death Lobar Pneumonia Contributory Pulmonary Odema

Duration ____ Autopsy ____

Sex M. Color or Race W

Single ____ Married ✓ Widowed ____ Divorced ____ Child ____

Date of Birth June 18-1869 Age, Years 66 Months 6 Days 7

Occupation R.R. Station Agent

How Long at Place of Death 21 years

Birthplace—City or County Bradford State or Country Iowa

Name of Father Isaac Rutherford

Birthplace of Father Ohio.

Maiden Name of Mother ____

Birthplace of Mother ____

Signed A.E. Cordovie M.D. ____ Coroner

Address Troy Kans Date 12-27-35

Interment at Savannah Mo.

Lot or Grave No. ____ Section No. ____

Shipped to

Arrived from ____

Via ____ R. R. Date ____

In Charge of ____

Source of Call ____

Insured in ____ Amount ____

Beneficiary ____

Funeral of Euler Laurence A. Charge to John Euler Account No. 172

Ordered by John Euler Guaranteed by Serial No. 311

Funeral at Residence ~~Monday~~ Church Date Jan 7 1936 8 P.M. Annual No.

Clergyman Rev. Finch 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	215	.00	1-30	36	By check John E. Euler		223	15
	Embalming								
	Outer Case or Vault								
	Washing and Dressing								
	Shaving								
	Slumber Robe								
	Suit or Dress								
	Other Articles of Clothing socks		25						
	Transferring Body								
	Door Badge								
	Opening Grave								
	Newspaper Notices								
	Telegrams and Telephone Calls								
	Use of ..... doz. Chairs								
	Flowers	5	00						
	Clergyman								
	Singers								
	Casket Coach								
	Use of ..... Funeral Cars								
	Use of Flower Cars								
	Professional Supervision								
	7 boards	2	40						
	certified copy		50						
	To Funeral Complete	223	15					223	

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NAME OF DECEASED Lawrence Milton Euler RESIDENCE Blair Kansas

FUNERAL AT Grow High School RESIDENCE MORTUARY CHURCH DATE Jan 7-1936 HOUR 3 P.M. CLERGYMAN Rev Finch

SINGERS School LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 333 Style Octagon half couch		
Interior Satin Baronette Covering Cotton Jacquard		
Manufacturer Kay		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MPS 55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death Near Lee Dickson home N.E. of Troy

Date of Death Jan 6 1935

Cause of Death Gunshot wound of head Contributory

Duration Autopsy

Sex M. Color or Race W

Single Married Widowed Divorced Child ✓

Date of Birth Jan 3 1919 Age, Years 17 Months Days 1

Occupation High School

How Long at Place of Death

Birthplace—City or County Blair State or Country Kans

Name of Father John E. Euler

Birthplace of Father Blair Kansas

Maiden Name of Mother Lorena Arnold

Birthplace of Mother DeKalb County Mo.

Signed M.D. Roy Moudinger Coroner

Address Highland Ks. Date 1-5-36

Interment at McAlister Troy Kans

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R.R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral of Miller Emma Catherine Charge to Mrs Miller + Mr Fred Roberson Account No. 173

Ordered by ..... Guaranteed by ..... Serial No. 312

Funeral at ..... Residence ..... Mortuary ..... Church Troy Date Jan 10 36 Hour 2 P.M. Annual No. .....

Clergyman Sapp. 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	255 00	3-10-36	Cash Fred Roberson		
✓	Embalming			for on flowers		7.50
✓	~~Outer Case or~~ Vault concrete	90 00				
✓	Washing and Dressing		4-14-36	Ck By Mrs Miller		347.50
	Shaving					
	Slumber Robe					
	Suit or Dress					
	Other Articles of Clothing					
	Transferring Body					
✓	Door Badge					
	Opening Grave					
	Newspaper Notices					
	Telegrams and Telephone Calls					
	Use of ..... doz. Chairs					
✓	Flowers	5 00				
	Clergyman					
	Singers					
✓	Casket Coach					
	Use of ..... Funeral Cars					
	Use of Flower Cars					
✓	Professional Supervision					
	To Funeral Complete	350 00				350 00

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Name of Dec. Emma Catherine Miller Residence N. W. of Troy

Funeral at ____ Residence ____ Mortuary ____ Church Christian Date Jan 10-1936 Hour 2 PM Clergyman Lapp

Singers ____ Lodge Affiliations ____

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		155 00
Casket No. 258 Style Diagonal Cat. ½ couch		
Interior Silk Covering silk Jaquard		
Manufacturer Rot		
Total Net Cost of Casket		
Outer Case		
Vault Concrete	90 00	
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		155 00
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

Personal and Statistical

Place of Death her home 2½ miles N. W. of Troy

Date of Death Jan 8-1936

Cause of Death ____ Contributory ____

Duration ____ Autopsy ____

Sex F Color or Race W

Single ____ Married ____ Widowed ✓ Divorced ____ Child ____

Date of Birth Nov. 21-1863 Age, Years 72 Months 1 Days 17

Occupation housewife

How Long at Place of Death 38 years.

Birthplace—City or County Nathenly State or Country Kansas

Name of Father E. C. Smith

Birthplace of Father Ky

Maiden Name of Mother Martha Sollars

Birthplace of Mother Tenn.

Signed E. E. Cordonier M.D. ____ Coroner

Address Troy Kans. Date ____

Interment at Mt Olive cemetery Troy Ks

Lot or Grave No. ____ Section No. ____

Shipped to

Arrived from ____

Via ____ R. R. Date ____

In Charge of ____

Source of Call ____

Insured in ____ Amount ____

Beneficiary ____

Funeral of Mr. Hfinney Amy M. Charge to Estate of Chas Marble Account No. 174

Ordered by Chas Marble Guaranteed by Chas Marble Serial No. 313

Funeral at Residence Mortuary ✓ Church Date Hour 2 P.M. Annual No.

