

7 Dec

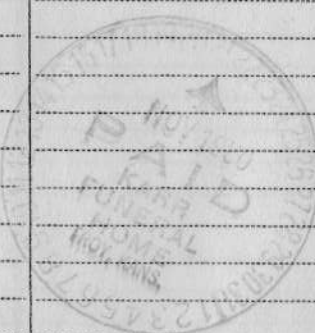
Funeral of Diehl, Wm M. Charge to Rosie Fullbright Account No. 235  
 Ordered by..... Guaranteed by..... Serial No. 38  
 Funeral at..... Residence..... Mortuary ☒ Church..... Date 11/21/50 Hour 2:00 Annual No.....  
 Clergyman Twombly Lodge Affiliations..... Body Shipped to or from.....

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

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services.....	248 00	11/22/50	By ck Rosa Fullbright	250 98
	Embalming.....				
	Outer Case or Vault.....				
	Washing and Dressing.....				
	Shaving.....				
	Slumber Robe.....				
	Suit or Dress.....				
	Other Articles of Clothing.....				
	Transferring Body.....				
	Door Badge.....				
	Opening Grave.....				
	Newspaper Notices.....				
	Telegrams and Telephone Calls.....				
	Use of..... doz. Chairs.....				
	Flowers.....				
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Sales Tax	2 98			
	To Funeral Complete	250 98			250 98



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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

Total Cash Advances \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

Place of Death Troy Ks.

Date of Death 11/19/50

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

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

Sex M

Color or Race W

Single \_\_\_\_\_

Married \_\_\_\_\_

Widowed ✓

Divorced \_\_\_\_\_

Child \_\_\_\_\_

Date of Birth July 29, 1881

Age, Years 69

Months 3

Days 10

Occupation Veteranarian

How Long at Place of Death 23 yrs.

Birthplace—City or County \_\_\_\_\_

State or Country Ohio

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

Signed Blair

M.D. \_\_\_\_\_

Coroner \_\_\_\_\_

Address Troy

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 \_\_\_\_\_

REMARKS:

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

Filed

## Insurance Policies

Paul



RESIDENCE

SINGERS		LODGE AFFILIATIONS	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

REMARKS:

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



Typed

## Insurance Policies

NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

DEBITS

Total Cash Advances \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

REMARKS:

Place of Death St. J. P.

Date of Death 2/12

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

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

Sex 7

Color or Race W

Single \_\_\_\_\_

Married \_\_\_\_\_

Widowed \_\_\_\_\_

Divorced \_\_\_\_\_

Child ☒

Date of Birth 12/12/50

Age, Years 2

Months 0

Days 0

Occupation \_\_\_\_\_

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

Birthplace—City or County \_\_\_\_\_

State or Country \_\_\_\_\_

Name of Father Robert H. Walter

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother Florence Newton

Birthplace of Mother \_\_\_\_\_

Signed Grimes

M.D. \_\_\_\_\_

Coroner \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Interment at W. Oline

Lot or Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_

R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_

Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

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

21

## Insurance Policies

### To Funeral Complete



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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

Total Cash Advances \_\_\_\_\_

DEBITS

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

Place of Death Troy

Date of Death 12/12/50

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

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

Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age, Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation \_\_\_\_\_

How Long at Place of Death 2 Mos.

Birthplace—City or County \_\_\_\_\_ State or Country \_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

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

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

Interment at \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_ R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

REMARKS:

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

Funeral of Lammers, Lara Mae Charge to \_\_\_\_\_ Account No. 239  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 42  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date \_\_\_\_\_ Hour \_\_\_\_\_ Annual No. \_\_\_\_\_  
 Clergyman \_\_\_\_\_ Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

## Insurance Policies

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

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

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

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

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
------------------------------	---------	--------------------------

