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<p>| To Funeral Complete | 279.38 |         | 279.38 |</p>
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**Remarks:**

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

- Place of Death: St. Joseph, MO (General Hospital)
- Date of Death: Feb 19, 1961
- Cause of Death: Coronary Oclusion
- Duration: Autopsy No
- Sex: Female
- Color or Race: White
- Single: Married
- Widowed: Divorced
- Child: Yes
- Date of Birth: 12-30-1892
- Age: 69
- Years: 67
- Months: 7
- Days: 0
- Occupation: 
- How Long at Place of Death: 2 yrs
- Birthplace—City or County: Sparks
- State or Country: Kansas
- Name of Father: John A. Dyer
- Birthplace of Father: 
- Maiden Name of Mother: Sarah Jane Frump
- Birthplace of Mother: 
- Signed: M.D. Coroner
- Address: 
- Interment at: Mt. Olive
- Lot or Grave No.: 
- Section No.: 
- Shipped to: 
- Arrived from: 
- Via: 
- R. R. Date: 
- In Charge of: 

## Personal and Statistical

- 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 Harold E. McClelland

**Place of Burial:** Cemetery  
**Cemetery:**  
**Grave No.:**  
**Lot No.:**  
**Block No.:**  
**Section:**  
**Pall Bearers:**  
- David Lichtenstein  
- Earl Cain  
- Kenneth Secord  
- J. E. Stevens  
- Otto Eastabrook  
- Arden Bauman  

**Clergyman:** Gerald Webster  
**Lodge Affiliations:**  

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**To Funeral Complete:** 152.25

**Annual No.:** 14

**Funeral at:** Residence  
**Residence:**  
**Mortuary:**  
**Church:**  
**Date:** March 1, 1921  
**Hour:** 2 pm  
**Annual No.:** 14

**Account No.:** 656  
**(serial No.):** 373

**Copyright, 1930**  
**The Barnes Ross Co., Indianapolis**
**Personal and Statistical**

- **Name of Deceased**: Harold E McClelland
- **Residence**: Troy, Kansas
- **Funeral at Residence Mortuary Church**: Zion Est P
- **Date of Death**: Feb 27, 1961
- **Cause of Death**: Contributory
- **Sex**: Male
- **Age**: 62 Years
- **Marital Status**: Married
- **Occupation**: Retired Farmer
- **Place of Death**: Methodist Hospital St. Joe, Mo
- **Birthplace**: TAlc, Kansas
- **Name of Father**: William T McClelland
- **Name of Mother**: Elamalie Bailey
- **Birthplace of Father**: TAlc, Kansas
- **Birthplace of Mother**: TAlc, Kansas
- **Maiden Name of Mother**: Elamalie Bailey
- **Address**: St. Joseph, Mo
- **Interrment at**: Olive M.
- **Lot or Grave No.**: Section No.
- **Shipped to**: R. R. Date
- **Arrived from**: Via
- **In Charge of**: 

<table>
<thead>
<tr>
<th>Revenue Items and Their Cost</th>
<th>Credits</th>
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<tbody>
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</table>

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
**Funeral of: HARRIE C. POPE**
**Charge to: **
**Ordered by: GEORGE POPE**
**Guaranteed by: **
**Funeral at: Residence Mortuary Church Date: MAR 2, 1911 Hour: 3 P.M. Annual No. 15**

**Place of Burial**
- **Cemetery**
- **Grave No.**
- **Lot No.**
- **Block No.**
- **Section**
- **Pall Bearers:**
  - ALFRED CHRISTIAN
  - CHRIS WILBERT
  - RALPH HUDSON
  - FRANK RUSH

**Clergyman:**
- **NUEBEL**

**Lodge Affiliations**

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</table>

**To Funeral Complete:**
- **885.70**
**NAME OF DECEASED:** Hattie C. Pope  
**RESIDENCE:** Bendona, Kansas  
**FUNERAL AT:** Residence  
**MORTUARY CHURCH:** St. John's  
**DATE:** 3-2-61  
**HOUR:** 2 p.m.  
**CLERGYMAN:** M. Weber

**SINGERS:** Mrs. Byron A. Bear  
**LODGE AFFILIATIONS:**

<table>
<thead>
<tr>
<th>Revenue Items and Their Cost</th>
<th>Credits</th>
<th>Personal and Statistical</th>
</tr>
</thead>
</table>
| **Charge for Complete Funeral** |         | **Place of Death:** Her Home - Bendona  
| **Casket No.** |         | **Date of Death:** Feb 27 1961  
| **Style** |         | **Cause of Death:** Apoplexy  
| **Interior** |         | **Contributory**  
| **Manufacturer:** |         | **Duration:** Autopsy No  
| **Total Net Cost of Casket** |         | **Sex:** Female  
| **Outer Case:** |         | **Color or Race:** White  
| **Vault:** |         | **Single:** Married  
| **Embalming:** |         | **Widowed:** Divorced  
| **Clothing** |         | **Child:**  
| **Total Cash Advances:** |         | **How Long at Place of Death:** Lifetime  
| **Total Net Cost of Funeral** |         | **Birthplace—City or County:** Bendona, State or Country: Kansas  
| **Gross Profit on Funeral** |         | **Name of Father:** Charles Campbell  
| **Less Overhead Per Funeral** |         | **Birthplace of Father:**  
| **Net Profit Apparent** |         | **Maiden Name of Mother:** Ida M. Emmons  
| **Remarks:** |         | **Birthplace of Mother:**  

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Service</th>
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To Funeral Complete
## Personal and Statistical Information

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<th>Sisters Hospital, Kansas City, Mo.</th>
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<td>Duration</td>
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<td>Autopsy No</td>
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<td>Widowed</td>
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<td>M.D.</td>
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## Revenue Items and Their Cost

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<tr>
<td>Casket No.</td>
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<td>Outer Case</td>
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<td>Vault</td>
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<td>Embalming</td>
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<td>Total Cash Advances</td>
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<td>Total Net Cost of Funeral</td>
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</tbody>
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## 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 **Maude C. WOOSTER**

**Charge to:**

**Account No.** 327

**Ordered by:** FRANK WOOSTER  [signature]

**Guaranteed by:**  [signature]

**Funeral at:** Residence  
**Mortuary:**  
**Church:**  
**Date:** 3-14-61  
**Hour:** 2:30  
**Annual No.** 17

**Clergyman:** L. W. FASTER  
**Lodge Affiliations:**  
**Body Shipped to or from:**

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<th>Amount</th>
<th>Date</th>
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<th>Credits</th>
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<td>9/17.15</td>
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</table>

**To Funeral Complete**

**CASH** 891.98
**Personal and Statistical Information**

- **Name:** Maude L. Workert
- **Residence:** Troy, Kansas

**Funeral Details**
- **Funeral at Residence:**
- **Mortuary Church:** Christian
- **Date:** 3-14-61
- **Hour:**
- **Clergyman:** Rev. Campbell

**Revenue Items and Their Cost**

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<tr>
<th>Charge for Complete Funeral</th>
<th>Casket No.</th>
<th>Style</th>
<th>Ever Seal</th>
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<th>Covering</th>
<th>Rose Gold High Class</th>
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<tr>
<th>Total Net Cost of Casket</th>
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<tr>
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<th>Clothing</th>
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<table>
<thead>
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<th>Total Cash Advances</th>
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<td>$550.00</td>
<td>$550.00</td>
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*More Overhead Per Funeral*

**Personal and Statistical Information**

- **Place of Death:** Meth Hospital, St. Joe
- **Date of Death:** March 12, 1961
- **Cause of Death:** Cancer
- **Duration:** Contributory
- **Sex:** Female
- **Color or Race:** White
- **Single:** Married
- **Widowed:** Divorced
- **Child:**

**Birthplace**
- **City or County:** Denison, State or Country: Kansas
- **Name of Father:**
- **Name of Mother:**

**Birthplace of Father**

**Birthplace of Mother**

**Maiden Name of Mother:** Effie Dinning

**Signed:**

**Address:** Denison, Kansas

**Interment at:**

**Lot or Grave No.:**

**Section No.:**

**Shipped to:**

**Arrived from:**

**Via:**

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

### Funeral of Ada Ellen Murphy
- Charge to: [Name redacted]
- Account No.: 360
- Ordered by: [Name redacted]
- Guaranteed by: [Name redacted]
- Serial No.: 374

### Funeral Details
- Residence
- Mortuary
- Church
- Date: 2-19-41
- Hour: 2:30
- Annual No.: 18
- Clergyman: [Name redacted]
- Lodge Affiliations: [Affiliations redacted]