Clergyman Rev. Babcock Lodge Affiliations Body Shipped to or from

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount		Date			V	Credits	
	Casket and Services	275	00	2-11-36	Ck	By H Kuhnhoff Adm		738	45
	Embalming								
	Outer Case or Vault								
	Washing and Dressing								
	Shaving								
	Slumber Robe								
	~~Suit or~~ Dress & other clothing	7	30						
	Other Articles of Clothing								
	Transferring Body								
	Door Badge								
	Opening Grave								
	Newspaper Notices								
	Telegrams and Telephone Calls To Mrs Mills		95						
	Use of ..... doz. Chairs								
	Flowers	5	00						
	Clergyman								
	Singers								
	Casket Coach								
	Use of ..... Funeral Cars								
	Use of Flower Cars								
	Professional Supervision Paid 2-13-36								
	Mrs Rawes paid for funeral on 2/11-/36								
	To Funeral Complete	738	45					738	45

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NAME OF DECEASED Anna M. McGhiney RESIDENCE Troy Kansas

FUNERAL AT ____ RESIDENCE ____ MORTUARY ✓ CHURCH ____ DATE Jan-23-36 HOUR 2 P.M. CLERGYMAN Rev. Babcock St Joseph Mo.

SINGERS ____ LODGE AFFILIATIONS ____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 333 Style Octagon half couch		
Interior ____ Covering ____		
Manufacturer Rx		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing	7.50	
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MAS 55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death her home Troy-Kansas.
Date of Death Jan 19-1936
Cause of Death ____ Contributory ____
Duration ____ Autopsy ✓
Sex F Color or Race W
Single ____ Married ____ Widowed ✓ Divorced ____ Child ____
Date of Birth Nov. 1-1849 Age, Years 86 Months 2 Days 18
Occupation housewife
How Long at Place of Death 50 years
Birthplace—City or County ____ State or Country Germany
Name of Father Unknown
Birthplace of Father Germany
Maiden Name of Mother Unknown
Birthplace of Mother Germany
Signed C R Haller M.D. ____ Coroner
Address Troy-Kans Date ____
Interment at Mt Olive Cemetery Troy-Ks
Lot or Grave No. ____ Section No. ____
Shipped to
Arrived from ____
Via ____ R. R. Date ____
In Charge of ____

Source of Call ____

Insured in ____ Amount ____
Beneficiary ____

Funeral of Byers, Harmon M. Charge to Glen Byers Account No. 175

Ordered by Mrs Daughtead & Glen Byers Guaranteed by Serial No. 314

Funeral at Residence Mortuary ✓ Church Date Hour Annual No.

Clergyman Rev. Reamer Lodge Affiliations Body Shipped to or from

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount		Date			V	Credits	
	Casket and Services	135	00	Jan	13-36	By Ck Glen Byers		135	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	135	00					135	00

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Name of Deceased Harmon M. Byers Residence Troy - Kansas

Funeral at Residence Mortuary ✓ Church Date Jan 23-35 Hour 3 P.M. Clergyman Rev. Reamer St Joseph Mo

Singers Lodge Affiliations

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No 130 Style Oval top bronze panel		
Interior gray silk Covering Fancy steel blue		
Manufacturer		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		NS 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

PERSONAL AND STATISTICAL

Place of Death Home of Edith Laughlin

Date of Death Jan 21-1936

Cause of Death Contributory

Duration Autopsy

Sex M Color or Race W

Single Married Widowed ✓ Divorced Child

Date of Birth April 7-1853 Age, Years 82 Months 9 Days 14

Occupation Retired M.D.

How Long at Place of Death 4 1/2 years

Birthplace—City or County Henifan State or Country Illinois

Name of Father J.B. Byers

Birthplace of Father

Maiden Name of Mother Cornelia Brown

Birthplace of Mother

Signed C.E. Hall M.D. Coroner

Address Troy - Kans Date

Interment at Mt Auburn Cemetery Troy Kans.

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral of Triggs Thomas H. Charge to Estate Account No. 176

Ordered by Guaranteed by E. G. Karr Eldon Serial No. 315

Funeral at Residence Mortuary ✓ Church Date Feb 2-1936 2 P.M. Annual No.

Clergyman Rev. Finch Lodge Affiliations Body Shipped to or from

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date			V	Credits	
	Casket and Services	150.00	3-20-36		Ly Club		168	50
	Embalming							
	Outer Case or Vault							
	Washing and Dressing							
	Shaving							
	Slumber Robe							
	Suit ~~or Dress~~ & other clothing	15.00						
	Other Articles of Clothing							
	Transferring Body							
	Door Badge							
	Opening Grave							
	Newspaper Notices							
	Telegrams and Telephone Calls							
	Use of ... doz. Chairs							
	Flowers	3.50						
	Clergyman We paid Finch 2.00							
	Singers							
	Casket Coach							
	Use of ... Funeral Cars							
	Use of Flower Cars							
	Professional Supervision							
	~~grave lot & opening grave~~	~~27.00~~						
	filed by Eldon Karr							
	Filed 2-21-36							
	To Funeral Complete	168 50					168	50

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Name of Deceased Thomas St. Triggs Residence Troy Kansas R.D.

Funeral at ..... Residence ..... Mortuary ✓ Church ..... Date Feb. 2-1936 Hour 2 PM Clergyman Rev. Finch

Singers ..... Lodge Affiliations .....

Revenue Items and Their Cost	Debits	Credits	
Charge for Complete Funeral			
Casket No. 243 Style Fringe panel Perf. Shine			
Interior Cistern Covering Silver Brocade			
Manufacturer R4			
Total Net Cost of Casket 05			
Outer Case			
Vault			
Embalming			
Clothing	15.00		
Total Cash Advances			
Total Net Cost of Funeral			
Gross Profit on Funeral		MSA	SS
*Less Overhead Per Funeral			
Net Profit Apparent			

Remarks:

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

Personal and Statistical

Place of Death his home N.E. of Troy

Date of Death Probably Jan 30-1936

Cause of Death Apoplexy - body frozen afterwards

Duration ..... Autopsy .....