REVENUE ITEMS AND THEIR COST	CREDITS	PERSONAL AND STATISTICAL
Charge for Complete Funeral _____		Place of Death _____
Casket No. _____ Style _____		Date of Death _____
Interior _____ Covering _____		Cause of Death _____ Contributory _____
Manufacturer _____		Duration _____ Autopsy _____
Total Net Cost of Casket _____		Sex _____ Color or Race _____
Outer Case _____		Single _____ Married _____ Widowed _____ Divorced _____ Child _____
Vault _____		Date of Birth _____ Age, Years _____ Months _____ Days _____
Embalming _____		Occupation _____
Clothing _____		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 _____
Total Cash Advances _____		Signed _____ M.D. _____ Coroner _____
_____		Address _____ Date _____
_____		Interment at _____
_____		Lot or Grave No. _____ Section No. _____
_____		Shipped to _____
_____		Arrived from _____
_____		Via _____ R. R. Date _____
Total Net Cost of Funeral _____		In Charge of _____
Gross Profit on Funeral _____		_____
*Less Overhead Per Funeral _____		Source of Call _____
Net Profit Apparent _____		_____

REMARKS: \_\_\_\_\_

Insured in \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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



## Geneva Orr Lammers

Birth: 1927  
Death: 1950

Geneva's parents were born in Smyth County Virginia, and with many people from that area, their families moved to Missouri during the early part of the 20th Century. Then they moved to Nebraska. There were so many people from Virginia in Wayne County Nebraska for a time that each year, they held a Virginia reunion. The Orr family attended these reunions along with their Troutman and Waggoner cousins. Along with two brothers and two sisters, Geneva grew up on a farm. She married James Lammers in 1947 and bore three children within three years. She was pregnant with a fourth child when her husband went to Kansas to look for work. She stayed for a week or two with her Troutman cousins in Stanton, Nebraska before she went to join Jim in Troy, Kansas. A few weeks later, for reasons unfathomable, he killed her and set fire to their trailer home, also killing the children. He was charged with murder, convicted, and later executed by the state of Kansas on Jan. 5, 1952.

### Family links:

#### Parents:

Moses Dallas Orr (1883 - 1946)

Amanda Waggoner Orr (1895 - 1970)

#### Spouse:

James B. Lammers (1924 - 1952)\*

#### Children:

Laura Mae Lammers (1947 - 1950)\*

Melva Jean Lammers (1948 - 1950)\*

LaVern Francis Lammers (1950 - 1950)\*

\*[Calculated relationship](#)

#### Inscription:

And Children

#### Burial:

[Saint John Baptist Catholic Church Cemetery](#)

Fordyce

Cedar County

Nebraska, USA

[Edit Virtual Cemetery info](#) [?]

Maintained by: [Z. T. Noble](#)



Added by: [hammered13](#)



Cemetery Photo

Added by: [OmaHanke](#)



- [Lance](#)

Added: Dec. 11, 2015



- [Cindy Taylor-Matuse](#)

Added: Jul. 27, 2013



So sorry this happened to you and your children. Peace.

- [Miss Morgan](#)

Added: Sep. 20, 2010

There are 3 more notes not showing...  
[Click here to view all notes...](#)

Filed

## Insurance Policies

### To Funeral Complete

NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH DATE HOUR CLERGYMAN

SINGERS

LODGE AFFILIATIONS

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

DEBITS

Place of Death

Date of Death

Cause of Death Contributory

Duration Autopsy

Sex Color or Race

Single Married Widowed Divorced Child

Date of Birth Age, Years Months Days

Occupation

How Long at Place of Death

Birthplace—City or County State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed M.D. Coroner

Address Date

Interment at

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

REMARKS:

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



7-6-68

## Insurance Policies

### To Funeral Complete

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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

Total Cash Advances \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

REMARKS:

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

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

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

Sex \_\_\_\_\_ Color or Race \_\_\_\_\_

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

Date of Birth \_\_\_\_\_ Age, Years \_\_\_\_\_ Months \_\_\_\_\_ Days \_\_\_\_\_

Occupation \_\_\_\_\_

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

Birthplace—City or County \_\_\_\_\_ State or Country \_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

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

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

Interment at \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_ R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

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

*Filed*

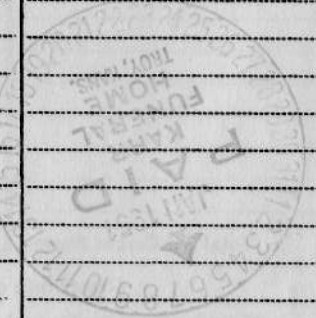
Funeral of Jackson, Henrietta Charge to \_\_\_\_\_ Account No. 242  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 45  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 12/31/50 Hour 2:00 Annual No. \_\_\_\_\_  
 Clergyman Kirchner Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial  
 Cemetery  
1012  
 Grave No.  
 Lot No.  
 Block No.  
 Section  
 Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	366 00	12/30/50		67 90
	Embalming		11/6/51		47 283
	Outer Case or Vault <u>Wilbert</u>	130 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	22 00			
	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				
	<u>Sales Tax</u>	7 73			
To Funeral Complete		540 73			540 73