### Body Shipped to or from
- [Destination redacted]

### Service Description and Charges

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<th>Amount</th>
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<td>Professional Supervision</td>
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### Total Charges
- Total: 224.02
- Net: 224.02
- Sales Tax: 24.19
- Net: 533.47
- Net: 324.02

### To Funeral Complete
- 224.02
<table>
<thead>
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<th>REVENUE ITEMS AND THEIR COST</th>
<th>CREDITS</th>
<th>PERSONAL AND STATISTICAL</th>
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<tr>
<td>Charge for Complete Funeral</td>
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**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 Andrew C. Delaney

Ordered by: Danley Delaney
Guaranteed by: Serial No. 595

Funeral at: Residence Mortuary Church Date: 4/21/61 Hour: 11:30 AM Annual No. 17

Clergyman: William Twombly Lodge Affiliations: Masonic

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To Funeral Complete: 119532
**PERSONAL AND STATISTICAL**

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**REVENUE ITEMS AND THEIR COST**

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**REMARKS:**

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
Funeral of: Wm. H. Wilkes
Ordered by: Ada Wilkes
Guaranteed by:

Funeral at: Residence
Mortuary: St. Johns
Church: Date: 5-9-61
Hour: 2 P.M.
Annual No.: 20

Clergyman: Carl Nuebel
Lodge Affiliations: Body Shipped to or from

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To Funeral Complete

COPyRIGHT, 1930
THE BARNES-ROSS CO., INDIANAPOLIS
### Name of Deceased: William H. Wilke
### Residence: Troy, Kansas (Rural)

### Personal and Statistical Information
- **Place of Death:** Troy (His Home)
- **Date of Death:** May 7, 1961
- **Cause of Death:** Cardiac Occurrence
- **Duration:** 2 hours
- **Sex:** Male
- **Color or Race:** White
- **Marital Status:** Widowed
- **Age:** 71
- **Birthplace:** Rush Co., Kansas
- **Parent:** Wm. Wilke
- **Name of Mother:** Mary Ricklets
- **Birthplace of Mother:** Rush Co., Kansas
- **Address:** Highland, KS
- **Date:** 5-8-61
- **Interment at:** Mory

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<td>Vault</td>
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### Total Net Cost of Funeral
- Gross Profit on Funeral
- Less Overhead Per Funeral
- Net Profit Apparent

### Remarks:
* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
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<td>Professional Supervision</td>
<td></td>
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<tr>
<td></td>
<td>SALES TAX</td>
<td>10.15</td>
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<tr>
<td></td>
<td>Less d'sc. (15.00)</td>
<td></td>
<td>630.15</td>
<td></td>
</tr>
</tbody>
</table>

| To Funeral Complete | 2649.91 |

Clergyman: Roberts
<table>
<thead>
<tr>
<th>REVENUE ITEMS AND THEIR COST</th>
<th>CREDITS</th>
<th>PERSONAL AND STATISTICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge for Complete Funeral</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Casket No.</td>
<td></td>
<td></td>
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<tr>
<td>Style</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interior</td>
<td></td>
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</tr>
<tr>
<td>Covering Manufacturer</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Net Cost of Casket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outer Case</td>
<td></td>
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<tr>
<td>Vault</td>
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</tr>
<tr>
<td>Embalming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
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</tr>
<tr>
<td>Total Cash Advances</td>
<td>5540.10</td>
<td></td>
</tr>
</tbody>
</table>

**Remainders:**

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

NAME OF DECEASED: Huston T. Meek
RESIDENCE: Troy, Kansas, Rural

FUNERAL AT: Residence, Mortuary, Church, Date: 5-13-61 Hour: 2:30, Clergyman: Roberts

Singers: Louise Saltzman

Lodge Affiliations:

DEBITS

Place of Death: Meth. Hosp., St. Joe, Mo.
Date of Death: May 12, 1961
Cause of Death: Stroke, Cerebral Hemorrhage
Duration: No
Autopsy: No
Sex: Male
Color or Race: White
Single: Married
Widowed
Divorced
Child
Date of Birth: 8-22-1902
Age: Years 58, Months 3, Days
Occupation: Farmer
How Long at Place of Death: 3 days
Birthplace: City or County
State or Country: Tenn

Name of Father: Joseph Meek
Birthplace of Father:
Maiden Name of Mother: Unknown
Birthplace of Mother:
Signed: Senne M.D.
Coroner
Address: St. Joseph's, Date:
Interment at: OAK Hill 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:

Total Net Cost of Funeral: 5540.10
Gross Profit on Funeral: 16.6
*Less Overhead Per Funeral: 16.6
Net Profit Apparent: 16.6

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Service</th>
<th>Amount</th>
<th>Date</th>
<th>V</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>5-19-61</td>
<td>Casket and Services</td>
<td>385.00</td>
<td>7-19-61</td>
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<td>250.00</td>
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</tr>
<tr>
<td>7-19-61</td>
<td>Washing and Dressing</td>
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<tr>
<td>7-19-61</td>
<td>Shaving</td>
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<tr>
<td>7-19-61</td>
<td>Slumber Robe</td>
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<tr>
<td>7-19-61</td>
<td>Suit or Dress</td>
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<td></td>
</tr>
<tr>
<td>7-19-61</td>
<td>Other Articles of Clothing</td>
<td>1.50</td>
<td></td>
<td>P</td>
<td>Paid in Full</td>
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<tr>
<td>7-19-61</td>
<td>Transferring Body</td>
<td>75.00</td>
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<tr>
<td>7-19-61</td>
<td>Door Badge</td>
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<tr>
<td>7-19-61</td>
<td>Opening Grave</td>
<td>6.90</td>
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<td>Newspaper Notices</td>
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<td>Telegrams and Telephone Calls</td>
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<td>Flowers</td>
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<td></td>
<td>Clergyman</td>
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<td>Singers</td>
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<td>Casket Coach</td>
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<td>Use of</td>
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<tr>
<td></td>
<td>Professional Supervision</td>
<td></td>
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</tbody>
</table>

To Funeral Complete

523.40
**Name of Decedent: Ralph Eugene Noah**

**Residence:** Troy, Kansas

**Funeral at:** Residence Mortuary Church Bapt. Date 5-18-61 Hour 2pm Clergyman: John Evans

---

### Revenue Items and Their Cost

<table>
<thead>
<tr>
<th>Charge for Complete Funeral</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casket No.</td>
<td>Style</td>
</tr>
<tr>
<td>Interior</td>
<td>Covering</td>
</tr>
<tr>
<td>Manufacturer</td>
<td></td>
</tr>
<tr>
<td>Total Net Cost of Casket</td>
<td></td>
</tr>
<tr>
<td>Outer Case</td>
<td></td>
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<tr>
<td>Vault</td>
<td></td>
</tr>
<tr>
<td>Embalming</td>
<td></td>
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<tr>
<td>Clothing</td>
<td></td>
</tr>
</tbody>
</table>

**Total Cash Advances:**

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### Lodging Affiliations

---

### Personal and Statistical

| Place of Death: Denver, Colo |
| Date of Death: May 13, 1961 |
| Cause of Death: Prog. Hep. Contrib. Cardiovascular Rupture of Aorta, Prior Heart Attack, Yes |
| Sex: Male |
| Color or Race: White |
| Single/Married/Widowed/Divorced/Child: Married |
| Date of Birth: 12-2-1930 Age, Years: 30 Months: Days |
| Occupation: Repairman |
| How Long at Place of Death: 24 Hrs |
| Birthplace—City or County: Severy, State or Country: Kansas |
| Name of Father: Ralph Noah |
| Birthplace of Father: |
| Maiden Name of Mother: Mary Courting |
| Birthplace of Mother: |
| Signed: W. R. Patterson, M.D. Coroner |
| Address: Denver, Col. |
| Interment at: OAK HILL CEMETERY |
| Lot or Grave No.: Section No.: |
| Shipped to: |
| Arrived from: |
| Via: R.R. Date: |

### Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Service</th>
<th>Amount</th>
<th>Date</th>
<th>V</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.90 a.m.</td>
<td>Casket &amp; Services</td>
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<td>3.30 a.m.</td>
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<td>Outer Case or Vault</td>
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<td></td>
<td>Washing &amp; Dressing</td>
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<td>Shaving</td>
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<td>Slumber Robe</td>
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<td>Suit or Dress</td>
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<td></td>
<td>Other Articles of Clothing</td>
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<td>Transferring Body</td>
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<td>Door Badge</td>
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<td>Opening Grave</td>
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<td>Newspaper Notices</td>
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<td>Telegrams &amp; Telephone Calls</td>
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<td>Flower</td>
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<td>Clergyman</td>
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<td>Singers</td>
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<td>Casket Coach</td>
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<td>Use of</td>
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<td></td>
<td>Use of Flower Cars</td>
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<tr>
<td></td>
<td>Professional Supervision</td>
<td>TAX</td>
<td>12.75</td>
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</table>

To Funeral complete
**NAME OF DECEASED:** William L. Judd  
**RESIDENCE:** Troy, Kansas  
**FUNERAL AT:** Residence  
**MORTUARY:** Church  
**DATE:** 3-25-61  
**HOUR:** 2 p.m.  
**CLERGYMAN:** Campbell  
**SINGERS:** James Campbell  
**LODGE AFFILIATIONS:**  

<table>
<thead>
<tr>
<th>REVENUE ITEMS AND THEIR COST</th>
<th>CREDITS</th>
<th>PERSONAL AND STATISTICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge for Complete Funeral</td>
<td></td>
<td>Place of Death: Bendena, KS (Color: White)</td>
</tr>
<tr>
<td>Casket No.</td>
<td></td>
<td>Date of Death: May 22, 1961 (Aent)</td>
</tr>
<tr>
<td>w-1</td>
<td></td>
<td>Cause of Death: Cerebral Hemorrhage (Contributory: ASCVD)</td>
</tr>
<tr>
<td>Interior Covering</td>
<td></td>
<td>Duration: Autopsy No.</td>
</tr>
<tr>
<td>Manufactured</td>
<td></td>
<td>Sex: Male (Color or Race: White)</td>
</tr>
<tr>
<td>Total Net Cost of Casket</td>
<td></td>
<td>Single: Married (Widowed: Child)</td>
</tr>
<tr>
<td>Outer Case</td>
<td></td>
<td>Date of Birth: 11-4-1883 (Age, Years: 77, Months: 68)</td>
</tr>
<tr>
<td>Vault</td>
<td>5500 P</td>
<td>Occupation: Retired (Railroad, Telegrapher)</td>
</tr>
<tr>
<td>Embalming</td>
<td>8150 P</td>
<td>How Long at Place of Death: 2 months</td>
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<tr>
<td>Clothing</td>
<td>7.25 +10</td>
<td>Birthplace—City or County: Sparks (State or Country: Kansas)</td>
</tr>
<tr>
<td>Total Cash Advances</td>
<td></td>
<td>Name of Father: William Judd</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Birthplace of Father</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Maiden Name of Mother: Nancy Thomas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Birthplace of Mother</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Signed Emerson Yoder, M.D. (Coroner)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Address: Topeka, Kansas</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Date: May 23, 1961</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Interment at Mt. Olive</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Lot or Grave No.: Section No.</td>
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<tr>
<td></td>
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<td>Arrived from</td>
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<td>Source of Call</td>
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<td></td>
<td>Amount</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Beneficiary</td>
</tr>
</tbody>
</table>

**S.S. no 712-01-9612**

**REMARKS:**

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
The document is a funeral service and charges sheet. It includes sections for Place of Burial, Cemetery, Grave No., Lot No., Block No., Section, Pall Bearers, Clergyman, Affiliations, and Singers. Under Insurance Policies, it mentions Copyright, 1930, by The Baker-Morse Co., Indianapolis.

The main section is a table listing various services and their corresponding costs and dates. The services include Casket and Services, 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 Pew, Flowers, Clergyman, Singers, Casket Coach, Use of Funeral Cars, Use of Flower Cars, and Professional Supervision. The table includes columns for Description of Service, Amount, Date, and Signature of Witness.

The total amount for the funeral services is $253.75. The document is a historical record for the funeral of Harley C. Sparks.
<table>
<thead>
<tr>
<th><strong>REVENUE ITEMS AND THEIR COST</strong></th>
<th><strong>CREDITS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge for Complete Funeral</td>
<td></td>
</tr>
<tr>
<td>Casket No.</td>
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<tr>
<td>Interior</td>
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<tr>
<td>Manufacturer</td>
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<tr>
<td>Total Net Cost of Casket</td>
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<td>Outer Case</td>
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<td>Vault</td>
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<td>Embalming</td>
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<td>Clothing</td>
<td></td>
</tr>
<tr>
<td>Total Cash Advances</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>PERSONAL AND STATISTICAL</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Place of Death</td>
</tr>
<tr>
<td>Date of Death</td>
</tr>
<tr>
<td>Cause of Death</td>
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<tr>
<td>Duration</td>
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<td>Sex</td>
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<td>State or Country</td>
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<td>Name of Father</td>
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<td>Maiden Name of Mother</td>
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<td>Birthplace of Mother</td>
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<td>Lot or Grave No.</td>
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<td>Section No.</td>
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<td>Arrived from</td>
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<td>Via</td>
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<tr>
<td>R.R. Date</td>
</tr>
<tr>
<td>Source of Call</td>
</tr>
<tr>
<td>Beneficiary</td>
</tr>
</tbody>
</table>

**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 **Robert E. Clary**

Ordered by: **Petroleum Clary**

Funeral at: Residence, Mortuary, Church

Date: 6-24-61

Hour: 2 p.m.

Clergyman: **Tom Wall**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Service</th>
<th>Amount</th>
<th>Date</th>
<th>Pd</th>
<th>Br.</th>
<th>F.</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Casket and Services</td>
<td>$750.00</td>
<td>7-3-61</td>
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<tr>
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<td>Outer Case or Vault</td>
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<td>Slumber Robe</td>
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<td>Suit or Dress</td>
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<td></td>
<td>Other Articles of Clothing</td>
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<tr>
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<td>Transferring Body</td>
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<td>Casket Coach</td>
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**667**

**404**

**833.98**

To Funeral Complete
**CHARGE for COMPLETE FUNERAL**

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<th>Item</th>
<th>Quantity</th>
<th>Description</th>
<th>Price</th>
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<td>Casket</td>
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<td>Style</td>
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<td>Interior Manufacturer</td>
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<td>Total Net Cost of Casket</td>
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<tr>
<td>Outer Case</td>
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<td></td>
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**REVENUE ITEMS AND THEIR COST**

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<tr>
<th>Item</th>
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</thead>
<tbody>
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<td>Total Cash Advances</td>
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**PLACE of DEATH**
- General Hospital
- St. Louis

**DATE of DEATH**
- 6-21-61

**CAUSE of DEATH**
- Natural Emboliation

**SEX**
- Male

**COLOR or RACE**
- White

**SINGLE**
- Married

**WIDOWED**
- Widowed

**DIVORCED**
- Divorced

**CHILD**
- Yes

**DURATION**
- 6 days

**BIRTHPLACE—City or County**
- Doniphan

**STATE or Country**
- Kansas

**NAME of Deceased**
- Robert E. Clary

**NAME of Father**
- Isaac Clary

**BIRTHPLACE of Father**
- Kansas

**MAIDEN NAME of Mother**
- Elizabeth Miller

**BIRTHPLACE of Mother**
- M.D., Petrosel

**SIGNED**
- A. S. Blair

**ADDRESS**
- Troy, Kansas

**INTERMENT**
- Mt. Olive

**TOTAL NET COST OF FUNERAL**

**GROSS PROFIT on FUNERAL**

**LESS OVERHEAD PER FUNERAL**

**NET PROFIT Apparent**

**REMARKS:**

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

Ordered by James Smith

Funeral at: Residence

Church: S. D. Church

Date: 6-24-61

Hour: 9:30 a.m.