Sex M. Color or Race W

Single ..... Married ..... Widowed ..... Divorced ✓ Child .....

Date of Birth April 13 1863 Age, Years 72 Months 9 Days 18

Occupation farmer

How Long at Place of Death 72 years.

Birthplace—City or County unknown State or Country Missouri

Name of Father Francis Triggs

Birthplace of Father unknown

Maiden Name of Mother "

Birthplace of Mother "

Signed ..... M.D. Roy Mechlinger Coroner

Address Highland Ks. Date .....

Interment at Mt Olive cemetery Troy Ks.

Lot or Grave No. ..... Section No. .....

Shipped to .....

Arrived from .....

Via ..... R. R. Date .....

In Charge of .....

Source of Call .....

Insured in ..... Amount .....

Beneficiary .....

Funeral of M. Rutledge Mary M. Charge to ..... Account No. .....

Ordered by ..... Guaranteed by Mrs Ed Emory Serial No. 316

Funeral at ..... Residence ..... Mortuary ..... Church St Charles Date Feb 5 1936 Hour 10 AM Annual No. .....

Clergyman Father Edward Schmitz Lodge Affiliations ..... Body Shipped to or from .....

Place of Burial: W Olive

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount		Date			V	Credits	
	Casket and Services	265	00	7-30-36		Bal 2 Ch to Pat		20	00
	Embalming			7-30-36		By cash		5	00
	~~Outer Case or~~ Vault concrete underground	90	00	2-9-37		by Cash Co. dir bill 1.10		10	00
	Washing and Dressing								
	Shaving								
	Slumber Robe								
	Suit or Dress								
	Other Articles of Clothing								
	Transferring Body								
	Door Badge								
	Opening Grave								
	Newspaper Notices								
	Telegrams and Telephone Calls								
	Use of ..... doz. Chairs								
	Flowers								
	Clergyman								
	Singers								
	Casket Coach								
	Use of ..... Funeral Cars								
	Use of Flower Cars								
	Professional Supervision								
	To Funeral Complete	355	00						

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NAME OF DECEASED Mary M. McKittrick RESIDENCE Troy Kansas

FUNERAL AT ..... RESIDENCE ..... MORTUARY ..... CHURCH St Cecilia's Catholic DATE Feb 5-1936 HOUR 10 AM CLERGYMAN Father Eduard Schmitz

SINGERS ..... LODGE AFFILIATIONS .....

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral Diagonal panel		
Casket No 258 Style Octagon half couch		
Interior Crushed satin Lining Silk Vassar		
Manufacturer Rex Color silver		
Total Net Cost of Casket		
Outer Case		
Vault grey concrete underground		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		40 00 55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death Her home Troy Kans.

Date of Death Feb 2-1936

Cause of Death Cirrhosis Sclerosis Contributory .....

Duration ..... Autopsy No

Sex F Color or Race W

Single ..... Married ✓ Widowed ..... Divorced ..... Child .....

Date of Birth Aug 19-1856 Age, Years 79 Months 5 Days 13

Occupation Housewife

How Long at Place of Death Born in Doniphan Co

Birthplace—City or County Troy State or Country Kansas

Name of Father John Kiley

Birthplace of Father Ireland

Maiden Name of Mother Elizabeth Kretzer

Birthplace of Mother Virginia

Signed C. E. Haller M.D. Coroner

Address Troy Kans Date 2-4-36

Interment at Mt Olive Troy Kans

Lot or Grave No. ..... Section No. .....

Shipped to

Arrived from

Via ..... R. R. Date .....

In Charge of

Source of Call

Insured in ..... Amount .....

Beneficiary

Funeral of Dietrickson Matilda Charge to Estate Account No. 177

Ordered by _____ Guaranteed by _____ Serial No. 317

Funeral at _____ Residence _____ Mortuary ✓ Church _____ Date Feb 27 1936 2 P.M. Annual No. _____

Clergyman Rev. Gastore Lodge Affiliations _____ Body Shipped to or from _____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

dress 14.95
Pd. Oct. 22-1937

Singers

Insurance Policies

Date	Description of Service	Amount		Date			V	Credits	
	Casket and Services	265	00	Oct 22-'37		By cash		$379	95
	Embalming								
	~~Outer Case~~ or Vault metal	90	00						
	Washing and Dressing								
	Shaving								
	Slumber Robe								
	Suit or Dress dress & clothing	14	95						
	Other Articles of Clothing								
	Transferring Body								
	Door Badge								
	Opening Grave								
	Newspaper Notices								
	Telegrams and Telephone Calls								
	Use of ____ doz. Chairs								
	Flowers	10	00						
	Clergyman								
	Singers								
	Casket Coach								
	Use of ____ Funeral Cars								
	Use of Flower Cars								
	Professional Supervision								
	Feb 3-27-36								
	To Funeral Complete	$379	95					$379	95

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Name of Deceased Matilda Dietrickson Residence Troy - Kansas

Funeral at Residence Mortuary ✓ Church Date Feb. 12-1936 Hour 2 PM, Clergyman Rev. Gaston

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. 258 Style Imperial panel half couch octagon		
Interior Cl. hand rubbed Covering Silver Dich Nassau		
Manufacturer Rx		
Total Net Cost of Casket		
Outer Case		
Vault Metal		
Embalming		
Clothing dress + slip 14.95		
Total Cash Advances		
Cost of Funeral		
Gross Profit on Funeral		44.55
Ead Per Funeral		
Net Profit Apparent		

Re

* E ect charges are included in overhead and properly proportioned to each and every case.

WINTER VEHICLE.

[Special to The Gazette.]

TROY, Kan., Feb. 11.—Snowdrifts blocked the road between Bendena and a farm home where a death occurred yesterday, so E. F. Karr, Troy undertaker, rented a caterpillar tractor and plowed across Doniphan County fields to render his services.