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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

DEBITS

Total Cash Advances \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

Place of Death St. Joseph

Date of Death 12/29/56

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

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

Sex M

Color or Race W

Single \_\_\_\_\_

Married ☒

Widowed \_\_\_\_\_

Divorced \_\_\_\_\_

Child \_\_\_\_\_

Date of Birth 4/8/1870

Age, Years 80

Months 8

Days 21

Occupation \_\_\_\_\_

How Long at Place of Death 1 yr.

Birthplace—City or County Troy

State or Country \_\_\_\_\_

Name of Father John Riley

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother Elizabeth Kretzer

Birthplace of Mother \_\_\_\_\_

Signed Swails

M.D. \_\_\_\_\_

Coroner \_\_\_\_\_

Address Wathena

Date \_\_\_\_\_

Interment at Town

Lot or Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_

R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_

Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

REMARKS:

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

7. 11

## Insurance Policies

*Handwritten signature: R. L. Smith*

NAME OF DECEASED

RESIDENCE

FUNERAL AT

RESIDENCE

MORTUARY

CHURCH

DATE

HOUR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

## REVENUE ITEMS AND THEIR COST

## CREDITS

## PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No.

Style

Interior

Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death

Date of Death

Cause of Death

Contributory

Duration

Autopsy

Sex

Color or Race

Single

Married

Widowed

Divorced

Child

Date of Birth

Age, Years

Months

Days

Occupation

How Long at Place of Death

Birthplace—City or County

State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

M.D.

Address

Date

Interment at

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

In Charge of

Source of Call

Insured in

Amount

Beneficiary

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



*Filed*

Funeral of Snyder, Myrtle Charge to \_\_\_\_\_ Account No. 244  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 2  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary ☒ Church \_\_\_\_\_ Date 1-7-51 Hour \_\_\_\_\_ Annual No. \_\_\_\_\_  
 Clergyman Endelcoffer 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	464 00	1/24/51		150 00
	Embalming		3/19/51		150 00
	Outer Case or Vault <u>Box</u>	10 00	5/29/51		5 00
	Washing and Dressing		6-23-51		139
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	10 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sales Tax</u>	5 88			
To Funeral Complete		489 88			489 88

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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

Total Cash Advances \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

REMARKS:

Place of Death Atchison Ks.

Date of Death 1-4-58

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

Contributory \_\_\_\_\_

Duration 7

Autopsy \_\_\_\_\_

Sex F

Color or Race W

Single \_\_\_\_\_

Married ☒

Widowed \_\_\_\_\_

Divorced \_\_\_\_\_

Child \_\_\_\_\_

Date of Birth Dec 5

Age, Years 68 Months \_\_\_\_\_

Days \_\_\_\_\_

Occupation \_\_\_\_\_

How Long at Place of Death 1 1/2 yrs.

Birthplace—City or County Troy

State or Country \_\_\_\_\_

Name of Father James Earhart

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

Signed \_\_\_\_\_

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 Elyse Snyder

731 1/2 Comm. Station

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

*Filed*

Funeral of Gilmore, Violet M. Charge to J. Ward Gilmore Account No. 245  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 3  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church Highland Date 1-11-51 Hour 2:00 Annual No. \_\_\_\_\_  
 Clergyman Johnson 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	415 00	1/26/51		472 00
	Embalming				
	Outer Case or Vault <u>Concrete Box</u>	36 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegram and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	15 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sales Tax</u>	6 00			
To Funeral Complete		472 00			472 00



NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOUR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

## REVENUE ITEMS AND THEIR COST

## CREDITS

## PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death

Date of Death

Cause of Death

Contributory

Duration

Autopsy

Sex

Color or Race

Single

Married

Widowed

Divorced

Child

Date of Birth

Age, Years

Months

Days

Occupation

How Long at Place of Death

Birthplace—City or County

State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

M.D.