Annual No.: 26

Clergyman: Father P. J. Lodge Affiliations

Body Shipped to or from

<table>
<thead>
<tr>
<th>Description of Service</th>
<th>Amount</th>
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<th>Credits</th>
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<tr>
<td>Outer Case or Vault</td>
<td>55.00</td>
<td></td>
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<td>Washing and Dressing</td>
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<td>Shaving</td>
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<tr>
<td>Slumber Robe</td>
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<tr>
<td>Suit or Dress</td>
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<tr>
<td>Other Articles of Clothing</td>
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<tr>
<td>Transferring Body</td>
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<tr>
<td>Opening Grave</td>
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<td>Telegrams and Telephone Calls</td>
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<tr>
<td>Use of doz. Chairs</td>
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<tr>
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<td>Use of Flower Cars</td>
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**To Funeral Complete**

892.24
<table>
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<tr>
<th>REVENUE ITEMS AND THEIR COST</th>
<th>CREDITS</th>
<th>PERSONAL AND STATISTICAL</th>
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<tbody>
<tr>
<td>Charge for Complete Funeral</td>
<td></td>
<td>Place of Death: ENTRANCE OF TROY - US HIGHWAY 56</td>
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<tr>
<td>Casket No.</td>
<td></td>
<td>Date of Death: 6-24-1961</td>
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<tr>
<td>Total Net Cost of Casket</td>
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<td>Cause of Death: SKULL FRACTURE - CONTRIBUTORY - CAR ACCIDENT</td>
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<tr>
<td>Outer Case</td>
<td></td>
<td>Duration: Auto. No</td>
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<tr>
<td>Vault</td>
<td></td>
<td>Sex: MALE - Color or Race: WHITE</td>
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<tr>
<td>Embalming</td>
<td></td>
<td>Single: V - Married: Widowed - Divorced - Child</td>
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<td>Clothing</td>
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<td>Date of Birth: 2-5-1917 - Age: 49 - Months: 24 - Days: 11</td>
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<td>Total Cash Advances:</td>
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<td>Occupation: SALESMAN</td>
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<td>How Long at Place of Death: 1</td>
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<td>Birthplace - City or County: OTTAWA - State or Country: KANSAS</td>
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<tr>
<td></td>
<td></td>
<td>Name of Father: JAMES SMITH</td>
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<tr>
<td></td>
<td></td>
<td>Birthplace of Father:</td>
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<tr>
<td></td>
<td></td>
<td>Maiden Name of Mother: GLADYS DONNAMISH</td>
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<td></td>
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<td>Birthplace of Mother:</td>
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<td></td>
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<td>Signed: M.D. R.L. CORNER - Coroner</td>
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<tr>
<td></td>
<td></td>
<td>Address: HIGHLAND KS - Date:</td>
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<td></td>
<td></td>
<td>Interement at: ST CHARLES - TROY</td>
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<tr>
<td></td>
<td></td>
<td>Lot or Grave No. - Section No.</td>
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<td></td>
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<td>Shipped to - From</td>
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<td></td>
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<td>In Charge of:</td>
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<td>Source of Call:</td>
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<td>Insured in:</td>
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<td>Beneficiary:</td>
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</tbody>
</table>

**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 **Arnold E. Miller**  
*Charge to*  
*Account No.* 669  
*Order by*  
*Mrs. Rachel Miller*  
*Guaranteed by*  
*Serial No.* 406  
*Funeral at*  
*Residence*  
*Mortuary*  
*Church*  
*Date* 2-23-61  
*Hour* 2 P.M.  
*Annual No.* 27  
*Clergyman*  
*Carl Niebel*  
*Lodge Affiliations*  
*Body Shipped to or from*  

<table>
<thead>
<tr>
<th>Place of Burial</th>
<th>Cemetery</th>
<th>Grave No.</th>
<th>Lot No.</th>
<th>Block No.</th>
<th>Section</th>
<th>Pall Bearers</th>
<th>Singer</th>
<th>Insurance Policies</th>
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<tbody>
<tr>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>John Kain, Tom Burke, Donald Meng, Hayden Elder, Paul Johnson, John Coitl</td>
<td>Don Pope</td>
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**Casket and Services**  
*Amount* 850.00  
*Date* 1-19-61  
*Funeral Complete* $11.24

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<tr>
<th>Date</th>
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<th>Amount</th>
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<th>V</th>
<th>Credits</th>
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<td>Casket and Service</td>
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<td>Professional Supervision</td>
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*Signature*  
*Date* 2-23-61  
*To Funeral Complete*  
$11.24  

*COPYRIGHT, 1930  
THE BANNER ROSS CO., INDIANAPOLIS*
**Revenue Items and Their Cost**

<table>
<thead>
<tr>
<th>Revenue Item</th>
<th>Cost</th>
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<tr>
<td>Charge for Complete Funeral</td>
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<td>Casket No.</td>
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<td>Style</td>
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<td>Interior</td>
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<td>Manufacturer</td>
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<tr>
<td>Total Net Cost of Casket</td>
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<td>Outer Case</td>
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<td>Clothing</td>
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<tr>
<td>Total Cash Advances</td>
<td>$512.34</td>
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</tbody>
</table>

| Total Net Cost of Funeral     |               |
| Gross Profit on Funeral      |               |
| *Less Overhead Per Funeral   |               |
| Net Profit Apparent          |               |

**Personal and Statistical**

- **Place of Death**: East of Troy, U.S. Highway
- **Date of Death**: 6-24-61
- **Cause of Death**: Skull Fracture
- **Contributory Cause**: Car Accident
- **Duration**: Autopsy
- **Sex**: Male
- **Color or Race**: White
- **Single/Married/Widowed/Divorced/Child**: Widowed
- **Date of Birth**: 1-21-1930
- **Age, Years/Months/Days**: 24
- **Occupation**: Naval Reserve
- **Birthplace—City or County**: Bendena, Kansas
- **Name of Father**: Albert Miller
- **Birthplace of Father**: 
- **Maiden Name of Mother**: Rachel Tilbury
- **Birthplace of Mother**: 
- **Signed**: M.D. R.L. Corrider, Coroner
- **Address**: Highland, KS
- **Interment at**: Moray
- **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.*
<table>
<thead>
<tr>
<th>Place of Burial</th>
<th>Cemetery</th>
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<th>Lot No.</th>
<th>Block No.</th>
<th>Section</th>
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<th>Singers</th>
<th>Insurance Policies</th>
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<td><strong>Carol McKinlack</strong></td>
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<td>Revenue Items and Their Cost</td>
<td>Credits</td>
<td>Personal and Statistical</td>
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<td>Name of Father: Gustav Paul</td>
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<td>Net Profit Apparent</td>
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<td>Maiden Name of Mother: Caroline Wollneck</td>
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<td>Birthplace of Mother: Husband: Fred Nesser</td>
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<tr>
<td></td>
<td></td>
<td>Signed: F. Gudee, M.D.</td>
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<td></td>
<td>Address: Dorton R.</td>
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<td></td>
<td>Intermemt at: NOT OLIVE</td>
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<tr>
<td></td>
<td></td>
<td>Lot or Grave No.: Section No.:</td>
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<td></td>
<td>Shipped to:</td>
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<td>Arrived from:</td>
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<td>Via: R. R.</td>
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<td>In Charge of:</td>
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<td>Beneficiary:</td>
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Remarks:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
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<td>Shaving</td>
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<td>8-7-61</td>
<td>Slumber Robe</td>
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<td>8-7-61</td>
<td>Suit of Dress</td>
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<tr>
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<td>Other Articles of Clothing</td>
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<td>8-7-61</td>
<td>Casket Coach</td>
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<td>8-7-61</td>
<td>Use of Funeral Cars</td>
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<td>Use of Flower Cars</td>
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To Funeral Complete

<p>| Total      | 501.90                 |</p>
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<tr>
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<tr>
<td>Casket No.</td>
<td>2:70</td>
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<tr>
<td>Style</td>
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<tr>
<td>Manufacturer</td>
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<tr>
<td>Total Net Cost of Casket</td>
<td></td>
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<tr>
<td>Vault</td>
<td></td>
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<tr>
<td>Embalming</td>
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<tr>
<td>Clothing</td>
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<tr>
<td>Total Cash Advances</td>
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</tbody>
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<thead>
<tr>
<th>DEBITS</th>
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</tbody>
</table>

**Personal and Statistical**

- Place of Death: *Troy, Kansas*
- Date of Death: *July 26, 1961*
- Cause of Death: *Myocardial Heart Failure*
- Duration: *No Autopsy*
- Sex: *Male*
- Color or Race: *White*
- Single: *Married*
- Widowed: *No*
- Divorced: *No*
- Child: *No*
- Date of Birth: *9-4-1880 Age Years 80 Months*
- Days: *30*
- Occupation: *Retired Farmer*
- How Long at Place of Death: *7 yrs.*
- Birthplace—City or County: *Harlan, State or Country: Iowa*
- Name of Father: *James McConnell*
- Birthplace of Father: *Unknown*
- Maiden Name of Mother: *Unknown*
- Birthplace of Mother: *Unknown*
- Married: *Yes*
- Wife: *Rosetta McConnell*
- Signed: *J.C. Swalls M.D.*
- Address: *Wathena, Kansas Date: July 26, 1961*
- Interment: *Irwin, Iowa*
- Lot or Grave No: *Section No.*
- Shipped to: *R. R. Date:*
- Arrived from: *In Charge of:*
- Via: *Source of Call:*
- Insured in: *Amount:*
- Beneficiary: *Insured in:*