The route over the farmlands was partly cleared in front of the tractor by a crew of thirty men, who shoveled aside the deepest of the drifts. Mr. Karr was accompanied on the tractor by his son, also an undertaker.

"I have gone on death calls by wagon and team, and even on horseback in previous years, but this was the first time I ever used a caterpillar tractor," Mr. Karr said.

Personal and Statistical

Place of Death Home of Mrs Wm Franklin

Date of Death Feb. 9-1936 Bendena Ks

Cause of Death Contributory

Duration Autopsy

Sex F Color or Race W

Single Married Widowed ✓ Divorced Child

Date of Birth Apr 11-1854 Age, Years Months Days

Occupation housewife

How Long at Place of Death 2 weeks

Birthplace—City or County State or Country Denmark

Name of Father Unknown

Birthplace of Father Denmark

Maiden Name of Mother Unknown

Birthplace of Mother Denmark

Signed W Clark M.D. Coroner

Address Bendena Ks Date

Interment at Mt Olive Troy - Kan

Lot or Grave No. Section No.

Shipped to

Mrs. Matilda Dietrickson to Be Buried at Troy Today

[Special to The Gazette.]

TROY, Kan., Feb. 11.—The funeral of Mrs. Matilda Dietrickson, eighty-two years old, will be conducted tomorrow afternoon at the Karr funeral home in Troy by the Rev. T. H. Gaston of the St. John's Lutheran Church at Bendena.

Born in Denmark, Mrs. Johnson came to the United States when she was twenty-one years old and settled in Atchison. She was married to Peter Dietrickson at Geary, Kan., in 1873. The Dietricksons lived on a farm near here until he retired in 1920, when they moved to Troy. Since the death of her husband in 1931 Mrs. Dietrickson had lived at the home of a daughter, Mrs. William O. Franklin, southwest of Bendena.

Mrs. Dietrickson is survived by one brother, Ferdinand Johnson, Atchison; six daughters, Mrs. Katherine Jensen, Bertchard, Colo.; Mrs. Mary Rogers, Folson, Cal.; Mrs. Nellie Keller, Warland, Wyo.; Mrs. Anna Franklin, Bendena; Mrs. Ida Culp and Mrs. Laura Ellis, both of Troy, and two sons, Henry Dietrickson, Toledo, Ohio, and Robert Dietrickson, Troy. A daughter, Miss Myrtle Culp, is employed in the circulation department of The Gazette.

Funeral of Young Luther Engbrecht Charge to Don County Account No. 178

Ordered by F. A. Kotsch Guaranteed by Serial No. 318

Funeral at Residence Mortuary ✓ Church Date 2-15-36 Hour 2 PM Annual No.

Clergyman Rev. Meyer Lodge Affiliations Body Shipped to or from

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services	50.00	3-7-36	By Ch. Don County		50.00
	Embalming					
	Outer Case or Vault					
	Washing and Dressing					
	Shaving					
	Slumber Robe					
	Suit or Dress					
	Other Articles of Clothing					
	Transferring Body					
	Door Badge					
	Opening Grave					
	Newspaper Notices					
	Telegrams and Telephone Calls					
	Use of ... doz. Chairs					
	Flowers					
	Clergyman					
	Singers					
	Casket Coach					
	Use of ... Funeral Cars					
	Use of Flower Cars					
	Professional Supervision					
	To Funeral Complete	50.00				50.00

Fee paid to Lodge

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Name of Deceased: Luther Eugene Young Residence: Troy Kansas

Funeral at: Residence ___ Mortuary ✓ Church ___ Date: Feb. 15-1936 Hour: 2 P.M. Clergyman: O. G. Meyer

Singers: Miss Burr & pupils Lodge Affiliations: Mathesa Ks

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 199 Style: left lid crepe octagon		
Interior: w/ stich Covering: crepe		
Manufacturer: Mo-Kan		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing: shroud		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	95	55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

PERSONAL AND STATISTICAL

Place of Death: his home Troy-Kan.

Date of Death: Feb. 13-1936

Cause of Death: Congenital Malformation of heart

Duration ___ Autopsy ___

Sex: M Color or Race: W

Single ___ Married ___ Widowed ___ Divorced ___ Child ✓

Date of Birth: May 14-1923 Age, Years: 12 Months: 9 Days: 1

Occupation: in school

How Long at Place of Death: 7 years

Birthplace—City or County: Bisbee State or Country: Arizona

Name of Father: Alex Young

Birthplace of Father: Shawnee Oklahoma

Maiden Name of Mother: Flo Emmons

Birthplace of Mother: Troy Kan

Signed: Roy Meadows M.D. - Coroner Coroner

Address: Highland Ks Date: 2-14-36

Interment at: Mt Olive cemetery Troy-Ks

Lot or Grave No. ___ Section No. ___

Shipped to

Arrived from

Via ___ R. R. ___ Date ___

In Charge of

Source of Call

Insured in ___ Amount ___

Beneficiary

In charge of Blanton Hovick Charge to Jas Blanton Account No.

Ordered by Guaranteed by not Jas Blanton Serial No. 3M

Funeral at Residence ✓ Mortuary Church Date 2-22-36 Hour 2 P.M. Annual No.

Clergyman Walter Myers Lodge Affiliations Body Shipped to or from

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date			✓	Credits
	Casket and Services	265.00	2-19-36	By cash for flowers			
	Embalming			Jas Blanton			5.00
	~~Outer Case~~ or Vault metal	90.00					
	Washing and Dressing		2-19-36	By note Jas Blanton			355.00
	Shaving						
	Slumber Robe						
	Suit or Dress						
	Other Articles of Clothing			(See note)			
	Transferring Body						
	Door Badge						
	Opening Grave						
	Newspaper Notices						
	Telegrams and Telephone Calls						
	Use of ..... doz. Chairs						
	Flowers	5.00					
	Clergyman						
	Singers						
	Casket Coach						
	Use of ..... Funeral Cars						
	Use of Flower Cars						
	Professional Supervision						
	To Funeral Complete	360.00					

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NAME OF DECEASED Howard Blanton RESIDENCE 7 miles south of Sparta.