Coroner

Address

Date

Interment at

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

In Charge of

Source of Call

Insured in

Amount

Beneficiary

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

*Filed*

Funeral of Franklin, Baby Charge to Leslie Franklin Account No. 246  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 4  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary Cem. Church \_\_\_\_\_ Date 1/15/51 Hour 3:00 Annual No. \_\_\_\_\_  
 Clergyman Barthe 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	42 00	1-23-51		124 10
	Embalming				
	Outer Case or Vault <u>Wilbert</u>	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	5 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Sales Tax</u>	2 10			
To Funeral Complete		124 10			124 10



NAME OF DECEASED \_\_\_\_\_ RESIDENCE \_\_\_\_\_  
 FUNERAL AT \_\_\_\_\_ RESIDENCE \_\_\_\_\_ MORTUARY \_\_\_\_\_ CHURCH \_\_\_\_\_ DATE \_\_\_\_\_ HOUR \_\_\_\_\_ CLERGYMAN \_\_\_\_\_  
 SINGERS \_\_\_\_\_ LODGE AFFILIATIONS \_\_\_\_\_

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

DEBITS

Total Cash Advances \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

Place of Death St. Joe Mo.

Date of Death 11/15/51

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

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

Sex M Color or Race W

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

Date of Birth 11/15/51 Age, Years 0 Months 0 Days 0

Occupation \_\_\_\_\_

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

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

Name of Father Leslie L. Franklin

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother Mildred Byers

Birthplace of Mother \_\_\_\_\_

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

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

Interment at Denton

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_ R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

REMARKS:

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



7-10

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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

DEBITS

Total Cash Advances \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

Place of Death Bondena Ks.

Date of Death 1-17-51

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

Duration 7. Autopsy \_\_\_\_\_

Sex M. Color or Race W

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

Date of Birth 10-12-1880 Age, Years 70 Months 3 Days 5

Occupation Housewife

How Long at Place of Death 10 yrs.

Birthplace—City or County \_\_\_\_\_ State or Country \_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

Signed C. J. J. J. M.D. \_\_\_\_\_ Coroner \_\_\_\_\_

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

Interment at \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_ R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

REMARKS:

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

Funeral of Lieffring, Claude M. Charge to Est. Account No. 248  
Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 6  
Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary ☒ Church \_\_\_\_\_ Date 1-25-51 Hour 2:00 Annual No. \_\_\_\_\_  
Clergyman Twombly Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

[illegible]



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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. *Metal* Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

DEBITS

Total Cash Advances \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

Place of Death *St. Joseph*

Date of Death *1-22-51*

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

Duration \_\_\_\_\_

Sex *F*

Color or Race *W*

Single \_\_\_\_\_

Married \_\_\_\_\_

Widowed \_\_\_\_\_

Divorced \_\_\_\_\_

Child \_\_\_\_\_

Date of Birth *Dec. 17, 1877*

Age, Years *73*

Months \_\_\_\_\_

Days \_\_\_\_\_

Occupation \_\_\_\_\_

How Long at Place of Death *3 yrs*

Birthplace—City or County \_\_\_\_\_

State or Country \_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

Signed *Hartsock*

*RB*

Coroner

Address \_\_\_\_\_

Date \_\_\_\_\_

Interment at *Fanning*

Lot or Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_

R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_

Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

REMARKS:

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

Funeral of Libel, Theresa M. Charge to \_\_\_\_\_ Account No. 249  
Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 7  
Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church ☒ Date 1-27-51 Hour 10:00 Annual No. \_\_\_\_\_  
Clergyman Sullivan Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

### Pall Bearers

## Singers

## Insurance Policies

APOLIS 2/2/51

Date	Description of Service	Amount	Date		✓	Credits
	Casket and Services.....	870 00	3/20/51	By ck		1048 74
	Embalming.....					
	Outer Case or Vault Wilbert	130 00				
	Washing and Dressing.....					
	Shaving.....					
	Slumber Robe.....					
	Suit or Dress.....	20 00				
	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.....					
	Sales Tax	13 76				
	To Funeral Complete	1048 74				1048 74

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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

DEBITS

Total Cash Advances \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

Place of Death Severance

Date of Death 1-24-51

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

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

Sex 7 Color or Race W

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

Date of Birth Oct. 15, 1876 Age, Years 74 Months 3 Days 9

Occupation \_\_\_\_\_

How Long at Place of Death 50 yrs.