**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 Ida Mac Blanton

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

Date Description of Service Amount Date
Casket and Services 385 9-4-61
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

COPYRIGHT, 1930
THE BARNES ROSS CO., INDIANAPOLIS
<table>
<thead>
<tr>
<th>REVENUE ITEMS AND THEIR COST</th>
<th>CREDITS</th>
<th>PERSONAL AND STATISTICAL</th>
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<tr>
<td>Casket No.</td>
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<tr>
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<td>Total Net Cost of Casket</td>
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<td>Outer Case</td>
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<td>Clothing</td>
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<tr>
<td>Total Cash Advances</td>
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Total Net Cost of Funeral

Gross Profit on Funeral

*Less Overhead Per Funeral*

Net Profit Apparent

**REMARKS:**

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

**PLACE OF DEATH:** ST. JOSEPH'S HOSPITAL

**DATE OF DEATH:** Aug 7, 1961

**CAUSE OF DEATH:** Contributory

**SEX:** Female

**COLOR OR RACE:** White

**SINGLE/MARRIED/Divorced:** Married

**DATE OF BIRTH:** 4/1/1871

**AGE, YEARS:** 90

**MONTHS:** 3

**DAYS:** 20

**OCCUPATION:** Housewife

**HOW LONG AT PLACE OF DEATH:** 6 hrs.

**BIRTHPLACE—City or County:** Joplin, State or Country: MO

**NAME OF FATHER:** John Massengill

**MAIDEN NAME OF MOTHER:** Elizabeth Blanton

**BIRTHPLACE OF MOTHER:**

**NAME OF FATHER:**

**BIRTHPLACE OF FATHER:**

**SIGNER:** M.D.

**ADDRESS:**

**INTERMENT:** 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:**

---

**NAME OF DECEASED:** Ida Mac Blanton

**RESIDENCE:** Troy, Kansas

**FUNERAL AT:** Residence

**MORTUARY:** Church

**C.R.I.S.**

**DATE:** 8-4-61

**HOUR:** 2 p.m.

**CLERGYMAN:** Wm. Treasury

**SIGNERS:** Saltzman & Feikin

**LODGE AFFILIATIONS:**
Funeral of **Mary Susan Henning**

Ordered by **Mrs. Marvin Delk**

Guaranteed by **F. H. Gage, Inc.**

Funeral at **Residence**

**Morgue**

**Church**

Date: **8-7-61**

Hour: **2:30**

Clergyman **Anderson**

Lodge Affiliations

**Body Shipped to or from**

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<th>Description of Service</th>
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<th>Date</th>
<th>Remarks</th>
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<td><strong>Mrs. Delk</strong></td>
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<tr>
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<td><strong>Outer Case or Vault</strong></td>
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<td><strong>Shaving</strong></td>
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<td></td>
<td><strong>Slumber Robe</strong></td>
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<td></td>
<td><strong>Suit or Dress</strong></td>
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<td><strong>Other Articles of Clothing</strong></td>
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<td><strong>Use of doz. Chairs</strong></td>
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<td><strong>Flowers</strong></td>
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<td></td>
<td><strong>Clergyman</strong></td>
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<td><strong>Use of Flower Cars</strong></td>
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**To** Funeral Complete
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<th>MARY SUSAN HENNING</th>
<th>Residence</th>
<th>TROY, KANSAS</th>
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<td>Singer</td>
<td>Evelyn Haupt</td>
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**Revenue Items and Their Cost**

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<th>Quantity</th>
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<td>Vault</td>
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<td>Clothing</td>
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<td>Total Cash Advances</td>
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<tr>
<td>Total Net Cost of Funeral</td>
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<tr>
<td>Gross Profit on Funeral</td>
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<td>*Less Overhead Per Funeral</td>
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**Credits**

**Personal and Statistical**

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*Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.*
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To Funeral Complete
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<td>Single status: Married, Widowed, Divorced, Child</td>
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<tr>
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<td>Embalming</td>
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<td>Occupation: Retired, Farmer</td>
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<td>How Long at Place of Death: 1 year</td>
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<td>Birthplace—City or County: Dangham Co, State or Country: Kansas</td>
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* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
<table>
<thead>
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<th>Date</th>
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To Funeral Complete
**Name of Deceased**: Clarence Marion Morris  
**Residence**: Oregon, Mo

**Funeral at**: Residence, Mortuary, Church  
**Date**: Sept 6, 1961 Hour 2 pm  
**Clergyman**: Rev L W Fink

**Singer**: Mrs Denton Saltman  
**Lodge Affiliations**:

### Revenue Items and Their Cost

<table>
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<tr>
<th>Item</th>
<th>Amount</th>
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<tr>
<td>Charge for Complete Funeral</td>
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<tr>
<td>Casket No.</td>
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<td>Total Net Cost of Casket</td>
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<td>Outer Case</td>
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<td>Vault</td>
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<td>Embalming</td>
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<td>Clothing</td>
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**Total Cash Advances**:  
**S.S. No.**: 493 18 6498

### Revenue Items and Their Cost

<table>
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<th>Item</th>
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<td>Gross Profit on Funeral</td>
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<td>Net Profit Apparent</td>
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### Personal and Statistical

- **Place of Death**: Columbia, Mo
- **Date of Death**: Sept 6, 1961
- **Cause of Death**: Cancer
- **Contributory**:
- **Sex**: Male
- **Color or Race**: White
- **Single/Married/Widowed/Divorced**: Widowed
- **Child**:
- **Date of Birth**: Feb 12, 1882
- **Age**: 79
- **Years**:
- **Months**:
- **Days**:
- **Occupation**: Retired Farmer
- **How Long at Place of Death**: 1 week
- **Birthplace—City or County**: Eureka, State or Country: Kansas
- **Name of Father**:
- **Birthplace of Father**:
- **Maiden Name of Mother**:
- **Birthplace of Mother**:
- **Signed**: M.D.
- **Coroner**:
- **Address**:
- **Date**:
- **Interment at**: St Charles 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**:

**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 Fannie W. Fahey

**Place of Burial:** Cemetery

**Grave No.:**

**Lot No.:**

**Block No.:**

**Section:**

**Pall Bearers:**

- Adaian Bock
- Carl Hauber
- Francis Foley
- Wm. Turpin
- Nick Theis
- Julian Nelson

**Singers:**

- Church Choir

**Insurance Policies:**

**Clergyman:** F. R. Hall

**Lodge Affiliations:**

**Funeral Date:** Sept 7, 1931

**Hour:** 10 a.m.

**Annual No.:** 1

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<td>Slumber Robe</td>
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<td>Suit or Dress</td>
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<td>Professional Supervision</td>
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<tr>
<td></td>
<td>Sales Tax</td>
<td>14.90</td>
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</tbody>
</table>

**To Funeral Complete**
**Name of Deceased:** Fannie W Fahey  
**Residence:** Troy, Kansas  
**Funeral at Residence:** Mortuary Church  
**St Charles Date:** Sept 7 1946  
**Hour:** 10:00  
**Clergyman:** F. Hall

**REVENUE ITEMS AND THEIR COST**

<table>
<thead>
<tr>
<th>Charge for Complete Funeral</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casket No.</td>
<td>Style</td>
</tr>
<tr>
<td>Interior Covering</td>
<td></td>
</tr>
<tr>
<td>Manufacturer</td>
<td></td>
</tr>
<tr>
<td>Total Net Cost of Casket</td>
<td></td>
</tr>
<tr>
<td>Outer Case</td>
<td></td>
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<tr>
<td>Vault</td>
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<tr>
<td>Embalming</td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
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<tr>
<td>Total Cash Advances</td>
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</table>