FUNERAL AT RESIDENCE ✓ MORTUARY CHURCH DATE 2-22-1936 HOUR 2 PM CLERGYMAN Walter Ryan

SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 1366 Style Ad. st. tal family		
Interior 1K3 rose tan Covering Cedar Brentwood		
Manufacturer Mo-Kan		
Total Net Cost of Casket		
Outer Case		
Vault metal	90 00	
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		195 55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death his home South of Sparta.
Date of Death Feb. 19-1936
Cause of Death Contributory
Duration Autopsy
Sex M. Color or Race W
Single ✓ Married Widowed Divorced Child
Date of Birth Feb-29-1916 Age, Years 19 Months 11 Days 20
Occupation farming
How Long at Place of Death life
Birthplace—City or County Sparta State or Country Kans.
Name of Father James O Blanton
Birthplace of Father Farming - Kansas
Maiden Name of Mother Bella Walters
Birthplace of Mother Quito Nebraska
Signed Ray Meeding M.D. Coroner
Address Highland Ks. Date
Interment at Iola Cemetery Sparta Ks.
Lot or Grave No. Section No.
Shipped to
Arrived from
Via R. R. Date
In Charge of

Source of Call

Insured in Amount
Beneficiary

Funeral of Simpson James E. Charge to — Account No. 179

Ordered by — Guaranteed by James Simpson Jr. Sales No. 320

Funeral at Residence Mortuary Church Family I.O.O.F. Date Feb. 4-36 Hour 2 P.M. Annual No.

Clergyman Lodge Affiliations Body Shipped to or from

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services	150.00	3-3-36	by cash		35.00
	Embalming		2-23-36	by cash		126.00
	Outer Case or Vault		4-22-37	" "		4.00
	Washing and Dressing					
	Shaving					
	Slumber Robe					
	Suit ~~or Dress~~ Funeral clothing	15.00				
	Other Articles of Clothing					
	Transferring Body					
	Door Badge					
	Opening Grave					
	Newspaper Notices					
	Telegrams and Telephone Calls					
	Use of ..... doz. Chairs					
	Flowers					
	Clergyman					
	Singers					
	Casket Coach					
	Use of ..... Funeral Cars					
	Use of Flower Cars					
	Professional Supervision					
	To Funeral Complete	165.00				165.00

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NAME OF DECEASED James E. Simpson RESIDENCE N.W. of Fanning

FUNERAL AT ____ RESIDENCE ____ MORTUARY ____ CHURCH Fanning L.D.S. DATE March 4-1936 HOUR 1 P.M. CLERGYMAN Wm Twombly

SINGERS ____ LODGE AFFILIATIONS ____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		165.00
Casket No. 234 Style Single panel Perfection Brown		
Interior grey satin Covering silver brocade		
Manufacturer Rex		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing suit + underwear		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	MSS	
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death his home N.W. of Fanning

Date of Death March 2-1936

Cause of Death Poisoning accidentally took Sodium Fluoride instead of Salts

Duration ____ Contributory ____

Sex M. Color or Race W

Single ____ Married ✓ Widowed ____ Divorced ____ Child ____

Date of Birth April 28-1857 Age, Years 78 Months 10 Days 4

Occupation farmer (retired)

How Long at Place of Death entire life

Birthplace—City or County Fanning R.F.D. State or Country Kansas

Name of Father James Simpson

Birthplace of Father Penn.

Maiden Name of Mother Nancy Stalper

Birthplace of Mother Ohio

Signed ____ M.D. Roy Mendenhall Coroner

Address Highland Ks. Date 3-2-36

Interment at Fanning cemetery

Lot or Grave No. ____ Section No. ____

Shipped to

Arrived from

Via ____ R. R. Date ____

In Charge of ____

Source of Call ____

Insured in ____ Amount ____

Beneficiary ____

Funeral of Duncan Frank Charge to Mrs Frank Duncan Order No. 180

Ordered by ..... Guaranteed by ..... Serial No. 321

Funeral at ..... Residence ..... Mortuary ✓ Church ..... Date ..... Hour ..... Annual No. .....

Clergyman Rev. Carter Lodge Affiliations ..... Body Shipped to or from .....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date		✓	Credits
	Casket and Services	150.00	3-24-36	By check Elizabeth Duncan Admx		
	Embalming					
	Outer Case or Vault					165 42
	Washing and Dressing					
	Shaving		4-17-36	by Check		2 08
	Slumber Robe					
	Suit or Dress suit	16.00				
	Other Articles of Clothing					
	Transferring Body					
	Door Badge					
	Opening Grave					
	Newspaper Notices					
	Telegrams and Telephone Calls					
	Use of ..... doz. Chairs					
	Flowers					
	Clergyman					
	Singers					
	Casket Coach					
	Use of ..... Funeral Cars					
	Use of Flower Cars					
	Professional Supervision					
	Box Tape (4) 3-24-36	7.50				
	To Funeral Complete	168 50				165 50

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NAME OF DECEASED Frank Duncan RESIDENCE N.E. of Troy

FUNERAL AT ..... RESIDENCE ..... MORTUARY ✓ CHURCH ..... DATE March 14-1936 HOUR 2:30 PM CLERGYMAN Carter

SINGERS ..... LODGE AFFILIATIONS .....

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 734 Style Nine panel Octagon Artection Flange		
Interior grey silk Covering silver brocade		
Manufacturer R+		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MS/W/SS
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death his home Emily N.E. of Troy

Date of Death March 12-1936

Cause of Death ..... Contributory .....

Duration ..... Autopsy .....

Sex M. Color or Race .....

Single ..... Married ✓ Widowed ..... Divorced ..... Child .....

Date of Birth Aug 10-1859 Age, Years 76 Months 7 Days ✓

Occupation farmer

How Long at Place of Death 38 years

Birthplace—City or County Jackson County State or Country Ind

Name of Father C. C. Duncan

Birthplace of Father Kentucky

Maiden Name of Mother Martha Sturgeon

Birthplace of Mother Indiana

Signed A. E. Cordonier M.D. ..... Coroner

Address Troy Kans Date .....