Birthplace—City or County \_\_\_\_\_ State or Country \_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

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

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

Interment at St. Benedicts

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_ R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

REMARKS:

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



*Filed*

Funeral of Campbell, Mary M. Charge to E.S.I. Account No. 250  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 8  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary ☒ Church \_\_\_\_\_ Date 2-4-51 Hour 2:00 Annual No. \_\_\_\_\_  
 Clergyman Barthell 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.....	394 00	2/7/51	<i>by ch</i>	450 75
	Embalming.....				
	Outer Case or Vault <i>Concrete Box</i>	36 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.....	15 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of ..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<i>Sales Tax</i>	5 75			
To Funeral Complete		450 75			450 75



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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

Total Cash Advances \_\_\_\_\_

DEBITS

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

Place of Death Bendena Ke.

Date of Death 2-2-51

Cause of Death Cancer

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

Sex F.

Color or Race W

Single \_\_\_\_\_

Married \_\_\_\_\_

Widowed \_\_\_\_\_

Divorced ✓

Child \_\_\_\_\_

Date of Birth May 3.

Age, Years 78

Months \_\_\_\_\_

Days \_\_\_\_\_

Occupation \_\_\_\_\_

How Long at Place of Death 1 1/2

Birthplace—City or County \_\_\_\_\_

State or Country \_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

Signed Clutz

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 \_\_\_\_\_

REMARKS:

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

*Filed*

Funeral of Stoufer, Hurley H Charge to Est. Account No. 251  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 9  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary ☒ Church \_\_\_\_\_ Date 2/13/51 Hour 2:00 Annual No. \_\_\_\_\_  
 Clergyman Zeidler 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	793 00	2/10/51 By <i>OK</i>		909 31
	Embalming	25 00			
	Outer Case or Vault <u>Box</u>				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	30 00			
	Other Articles of Clothing	35 00			
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls	10 69			
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Cash adv. Min</u>	5 00			
	<u>Sales Tax</u>	10 62			
To Funeral Complete		<del>898 69</del> 909 31			909 31



NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOUR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

## REVENUE ITEMS AND THEIR COST

## CREDITS

## PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

## DEBITS

Place of Death

Date of Death

Cause of Death

Contributory

Duration

Autopsy

Sex

Color or Race

Single Married

Widowed

Divorced

Child

Date of Birth

Age, Years

Months

Days

Occupation

How Long at Place of Death

Birthplace—City or County

State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

M.D.

Coroner

Address

Date

Interment at

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

In Charge of

Source of Call

Insured in

Amount

Beneficiary

REMARKS:

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

Funeral of Robell, Lenoran M. Charge to 624 Account No. 232  
Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 10  
Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary ☒ Church \_\_\_\_\_ Date 3/2/51 Hour 2:00 Annual No. \_\_\_\_\_  
Clergyman Campbell Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
Place of Burial	Casket and Services.....	415 00			
Cemetery	Embalming.....				
Grave No.	Outer Case or Vault.....	140 00			
Lot No.	Washing and Dressing.....				
Block No.	Shaving.....				
Section	Slumber Robe.....				
Pall Bearers	Suit or Dress.....	30 00			
	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.....				
Singers	Casket Coach.....				
	Use of ..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	<i>Sales Tax</i>	9 68			
Insurance Policies					
	To Funeral Complete	609 68			

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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

Total Cash Advances \_\_\_\_\_

DEBITS

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

REMARKS:

Place of Death \_\_\_\_\_

Date of Death \_\_\_\_\_

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

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

Sex \_\_\_\_\_

Color or Race \_\_\_\_\_

Single \_\_\_\_\_

Married \_\_\_\_\_

Widowed \_\_\_\_\_

Divorced \_\_\_\_\_

Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age, Years \_\_\_\_\_

Months \_\_\_\_\_

Days \_\_\_\_\_

Occupation \_\_\_\_\_

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

Birthplace—City or County \_\_\_\_\_

State or Country \_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

Signed \_\_\_\_\_

M.D. \_\_\_\_\_

Coroner \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Interment at \_\_\_\_\_