**PERSONAL AND STATISTICAL**

<table>
<thead>
<tr>
<th>Place of Death</th>
<th>Troy, Kansas - Her Home</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Death</td>
<td>Sept 5, 1946</td>
</tr>
<tr>
<td>Cause of Death</td>
<td>Contributory</td>
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<tr>
<td>Duration</td>
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<tr>
<td>Sex</td>
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<td>Color or Race</td>
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<tr>
<td>Single</td>
<td>Married</td>
</tr>
<tr>
<td>Widowed</td>
<td>Divorced</td>
</tr>
<tr>
<td>Child</td>
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<tr>
<td>Date of Birth</td>
<td>Nov 8, 1871</td>
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<tr>
<td>Age, Years</td>
<td>79</td>
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<tr>
<td>Months</td>
<td></td>
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<tr>
<td>Days</td>
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<td>Occupation</td>
<td>Housewife</td>
</tr>
<tr>
<td>How Long at Place of Death</td>
<td>20 yrs</td>
</tr>
<tr>
<td>Birthplace—City or County</td>
<td>Magoffin, Magoffin County, Kansas</td>
</tr>
<tr>
<td>Name of Father</td>
<td>John Harrington</td>
</tr>
<tr>
<td>Birthplace of Father</td>
<td></td>
</tr>
<tr>
<td>Maiden Name of Mother</td>
<td>Mitchell</td>
</tr>
<tr>
<td>Birthplace of Mother</td>
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</tr>
</tbody>
</table>

**Remarks:**

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
Place of Burial
Cemetery
Grave No.
Lot No.
Block No.
Section
Pall Bearers

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Service</th>
<th>Amount</th>
<th>Date</th>
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<td>Washing and Dressing</td>
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<td>Slumber Robe</td>
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<td>Suit or Dress</td>
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<td></td>
<td>Other Articles of Clothing</td>
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<td>Transferring Body</td>
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<td>Opening Grave</td>
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<td>Use of Flower Cars</td>
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<td></td>
<td>Professional Supervision</td>
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<td>Sales Tax</td>
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</tr>
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</table>

To Funeral Complete
NAME OF DECEASED: George Howard Callahan
RESIDENCE: Troy, Kansas


REVENUE ITEMS AND THEIR COST

<table>
<thead>
<tr>
<th>Charge for Complete Funeral</th>
<th>Credits</th>
<th>DEBTS</th>
<th>PERSONAL AND STATISTICAL</th>
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</thead>
<tbody>
<tr>
<td>Casket No.</td>
<td>Style</td>
<td></td>
<td>Place of Death: Meth Hosp. St. Joseph</td>
</tr>
<tr>
<td>Interior</td>
<td>Covering</td>
<td></td>
<td>Date of Death: Sept 7, 1961</td>
</tr>
<tr>
<td>Manufacturer</td>
<td></td>
<td></td>
<td>Cause of Death: Contributory</td>
</tr>
<tr>
<td>Total Net Cost of Casket</td>
<td></td>
<td></td>
<td>Duration: Autopsy</td>
</tr>
<tr>
<td>Outer Case</td>
<td></td>
<td></td>
<td>Sex: Male</td>
</tr>
<tr>
<td>Vault</td>
<td></td>
<td></td>
<td>Color or Race: White</td>
</tr>
<tr>
<td>Embalming</td>
<td></td>
<td></td>
<td>Single: Married</td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
<td>Widowed: Divorced</td>
</tr>
<tr>
<td>Total Cash Advances</td>
<td></td>
<td></td>
<td>Child: Infant</td>
</tr>
</tbody>
</table>

Total Net Cost of Funeral | Gross Profit on Funeral | *Less Overhead Per Funeral | Net Profit Apparent |

REMARKS:

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Service</th>
<th>Amount</th>
<th>Date</th>
<th>V</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
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<td>10-2-61</td>
<td>Casket and Services</td>
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<td></td>
<td>Outer Case or Vault</td>
<td>$1.00</td>
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<td>Washing and Dressing</td>
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<td>Slumber Robe</td>
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<td></td>
<td>Suit or Dress</td>
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<td>Other Articles of Clothing</td>
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<td>Transferring Body</td>
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<td>Door Badge</td>
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<td></td>
<td>Opening Grave</td>
<td>$0.35</td>
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<td>Newspaper Notices</td>
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<td>Telegrams and Telephone Calls</td>
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<td>Singers</td>
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<td>Casket Coach</td>
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<td>Use of Funeral Cars</td>
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<td></td>
<td>Use of Flower Cars</td>
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<tr>
<td></td>
<td>Professional Supervision</td>
<td>Sales Tax $16.93</td>
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</tbody>
</table>

To Funeral Complete
**NAME OF DECEASED:** MARY STOUT  
**RESIDENCE:** TROY, KANSAS

**FUNERAL AT:** Residence  
**MORTUARY:**  
**CHURCH:** St. Charles  
**DATE:** 10-2-61  
**HOUR:**  
**CLERGYMAN:** Hall

**SINGERS:** Choir  
**LODGE AFFILIATIONS:**

<table>
<thead>
<tr>
<th>REVENUE ITEMS AND THEIR COST</th>
<th>CREDITS</th>
<th>PERSONAL AND STATISTICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge for Complete Funeral</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| Casket $500  
Style Medium  
Manufacturer  
Total Net Cost of Casket  
Outer Case  
Vault  
Embalming  
Clothing  
Total Cash Advances  |         |                          |
| Place of Death: ST. JOSEPH'S HOSPITAL  
Date of Death: OCT 1, 1961  
Cause of Death: Contributory  
Duration: Autopsy  
Sex: Female  
Color or Race: White  
Single  
Married  
Widowed  
Divorced  
Child  
Date of Birth: 5-21-1873  
Age, Years: 88  
Months:   
Days:  
Occupation: Housewife  
How Long at Place of Death: 2 days  
Birthplace—City or County: CHEYENNE  
State or Country: KANSAS  
Name of Father: JAMES SMITH  
Birthplace of Father:  
Maiden Name of Mother: MARGARET DEXTER  
Birthplace of Mother:  
Signed: M.D. CORONER  
Address: Date  
Intemment 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.
<table>
<thead>
<tr>
<th>Place of Burial</th>
<th>Cemetery</th>
<th>Grave No.</th>
<th>Lot No.</th>
<th>Block No.</th>
<th>Section</th>
<th>Pall Bearers</th>
<th>Singer</th>
<th>Insurance Policies</th>
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<tbody>
<tr>
<td></td>
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</tbody>
</table>

## Funeral of Henry R. Bottiger
- **Charge to:**
- **Ordered by:** Mary Bottiger
- **Guaranteed by:**
- **Funeral at:** Residence
- **Mortuary/Church:**
- **Date:** 10-7-21
- **Hour:** 2:13 p.m.
- **Annual No.:** 97
- **Clergyman:** P. A. Jude
- **Lodge Affiliations:**

<table>
<thead>
<tr>
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<th>Description of Service</th>
<th>Amount</th>
<th>Date</th>
<th>Cred.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Casket and Services</td>
<td>850.00</td>
<td>10-28-21</td>
<td>876.78</td>
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<td>Embalming</td>
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</tr>
<tr>
<td></td>
<td>Outer Case or Vault</td>
<td>Gene see</td>
<td>55.00</td>
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<tr>
<td></td>
<td>Washing and Dressing</td>
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<td>Shaving</td>
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<td>Slumber Robe</td>
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<td>Suit or Dress</td>
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<td></td>
<td>Other Articles of Clothing</td>
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<td>Transferring Body</td>
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<td>Door Badge</td>
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<td>Opening Grave</td>
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<td>Newspaper Notices</td>
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<td>Telegrams and Telephone Calls</td>
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<td>Use of doz. Chairs</td>
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<td></td>
<td>Use of Flower Cars</td>
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<tr>
<td></td>
<td>Professional Supervision</td>
<td>SALAAS TAV</td>
<td>14-13</td>
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</table>

**Total:** 896.78

**To Funeral Complete:** 896.78
<table>
<thead>
<tr>
<th>Revenue Items and Their Cost</th>
<th>Credits</th>
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<tbody>
<tr>
<td>Charge for Complete Funeral</td>
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<tr>
<td>Casket No.</td>
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<tr>
<td>Style</td>
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<tr>
<td>Inscription</td>
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<tr>
<td>Manufacturer</td>
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</tr>
<tr>
<td>Total Net Cost of Casket</td>
<td></td>
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<tr>
<td>Outer Case</td>
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<tr>
<td>Vault</td>
<td></td>
</tr>
<tr>
<td>Embalming</td>
<td></td>
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<tr>
<td>Clothing</td>
<td></td>
</tr>
</tbody>
</table>

| Total Cash Advances          |         |
| $ 3,103.26                   |         |

| REMARKS:                     |         |

- Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Service</th>
<th>Amount</th>
<th>Date</th>
<th>V</th>
<th>Credits</th>
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</thead>
<tbody>
<tr>
<td></td>
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<td>Washing and Dressing</td>
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<td>Slumber Robe</td>
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<td>Newspaper Notices</td>
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<td>Telegrams and Telephone Calls</td>
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**Total:** 892.30