Interment at Mt Olive Troy Kans

Lot or Grave No. ..... Section No. .....

Shipped to

Arrived from .....

Via ..... R. R. Date .....

In Charge of .....

Source of Call .....

Insured in ..... Amount .....

Beneficiary .....

Funeral of Johnson Hubert B. Charge to Pd by Helen Johnson Account No. 181
Ordered by Helen Johnson Guaranteed by Serial No. 322
Funeral at Residence Mt Olive Church Cemetery Hour 8:10 AM Annual No.
Clergyman Rev. Finch Lodge Affiliations 3-15-36 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			3-15	-36	Cash by Helen Johnson		34	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 Mt Olive	9	00						
	Newspaper Notices								
	Telegrams and Telephone Calls								
	Use of doz. Chairs								
	Flowers								
	Clergyman Rev. Finch	5	00						
	Singers								
	Casket Coach & services	20	00						
	Use of Funeral Cars								
	Use of Flower Cars								
	Professional Supervision								
	To Funeral Complete	34	00					34	00

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Name of Deceased Hubert B Johnson Residence Jamaica Queens County New York

Funeral at Residence ~~Mortuary~~ ~~Church~~ Mt Olivet Cemetery Date March 15 1936 8:10 A.M. Clergyman Rev. Francis

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. Style		
Interior Covering		
Manufacturer		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MN 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks: Shipped from New York

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

Personal and Statistical

Place of Death New York.
Date of Death
Cause of Death Chronic Myocarditis Contributory
Duration Autopsy
Sex M Color or Race W
Single Married Widowed Divorced ✓ Child
Date of Birth Age, Years 66 Months 3 Days 23
Occupation
How Long at Place of Death
Birthplace—City or County State or Country
Name of Father
Birthplace of Father
Maiden Name of Mother
Birthplace of Mother
Signed M.D. Coroner
Address Date
Interment at Mt Olivet Cemetery Troy Pa.
Lot or Grave No. Section No.
Shipped to
Arrived from
Via R. R. Date
In Charge of

Source of Call

Insured in Amount
Beneficiary

Funeral of Emma Mayer Charge to ..... Account No. .....

Ordered by ..... Guaranteed by ..... Serial No. 3213

Funeral at ..... Residence ..... Mortuary ..... Church ✓ Date Feb 17 36 Hour 2:30 PM. Annual No. 233

Clergyman Rev Gaston Lodge Affiliations ..... Body Shipped to or from .....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount		Date			V	Credits	
	Casket and Services	275	00	3-19-36	Clerk Cash - flowers			12	00
	Embalming			Oct. 2-1936	By Cash			32	40
	~~Outer Case or~~ Vault concrete	90	50	12-7-37	By Clerk J. Shull Int. 1.50	principal		54	70
	Washing and Dressing			6-18-38	By Clerk J. Shull Int. 8.70	principal		27	05
	Shaving								
	Slumber Robe			2-18-39	By Clerk			200	00
	Suit or Dress dress	8	50						
	Other Articles of Clothing								
	Transferring Body								
	Door Badge								
	Opening Grave								
	Newspaper Notices								
	Telegrams and Telephone Calls								
	Use of ..... doz. Chairs								
	Flowers	12	00						
	Clergyman								
	Singers								
	Casket Coach								
	Use of ..... Funeral Cars								
	Use of Flower Cars								
	Professional Supervision								
	To Funeral Complete	335	50					326	15

dress 8.50
Paid to Mrs R.
T. S. Bich 2849

Clear Ledger Sept 3-1937

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Name of Deceased: Emma Mayer Residence: Troy - Kansas

Funeral at: Residence ____ Mortuary ____ Church: Bendena Lutheran Date: March 17 1936 Hour: 2:30 PM Clergyman: Rev. Gaston

Singers ____ Lodge Affiliations ____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 203 Style: Round corner Std 4 crown		
Interior: Grey silk Covering		
Manufacturer: Mo. Casket Co.		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		YMS. 55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

PERSONAL AND STATISTICAL

Place of Death: Horton Hosp. Horton Ks.
Date of Death: March 15-1936
Cause of Death ____ Contributory ____
Duration ____ Autopsy ____
Sex: F Color or Race: W.
Single ____ Married ____ Widowed ✓ Divorced ____ Child ____
Date of Birth: July 6 1865 Age, Years: 70 Months: 8 Days: 9
Occupation: Housewife
How Long at Place of Death: 11 days
Birthplace—City or County: Wathena State or Country: Kansas
Name of Father: Chas Kuehnhoff
Birthplace of Father: Germany
Maiden Name of Mother: Caroline Hertel
Birthplace of Mother: Germany
Signed: L. C. Edmons M.D. ____ Coroner
Address: Horton Kans Date: 3-16-36
Interment at: Mt Olive Troy Kans
Lot or Grave No. ____ Section No. ____
Shipped to
Arrived from
Via ____ R. R. Date ____
In Charge of
Source of Call
Insured in ____ Amount ____
Beneficiary

Funeral Harris Eugene Francis Charge to W. F. Harris - Account No. 182

Ordered by ..... Guaranteed by ..... Serial No. 324

Funeral at ..... Residence ..... Mortuary ✓ Church ..... Date Mch 24-36 Hour 2.30 P.M. Annual No. .....