Lot or Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_

R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_

Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

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



*Filed*

Funeral of Euler, Frank E. Charge to Est. Account No. 253  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 11  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church ☒ Date 3/7/51 Hour 1:30 Annual No. \_\_\_\_\_  
 Clergyman Elliott Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	V	Credits
	Casket and Services	586 00	3/20/51		822 11
	Embalming <i>Wilbert</i>	130 00			
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress				
	Other Articles of Clothing				
	Transferring Body <i>Sidenfaden</i>	35 00			
	Door Badge				
	Opening Grave	10 00			
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers				
	Clergyman	30 00			
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<i>Cemetery Lot</i>	25 00			
	<i>Sales Tax</i>	6 11			
	To Funeral Complete	822 11			822 11

*[Large handwritten signature/initials]*

RESIDENCE.

DATE \_\_\_\_\_

**Hour**

CLERGYMAN

**SINGERS.**

### LODGE AFFILIATIONS

[illegible]

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

Funeral of Charles, Geo Charge to Russell Triplett Account No. 254  
Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 12  
Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 3-7-51 Hour 10:00 A.M. Annual No. \_\_\_\_\_  
Clergyman Kirshner Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

Date	Description of Service	Amount	Date	V	Credits
Place of Burial	Casket and Services.....	35 00			
Cemetery	Embalming.....				
Grave No.	Outer Case or Vault.....				
Lot No.	Washing and Dressing.....				
Block No.	Shaving.....				
Section	Sumber Robe.....				
Fall Bearers	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.....				
Singers	Casket Coach.....				
	Use of..... Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
Insurance Policies					
	To Funeral Complete				



NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOUR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

## REVENUE ITEMS AND THEIR COST

## CREDITS

## PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

Place of Death

Date of Death

Cause of Death Contributory

Duration Autopsy

Sex Color or Race

Single Married Widowed Divorced Child

Date of Birth Age, Years Months Days

Occupation

How Long at Place of Death

Birthplace—City or County State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed M.D. Coroner

Address Date

Interment at

Lot or Grave No. Section No.

Shipped to

Arrived from

Via R. R. Date

In Charge of

Source of Call

Insured in Amount

Beneficiary

REMARKS:

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

Funeral of Clark, Geo. A. Charge to \_\_\_\_\_ Account No. 255  
Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 13  
Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 3-27-51 Hour 2:00 Annual No. \_\_\_\_\_  
Clergyman Barthell 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.....	396 00	3/28/51		553 75
	Embalming.....				
	Outer Case or Vault.....	135 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.....	15 00			
	Clergyman.....				
	Singers.....				
	Casket Coach.....				
	Use of.....Funeral Cars.....				
	Use of Flower Cars.....				
	Professional Supervision.....				
	Sales Tax	7 75			
	To Funeral Complete	553 75			553 75

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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

Total Cash Advances

DEBITS

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

Place of Death *Bendena*

Date of Death *3/25/51*

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

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

Sex *M.* Color or Race *W.*

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

Date of Birth *Apr 18, 1860* Age, Years *90* Months *11* Days *7*

Occupation \_\_\_\_\_

How Long at Place of Death *86 yrs.*

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 *Mary*

Lot or Grave No. \_\_\_\_\_ Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_ R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_ Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

REMARKS:

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



7224

## Singers

PAID  
JAN 19 1970  
LIBRARY  
UNIVERSITY OF MICHIGAN

18770

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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

DEBITS

Total Cash Advances \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

Place of Death Indapendence Mo.

Date of Death 4/5/51

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

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

Sex M

Color or Race W

Single \_\_\_\_\_ Married ☒

Widowed \_\_\_\_\_

Divorced \_\_\_\_\_

Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age, Years 73

Months \_\_\_\_\_

Days \_\_\_\_\_

Occupation Farmer

How Long at Place of Death 3 mo.