*Copyright, 1930*  
*THE BARRIE-HOSK CO., INDIANAPOLIS*
**REVENUE ITEMS AND THEIR COST**

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<tr>
<th>Item</th>
<th>Charge</th>
<th>Cost</th>
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<tr>
<td>Interior</td>
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</tr>
<tr>
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<tr>
<td>Total Cash Advances</td>
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**CREDITS**

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<tbody>
<tr>
<td>S.S. no</td>
<td>512-26-3874</td>
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**PERSONAL AND STATISTICAL**

- **Place of Death**: Atchison, Kansas - Holly's Rest Home
- **Date of Death**: October 11, 1961
- **Cause of Death**: Contributory
- **Autopsy**: No
- **Sex**: Female
- **Color or Race**: White
- **Single/Married/Widowed/Divorced**: Married
- **Age, Years**: 79
- **Duration**: 2 weeks
- **Occupation**: Housewife
- **Birthplace—City or County**: Troy, State or Country, Kansas
- **Name of Father**: J. E. Hargis
- **Name of Mother**: Sarah Kirby
- **Birthplace of Mother**: Troy, Kansas
- **Signed**: M.D.
- **Address**: Date
- **Interment at**: MT OLIVE
- **Lot or Grave No.**: Section No.
- **Shipped to**: Arrived from
- **In Charge of**: R. R. Date
- **Source of Call**: Amount
- **Insured in**: Beneficiary

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

- Cemetery
- Grave No.
- Lot No.
- Block No.
- Section

### Pall Bearers
- Ed Howland
- Walt Newquist
- Ray Parker
- Gov. Prudence
- Virgil Bussard
- Safford City

### Singers

### Insurance Policies

---

### Funeral of Lawrence CANNON

**Charge to:**

**Account No.:** 681

**Ordered by:** Darke County

**Guaranteed by:**

**Serial No.:** 418

**Funeral at:** Residence

**Mortuary**

**Church**

**Date:** 10-18-61

**Hour:** 2:30 pm

**Annual No.:** 39

**Clergyman:**

**Minister Lodge Affiliations:**

**Body Shipped to or from:**

---

### Description of Service

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Service</th>
<th>Amount</th>
<th>Date</th>
<th>V</th>
<th>Credits</th>
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<td>Professional Supervision</td>
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</table>

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**To Funeral Complete**
**NAME OF DECEASED:** Lawrence R. Cannon  
**RESIDENCE:** St. Joseph, MO

**FUNERAL AT:** Residence  
**MORTUARY OR CHURCH:**  
**DATE:** 10-18-61  
**HOUR:** 2:30  
**CLERGYMAN:**

**SINGERS:**  
** LODGE AFFILIATIONS:**

<table>
<thead>
<tr>
<th>REVENUE ITEMS AND THEIR COST</th>
<th>CREDITS</th>
<th>PERSONAL AND STATISTICAL</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Charge for Complete Funeral:</strong></td>
<td></td>
<td><strong>Place of Death:</strong> Methodist Hospital, St. Joe</td>
</tr>
<tr>
<td><strong>Casket No.:</strong></td>
<td></td>
<td><strong>Date of Death:</strong> October 16, 1961</td>
</tr>
<tr>
<td><strong>Interior:</strong></td>
<td></td>
<td><strong>Cause of Death:</strong> Contributory</td>
</tr>
<tr>
<td><strong>Manufacturer:</strong> Miller</td>
<td></td>
<td><strong>Duration:</strong> Autopsy: Yes</td>
</tr>
</tbody>
</table>
| **Total Net Cost of Casket:** |         | **Sex:** Male  
| **Outer Case:** |         | **Color or Race:** White  
| **Vault:** |         | **Single:** Married  
| **Embalming:** |         | **Widowed:**  
| **Clothing:** |         | **Divorced:**  
| **Total Cash Advances:** |         | **Child:**  
| **Total Net Cost of Funeral:** |         | **Date of Birth:** 5-1-1898  
| **Gross Profit on Funeral:** |         | **Age:** Years: 63  
| **Less Overhead Per Funeral:** |         | **Months:**  
| **Net Profit Apparent:** |         | **Days:**  

**REMARKS:**

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Service</th>
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<td>10/23/63</td>
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To Funeral Complete: 786.78
**NAME OF DECEASED:** Nellie Mabel Ricklets  
**RESIDENCE:** Bendena Kansas  
**FUNERAL AT:** Residence Mortuary Church St. John  
**DATE:** 10-19-61  
**HOUR:** 2:15p  
**CLERGYMAN:** Nickel

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<th>REVENUE ITEMS AND THEIR COST</th>
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<tr>
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<tr>
<td>Casket No.</td>
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<td>Style</td>
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<tr>
<td>Outer Case</td>
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<td>Vault</td>
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<td>Embalming</td>
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<td>Clothing</td>
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<td>Total Cash Advances</td>
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<td>Total Net Cost of Funeral</td>
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**Credits:**

<table>
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<tr>
<th>PERSONAL AND STATISTICAL</th>
</tr>
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</table>
| Place of Death: Bendena Kansas  
Date of Death: October 17, 1961  
Cause of Death: Myocardial infarction  
Duration:  
Sex: Female  
Color or Race: White  
Single Married Widowed Divorced Child  
Date of Birth: 3-9-1889  
Age: Years 72  
Months:  
Days:  
Occupation: Housewife  
How Long at Place of Death: 17 yrs  
Birthplace—City or County: Bendena Kansas  
Name of Father: Wm. Schwab  
Birthplace of Father:  
Maiden Name of Mother: Melissa J Howard  
Birthplace of Mother:  
Signed:  
Emerson, Fowler, M.D.  
Coroner  
Address: Denton KS  
Date:  
Interment at: Moray  
Lot or Grave No.:  
Section No.:  
Shipped to:  
Arrived from:  
Via:  
In Charge of:  

**Remarks:**

* Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.
<table>
<thead>
<tr>
<th>Description of Service</th>
<th>Amount</th>
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**To Funeral Complete**
**NAME OF DECEASED:** Dallas M. Sharp  
**RESIDENCE:** Troy, Kansas (Rural)

**FUNERAL AT:** Residence  
**MORTUARY:**  
**CHURCH:** Baptist  
**DATE:** 10-28-61  
**HOUR:** 7:00 AM  
**CLERGYMAN:** Wm. Drum

<table>
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<th><strong>REVENUE ITEMS AND THEIR COST</strong></th>
<th><strong>CREDITS</strong></th>
</tr>
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<tbody>
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<td>Act Natural</td>
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<td>Miller</td>
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<td>Outer Case</td>
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<tr>
<td>Vault</td>
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<td>Embalming</td>
<td></td>
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<tr>
<td>Clothing</td>
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</tbody>
</table>

Total Cash Advances

Sons: Harold, Kemper, Roy - Troy  
Don Lancaster, Cal  
Dau: Mrs Alice Trant Troy  
Mae Walsh Independence  
Myrtle Jorgenson Bolton Mo.

**PERSONAL AND STATISTICAL**

- **Place of Death:** Troy, Kansas (His Home)
- **Date of Death:** October 25, 1961
- **Cause of Death:** Cardiac Decompression
- **Autopsy:** No
- **Sex:** Male  
- **Color or Race:** White
- **Marital Status:** Married
- **Date of Birth:** 11-5-1881  
- **Age, Years:** 79  
- **Months:** 1  
- **Days:** 25
- **Occupation:** Farmer
- **How Long at Place of Death:** 54 yrs
- **Birthplace—City or County:** Elwood  
- **State or Country:** Kansas
- **Name of Father:** Marion Sharp
- **Birthplace of Father:**  
- **Maiden Name of Mother:** Mary Jane Bibb
- **Birthplace of Mother:** Enter Wm. Newell
- **Address:** Lcider, M.D.  
- **Coroner:**  
- **Interment at:** Mt. Olive
- **Lot or Grave No.:**  
- **Section No.:**  
- **Shipped to:**  
- **Arrived from:**  
- **Via:**  
- **R. R. Date:**  
- **In Charge of:**  
- **Source of Call:**  
- **Insured in:**  
- **Amount:**  
- **Beneficiary:**

**REMARKS:**

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

**Place of Burial**

Cemetery:  
Grave No.:  
Lot No.:  
Block No.:  
Section:  

**Pall Bearers**

Harland Haun  
Tom Roberts  
Alva Roberts  
Clarence Ingels  
Albert Bahl  
Bernard Boos  