Clergyman Rev. Lubeck Lodge Affiliations ..... Body Shipped to or from .....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount		Date			V	Credits	
	Casket and Services	285	00	4-17-36		by Cash-Mr. Harris Alone		5	00
	Embalming			4-28-36		" " Ruth Harris		482	50
	~~Outer Case or~~ Vault Mausoleum	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	7	50						
	Clergyman								
	Singers								
	Casket Coach								
	Use of ..... Funeral Cars								
	Use of Flower Cars								
	Professional Supervision								
	To Funeral Complete	487	50					487	50

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NAME OF DECEDENT Eugene Francis Harris RESIDENCE 3 miles west of Troy on 36

FUNERAL AT RESIDENCE MORTUARY ✓ CHURCH DATE March 24 1936 HOUR 2:30 PM CLERGYMAN Rev. Lubeck

SINGERS LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No. 802 Style state half couch		
Interior gr Baronetta Covering Patina Brentwood		
Manufacturer Rex		
Total Net Cost of Casket		
Outer Case		
Vault mausoleum	195.00	
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		JNN 55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death on Harris farm East of Troy

Date of Death March 21-1936

Cause of Death Cerebro Myocarditis Contributory

Duration Autopsy

Sex M. Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth Apr 1-1911 Age, Years 24 Months 11 Days 20

Occupation farmer

How Long at Place of Death life

Birthplace—City or County Troy State or Country Kansas

Name of Father Arnold F Harris

Birthplace of Father Troy - Kansas

Maiden Name of Mother Nellie Ratcliff

Birthplace of Mother Colony Kans

Signed M.D. Ray Meidinger Coroner

Address Highland Kans Date

Interment at Mt Olive Cemetery Troy Kas.

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral of Smith Louisa Lynn Charge to James Smith Account No. 183

~~Ordered by~~ (Mrs. Jim Smith) Guaranteed by Serial No. 325

Funeral at Residence ✓ Mortuary Church Date Mch 26-36 2 P.M. Annual No.

Clergyman Lodge Affiliations Body Shipped to or from

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services	265.00	4-18-36	By Check		272.50
	Embalming					
	Outer Case or Vault					
	Washing and Dressing					
	Shaving					
	Slumber Robe					
	Suit or Dress					
	Other Articles of Clothing					
	Transferring Body					
	Door Badge					
	Opening Grave					
	Newspaper Notices					
	Telegrams and Telephone Calls					
	Use of ..... doz. Chairs					
	Flowers	7.50				
	Clergyman					
	Singers					
	Casket Coach					
	Use of ..... Funeral Cars					
	Use of Flower Cars					
	Professional Supervision					
	To Funeral Complete	272.50				272.50

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Name of Deceased Louisa Ann Smith Residence N. W. of Troy

Funeral at Her Residence ✓ Mortuary Church Date Mch. 26 1936 Hour 2 PM Clergyman Sapp

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. 758 Style diagonal half round		
Interior Cl. handcraft Covering Silver Nassau		
Manufacturer Rx		
Total Net Cost of Casket		
Outer Case		
Vault no		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MTY SS
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

Personal and Statistical

Place of Death her home N.W. of Troy

Date of Death March 24-1936

Cause of Death Contributory

Duration Autopsy

Sex F Color or Race W

Single Married ✓ Widowed Divorced Child

Date of Birth July 15 1863 Age, Years 72 Months 8 Days 6

Occupation housewife

How Long at Place of Death 47 years

Birthplace ~~City or~~ County Jonesboro State or Country Kansas

Name of Father Samuel Myers

Birthplace of Father unknown

Maiden Name of Mother Nancy Ann Norman

Birthplace of Mother Morgan Town Indiana

Signed W. E. Cordsmier M.D. Coroner

Address Troy - Kan Date

Interment at Moravy cemetery

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral of Eads Gladys (Blanton) Charge to Oscar Eads Account No. 184

Ordered by Oscar Eads Guaranteed by Serial No. 326

Funeral at Residence Mortuary ✓ Church Date Hour Annual No.

Clergyman Mr Twombly Lodge Affiliations Troy Rebekah Body Shipped to or from

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount		Date			V	Credits	
	Casket and Services	150	00	4-16-	36	By Check		150	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	150	00					150	00

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NAME OF DECEASED Gladys (Blanton) Eode RESIDENCE St Joseph Mo.

FUNERAL AT ____ RESIDENCE ____ MORTUARY ✓ CHURCH ____ DATE April 1-1936 HOUR 2 PM CLERGYMAN Wm Twombly

SINGERS ____ LODGE AFFILIATIONS Troy Rebekah

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		150 00
Casket No 234 Style Single panel Bef. Throw		
Interior Gorgeart silk Covering Gray Brocade		
Manufacturer Rx		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MSS 55
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death Sunny Slope Store St Joseph Mo

Date of Death March 30-1936

Cause of Death Pulmonary T.B. Contributory ____

Duration ____ Autopsy ____

Sex F Color or Race W

Single ____ Married ✓ Widowed ____ Divorced ____ Child ____

Date of Birth July 7-1909 Age, Years 26 Months 8 Days 23

Occupation housewife

How Long at Place of Death 10 days

Birthplace—City or County Fanning State or Country Kansas

Name of Father James Blanton

Birthplace of Father Fanning Kansas

Maiden Name of Mother Alice Thomas

Birthplace of Mother Troy Kans

Signed A. J. Smith M.D. ____ Coroner

Address St Joseph Mo Date 3-31-36

Interment at Fanning cemetery

Lot or Grave No. ____ Section No. ____

Shipped to

Arrived from ____

Via ____ R. R. Date ____

In Charge of ____

Source of Call ____

Insured in ____ Amount ____

Beneficiary ____

Funeral of Haupt Henry Wm Charge to Mrs Henry Haupt Account No. 185

Ordered by ..... Guaranteed by ..... Serial No. 327

Funeral at ..... Residence ..... Mortuary ..... Church ✓ Date ..... Hour ..... Annual No. .....