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. Olive

Lot or Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_

R. R. \_\_\_\_\_

Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_

Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

REMARKS:

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

Field

## Insurance Policies

Paul



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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

Total Cash Advances \_\_\_\_\_

DEBITS

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

Place of Death St. Joe Mo

Date of Death 4/19/51

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

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

Sex 7 Color or Race W

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

Date of Birth Jan. 26, 1891 Age, Years 59 Months 9 Days 23

Occupation \_\_\_\_\_

How Long at Place of Death 4 days

Birthplace—City or County \_\_\_\_\_ State or Country Kan

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

Signed Blaire 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 \_\_\_\_\_

REMARKS:

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

*Filed*

Funeral of Arnold, Blanche Charge to E. E. Doughty Account No. 258  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 16  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church \_\_\_\_\_ Date 4/23/51 Hour 2:00 Annual No. \_\_\_\_\_  
 Clergyman Zeidler 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	4/30/51		413 76
	Embalming				
	Outer Case or Vault <u>Urn</u>	40 00			
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	24 00			
	Other Articles of Clothing				
	Transferring Body	15 00			
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegram and Telephone Calls				
	Use of _____ doz. Chairs				
	Flowers	15 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of _____ Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<u>Cremation</u>	50 00			
	<u>Sales Tax</u>	4 76			
	To Funeral Complete	413 76			413 76

*Paul*

NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOUR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

## REVENUE ITEMS AND THEIR COST

## CREDITS

## PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

Place of Death

Date of Death

Cause of Death

Contributory

Duration

Autopsy

Sex

Color or Race

Single

Married

Widowed

Divorced

Child

Date of Birth

Age, Years

Months

Days

Occupation

How Long at Place of Death

Birthplace—City or County

State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

M.D.

Coroner

Address

Date

Interment at

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

In Charge of

Source of Call

Insured in

Amount

Beneficiary

## REMARKS:

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



72nd

## Insurance Policies

67 | 00 ||

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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

Total Cash Advances \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

REMARKS:

Place of Death St. Joe

Date of Death 4/28/51

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

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

Sex F

Color or Race \_\_\_\_\_

Single ☒

Married \_\_\_\_\_

Widowed \_\_\_\_\_

Divorced \_\_\_\_\_

Child \_\_\_\_\_

Date of Birth \_\_\_\_\_

Age, Years 1

Months 4

Days \_\_\_\_\_

Occupation \_\_\_\_\_

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

Birthplace—City or County \_\_\_\_\_

State or Country \_\_\_\_\_

Name of Father \_\_\_\_\_

Birthplace of Father \_\_\_\_\_

Maiden Name of Mother \_\_\_\_\_

Birthplace of Mother \_\_\_\_\_

Signed \_\_\_\_\_

M.D. \_\_\_\_\_

Coroner \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Interment at Blue Rapids

Lot or Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_

R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_

Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

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

Funeral of Beckman, Oscar Charge to Est Account No. 260  
Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 18  
Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary ☒ Church \_\_\_\_\_ Date 5/11/51 Hour 2:30 P.M. Annual No. \_\_\_\_\_  
Clergyman Twombly Lodge Affiliations \_\_\_\_\_ Body Shipped to or from \_\_\_\_\_

## Insurance Policies

[illegible]



NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOUR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

## REVENUE ITEMS AND THEIR COST

## CREDITS

## PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

REMARKS:

Place of Death

Date of Death

Cause of Death

Contributory

Duration

Autopsy

Sex

Color or Race

Single

Married

Widowed

Divorced

Child

Date of Birth

Age, Years

Months

Days

Occupation

How Long at Place of Death

Birthplace—City or County

State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

M.D.

Coroner

Address

Date

Interment at

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

In Charge of

Source of Call

Insured in

Amount

Beneficiary

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

*Filed*

Funeral of Monroe Wrenzo Charge to..... Account No. 261  
 Ordered by..... Guaranteed by..... Serial No. 19  
 Funeral at..... Residence..... Mortuary..... Church ☒ Date 5/15/51 Hour..... Annual No.....  
 Clergyman Kirchner Lodge Affiliations..... Body Shipped to or from.....

Place of Burial

Cemetery

Grave No.

Lot No.

Block No.

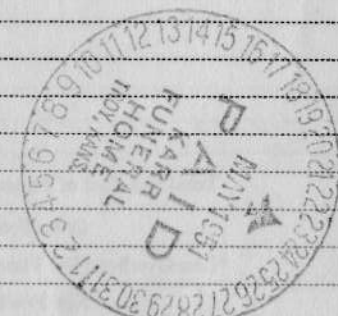
Section

Pall Bearers

Singers

Insurance Policies

Date	Description of Service	Amount	Date	✓	Credits
	Casket and Services	240 00	5/22/51	<i>By Cash</i>	281 64
	Embalming				
	Outer Case or Vault				
	Washing and Dressing				
	Shaving				
	Slumber Robe				
	Suit or Dress	30 00			
	Other Articles of Clothing				
	Transferring Body				
	Door Badge				
	Opening Grave				
	Newspaper Notices				
	Telegrams and Telephone Calls				
	Use of.....doz. Chairs				
	Flowers	8 00			
	Clergyman				
	Singers				
	Casket Coach				
	Use of.....Funeral Cars				
	Use of Flower Cars				
	Professional Supervision				
	<i>Sales Tax</i>	3 64			
To Funeral Complete		281 64			281 64



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

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

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

REVENUE ITEMS AND THEIR COST

CREDITS

PERSONAL AND STATISTICAL

Charge for Complete Funeral \_\_\_\_\_

Casket No. \_\_\_\_\_ Style \_\_\_\_\_

Interior \_\_\_\_\_ Covering \_\_\_\_\_

Manufacturer \_\_\_\_\_

Total Net Cost of Casket \_\_\_\_\_

Outer Case \_\_\_\_\_

Vault \_\_\_\_\_

Embalming \_\_\_\_\_

Clothing \_\_\_\_\_

Total Cash Advances \_\_\_\_\_

Total Net Cost of Funeral \_\_\_\_\_

Gross Profit on Funeral \_\_\_\_\_

\*Less Overhead Per Funeral \_\_\_\_\_

Net Profit Apparent \_\_\_\_\_

Place of Death Tracy

Date of Death 5/12/51

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

Contributory \_\_\_\_\_

Duration \_\_\_\_\_

Autopsy \_\_\_\_\_

Sex M

Color or Race W

Single \_\_\_\_\_

Married ☒

Widowed \_\_\_\_\_

Divorced \_\_\_\_\_

Child \_\_\_\_\_

Date of Birth Nov 18, 1871

Age, Years 79

Months 5

Days 24

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. Olive

Lot or Grave No. \_\_\_\_\_

Section No. \_\_\_\_\_

Shipped to \_\_\_\_\_

Arrived from \_\_\_\_\_

Via \_\_\_\_\_

R. R. Date \_\_\_\_\_

In Charge of \_\_\_\_\_

Source of Call \_\_\_\_\_

Insured in \_\_\_\_\_

Amount \_\_\_\_\_

Beneficiary \_\_\_\_\_

REMARKS:

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



Filed

## Insurance Policies

RESIDENCE.

SINGERS		LODGE AFFILIATIONS	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

REMARKS:

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

*Filed*

Funeral of Waller C. E. Charge to \_\_\_\_\_ Account No. 263  
 Ordered by \_\_\_\_\_ Guaranteed by \_\_\_\_\_ Serial No. 21  
 Funeral at \_\_\_\_\_ Residence \_\_\_\_\_ Mortuary \_\_\_\_\_ Church ☒ Date 5/22/51 Hour 2:00 P.M. Annual No. \_\_\_\_\_  
 Clergyman Kirchner 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	399 00			
	Embalming				
	Outer Case or Vault	135 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				
		00			
	To Funeral Complete	534 00			



NAME OF DECEASED

RESIDENCE

FUNERAL AT RESIDENCE MORTUARY CHURCH

DATE

HOUR

CLERGYMAN

SINGERS

LODGE AFFILIATIONS

## REVENUE ITEMS AND THEIR COST

## CREDITS

## PERSONAL AND STATISTICAL

Charge for Complete Funeral

Casket No. Style

Interior Covering

Manufacturer

Total Net Cost of Casket

Outer Case

Vault

Embalming

Clothing

Total Cash Advances

Total Net Cost of Funeral

Gross Profit on Funeral

\*Less Overhead Per Funeral

Net Profit Apparent

Place of Death

Date of Death

Cause of Death

Contributory

Duration

Autopsy

Sex

Color or Race

Single

Married

Widowed

Divorced

Child

Date of Birth

Age, Years

Months

Days

Occupation

How Long at Place of Death

Birthplace—City or County

State or Country

Name of Father

Birthplace of Father

Maiden Name of Mother

Birthplace of Mother

Signed

M.D.

Coroner

Address

Date

Interment at

Lot or Grave No.

Section No.

Shipped to

Arrived from

Via

R. R. Date

In Charge of

Source of Call

Insured in

Amount

Beneficiary

## REMARKS:

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