Clergyman Rev. Elliot Lodge Affiliations ..... Body Shipped to or from .....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date		V	Credits
	Casket and Services	185 00	4-29-36	By Ch Mrs Fannie Haupt		195 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	7 50				
	Clergyman					
	Singers					
	Casket Coach					
	Use of ..... Funeral Cars					
	Use of Flower Cars					
	Professional Supervision					
	heavy boards	8 50				
	Filed 4-24-36					
	To Funeral Complete	195.00				195 00

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Name of Deceased: Henry Wm Haufat Residence: Troy Kansas

Funeral at: Residence Mortuary Church: Troy Christian Date: April 5-1936 Hour: 2-30 P.M. Clergyman: Rev. Elliot

Singers: Lodge Affiliations:

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		
Casket No. 247 Style: Octagon half Couch		
Interior: Silver grey silk Covering: Plush		
Manufacturer: Beck		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral	Mos	55
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

Personal and Statistical

Place of Death: his home Troy Kans

Date of Death: March 31-1936

Cause of Death: Contributory:

Duration: Autopsy:

Sex: M Color or Race: W

Single: Married: ✓ Widowed: Divorced: Child:

Date of Birth: Jan 26-1865 Age, Years: 71 Months: 2 Days: 5

Occupation: farmer

How Long at Place of Death: 25 years

Birthplace—City or County: Nathena State or Country: Kansas

Name of Father: Wm Henry Haufat

Birthplace of Father: Germany

Maiden Name of Mother: Marie Frederick

Birthplace of Mother: Switzerland

Signed: C E Haller M.D. Coroner

Address: Troy Kans Date:

Interment at: Old Cloud Cemetery Troy Ks

Lot or Grave No.: Section No.:

Shipped to

Arrived from

Via: R.R. Date:

In Charge of:

Source of Call:

Insured in: Amount:

Beneficiary:

Funeral of Wm Parker Charge to Dow. Co. Account No. 186

Ordered by Fd Kotich Guaranteed by Serial No. 328

Funeral at Residence Mortuary ✓ Church Date Hour Annual No.

Clergyman Frank 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 + clothing	50	00	5-6-36		by Cash Dow Co.		50	00
	Embalming								
	Outer Case or Vault								
	Washing and Dressing								
	Shaving								
	Slumber Robe								
	Suit or Dress								
	Other Articles of Clothing								
	Transferring Body								
	Door Badge								
	Opening Grave								
	Newspaper Notices								
	Telegrams and Telephone Calls								
	Use of ..... doz. Chairs								
	Flowers								
	Clergyman								
	Singers								
	Casket Coach								
	Use of ..... Funeral Cars								
	Use of Flower Cars								
	Professional Supervision								
	To Funeral Complete	50	00					50	00

Filed Oct 20-30 Beth Whitehead Ins. Co. Paid 50

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Name of Deceased Wm Parks Residence Troy - Kansas

Funeral at Residence Mortuary ✓ Church Date April 16-1936 Hour 1.30 Clergyman Finch

Singers Lodge Affiliations

Revenue Items and Their Cost	Debits	Credits
Charge for Complete Funeral		50.00
Casket No. 51 Style Left hand		
Interior White Covering Grey crepe		
Manufacturer Rex		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		75
*Less Overhead Per Funeral		
Net Profit Apparent		

Remarks:

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

Personal and Statistical

Place of Death A.E. Williamson place North of Troy

Date of Death April 12-1934

Cause of Death Gun shot wound Contributory left chest

Duration Autopsy (Suicide)

Sex M. Color or Race W.

Single ✓ Married Widowed Divorced Child

Date of Birth April 27-1868 Age, Years 67 Months 11 Days 15

Occupation Farmer

How Long at Place of Death 15 years

Birthplace—City or County Taylor County Place of Country Iowa

Name of Father John Parks

Birthplace of Father Indiana

Maiden Name of Mother Nancy Nelson

Birthplace of Mother Kentucky

Signed M.D. Roy Meidenger Coroner

Address Highland Ks. Date April 13-1936

Interment at Mt Olive Troy - Ks.

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R.R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

Funeral of Zimmerman Emmett Edward — Account No. 187

Ordered by ____ Guaranteed by Mrs Zimmerman (wife) — Serial No. 329

Funeral at ____ Residence ____ Mortuary ____ Church ✓ Date 4-15-36 Hour 2 P.M. — Annual No. ____

Clergyman Saff — Lodge Affiliations ____ Body Shipped to or from ____

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount		Date			✓	Credits	
	Casket and Services	150	00	April	24-36	By check Mrs Ethel Zimmerman		150	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	150	00					150	~~00~~

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NAME OF D Emmett Elmer Zimmerman RESIDENCE Troy - Kansas

FUNERAL AT ____ RESIDENCE ____ MORTUARY ____ CHURCH Christian DATE April 15-1936 HOUR 2 PM CLERGYMAN Fr Saff.

SINGERS ____ LODGE AFFILIATIONS ____

REVENUE ITEMS AND THEIR COST	DEBITS	CREDITS
Charge for Complete Funeral		
Casket No 234 Style Perfection Throw		
Interior grey art Covering Silver brocade		
Manufacturer Rep		
Total Net Cost of Casket		
Outer Case		
Vault		
Embalming		
Clothing		
Total Cash Advances		
Total Net Cost of Funeral		
Gross Profit on Funeral		MSS
*Less Overhead Per Funeral		
Net Profit Apparent		

REMARKS:

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

PERSONAL AND STATISTICAL

Place of Death Allison home North of Troy

Date of Death April 13-1936

Cause of Death Hanging Suicide Contributory ____

Duration ____ Autopsy ____

Sex M Color or Race W

Single ____ Married ✓ Widowed ____ Divorced ____ Child ____

Date of Birth July 13-1879 Age, Years 56 Months 8 Days 3

Occupation Farmer

How Long at Place of Death 1 year

Birthplace—City or County Troy State or Country Kansas

Name of Father J B Zimmerman

Birthplace of Father Tenn

Maiden Name of Mother Susan E Wilson

Birthplace of Mother Missouri

Signed ____ M.D. Roy Neidinger Coroner

Address Highland Ks Date 4-13-36

Interment at ____

Lot or Grave No. ____ Section No. ____

Shipped to

Arrived from ____

Via ____ R. R. Date ____

In Charge of ____

Source of Call ____

Insured in ____ Amount ____

Beneficiary ____