**Singers**

Ora D. Haun  

**Insurance Policies**

COPYRIGHT, 1930  
THE BARNES-ROSE CO., INDIANAPOLIS

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<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Service</th>
<th>Amount</th>
<th>Date</th>
<th>Remarks</th>
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<tbody>
<tr>
<td>10-31-61</td>
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<td>50.00</td>
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<td>Van, Dressing</td>
<td>$1.25</td>
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<td>392.99</td>
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<tr>
<td>1-8-64</td>
<td>Door Badge</td>
<td>$1.50</td>
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<tr>
<td>1-8-64</td>
<td>Opening Grave</td>
<td>$2.83</td>
<td></td>
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<tr>
<td>1-8-64</td>
<td>Newspaper Notices</td>
<td>$1.86</td>
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<tr>
<td>3-20-64</td>
<td>Use of Van</td>
<td>$39.29</td>
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<tr>
<td>3-20-64</td>
<td>Use of Flower Car</td>
<td>$34.29</td>
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<td></td>
</tr>
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</table>

**To Funeral Complete**
**Name of Deceased**: William P Nimz  
**Residence**: Denton, Kansas

**Funeral Details**:
- **Location**: Residence, Mortuary, Church  
- **Method**: Meth  
- **Date**: 10-30-61  
- **Time**: 9 am  
- **Clergyman**: Horton

**Singers**: Orville Hazen

**Lodge Affiliations**:

**Revenue Items and Their Cost**

<table>
<thead>
<tr>
<th>Item</th>
<th>Units</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Casket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Outer Case</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vault</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Embalming</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Net Cost of Casket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Cash Advances</td>
<td></td>
<td></td>
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</tbody>
</table>

**Credits**

**Personal and Statistical**

<table>
<thead>
<tr>
<th><strong>Place of Death</strong></th>
<th>Meth Hosp St Joe Mo</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Date of Death</strong></td>
<td>October 28, 1961</td>
</tr>
<tr>
<td><strong>Cause of Death</strong></td>
<td>Carcinoma of Stomach</td>
</tr>
<tr>
<td><strong>Duration</strong></td>
<td>Autopsy NO</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td>Male</td>
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<tr>
<td><strong>Color or Race</strong></td>
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<td><strong>Marital Status</strong></td>
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<td><strong>Age, Years</strong></td>
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</tr>
<tr>
<td><strong>Months, Days</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Birthplace</strong></td>
<td>City or County</td>
</tr>
<tr>
<td><strong>Name of Father</strong></td>
<td>August Nimz</td>
</tr>
</tbody>
</table>

**Birthplace of Father**

- **Maiden Name of Mother**: Henrietta Nimz
- **Birthplace of Mother**: Waldo, State or Country: Germany

**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 **Verne E. Blevins**

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Service</th>
<th>Amount</th>
<th>Date</th>
<th>Serial No.</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/10/60</td>
<td>Casket and Services</td>
<td>$810.00</td>
<td>6/10/60</td>
<td>265.50</td>
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<tr>
<td>11/30/61</td>
<td>Embalming</td>
<td>$55.00</td>
<td>12/31/61</td>
<td>163.00</td>
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<td></td>
<td>Inner Case or Vault</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Section</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/31/61</td>
<td>Washing and Dressing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/31/61</td>
<td>Shaving</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/31/61</td>
<td>Slumber Robe</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/31/61</td>
<td>Suit or Dress</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/31/61</td>
<td>Other Articles of Clothing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/31/61</td>
<td>Transferring Body</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/31/61</td>
<td>Door Badge</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12/31/61</td>
<td>Opening Grave</td>
<td>$40.00</td>
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<tr>
<td>12/31/61</td>
<td>Newspaper Notices</td>
<td></td>
<td></td>
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<tr>
<td>12/31/61</td>
<td>Telegrams and Telephone Calls</td>
<td></td>
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<td></td>
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<tr>
<td>12/31/61</td>
<td>Use of Flowers</td>
<td>$25.00</td>
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<tr>
<td>12/31/61</td>
<td>Clergyman</td>
<td></td>
<td></td>
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<tr>
<td>12/31/61</td>
<td>Singers</td>
<td></td>
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<tr>
<td>12/31/61</td>
<td>Casket Coach</td>
<td>$10.53</td>
<td></td>
<td></td>
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<tr>
<td>12/31/61</td>
<td>Use of Funeral Cars</td>
<td>$40.53</td>
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<tr>
<td>12/31/61</td>
<td>Use of Flower Cars</td>
<td>$19.92</td>
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<td>12/31/61</td>
<td>Professional Supervision</td>
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</table>

**Total Amount Paid in Full**

**To Funeral Complete**
## Personal and Statistical Information

- **Name of Deceased**: Verne E Blevins
- **Residence**: Troy, Kansas
- **Funeral at Residence Mortuary Church**: Meth
- **Date**: 10-31-61
- **Hour**: 2 P.M.
- **Clergyman**: Misch
- **Singers**: Mae Williamson
- **Lodge Affiliations**: Easter, Star

## Revenue Items and Their Cost

<table>
<thead>
<tr>
<th>Item</th>
<th>Charge</th>
<th>Credit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge for Complete Funeral</td>
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<tr>
<td>Casket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interior Covering</td>
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<tr>
<td>Total Net Cost of Casket</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Embalming</td>
<td></td>
<td></td>
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<tr>
<td>Clothing</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Cash Advances</td>
<td></td>
<td></td>
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</tbody>
</table>

**S.S. No.:** 492 28-5782

**Place of Death**: Meth Hosp ST Joseph

**Date of Death**: October 28, 1961

**Cause of Death**: Contributory

**Sex**: Female

**Color or Race**: White

**Single**, **Married**, **Widowed**, **Divorced**, **Child**

**Date of Birth**: 11-4-1883

**Age**: Years 77

**Months**: Days

**Occupation**: Housewife

**How Long at Place of Death**: 11 months

**Birthplace**—City or County: Chester, State or Country: Neb

**Name of Father**: Andrew Elder

**Birthplace of Father**: 11 months

**Maiden Name of Mother**: Unknown

**Birthplace of Mother**: C. F. Blevins (deceased)

**Signed**: P. A. Peterson M.D.

**Address**: Wathena KS

**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.
<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Service</th>
<th>Amount</th>
<th>Date</th>
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<th>Credits</th>
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<td>Outer Case or Vault</td>
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<td></td>
<td>Washing and Dressing</td>
<td>10.53</td>
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<tr>
<td></td>
<td>Shearing</td>
<td>10.53</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Slumber robe</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Suit or Dress</td>
<td></td>
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<tr>
<td></td>
<td>Other Articles of Clothing</td>
<td>83.00</td>
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<td></td>
<td>Transferring Body</td>
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</tr>
<tr>
<td></td>
<td>Door Badge</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>Opening Grave</td>
<td>40.00</td>
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<td></td>
<td>Newspaper Notices</td>
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<td></td>
<td>Telegrams and Telephone Calls</td>
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<td>Use of doz. chairs</td>
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<td>Flowers</td>
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<td>Clergyman</td>
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<td>Singers</td>
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<tr>
<td></td>
<td>Casket Coach</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Use of Funeral Cars</td>
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<tr>
<td></td>
<td>Use of Flower Cars</td>
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<tr>
<td></td>
<td>Professional Supervision</td>
<td>6.00</td>
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</tbody>
</table>

To Funeral Complete
## Personal and Statistical Information

**Name of Deceased:** Lena M Taylor  
**Residence:** Pasadena, Calif

**Place of Death:** Pasadena, California  
**Date of Death:** October 26, 1961  
**Cause of Death:** Contributory Car Accident

**Sex:** Female  
**Color or Race:** White

**Single, Married, Widowed, Divorced, Child:**  
- Divorced

**Date of Birth:** 12/30/1900  
**Age, Years:** 61  
**Months:**  
**Days:**

**Occupation:** Waitress

**How Long at Place of Death:**

**Birthplace—City or County:** Troy, State or Country: Kansas

**Name of Father:** Ephrim Blanton

**Birthplace of Father:**

**Maiden Name of Mother:** Eva Gatewood

**Birthplace of Mother:**

**Name of Mother:**

**Name of Husband:** Charles Taylor (deceased)

**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:**

---

### Revenue Items and Their Cost

<table>
<thead>
<tr>
<th>Description</th>
<th>Debits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge for Complete Funeral</td>
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</tr>
<tr>
<td>Casket No.</td>
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</tr>
<tr>
<td>Style</td>
<td></td>
</tr>
<tr>
<td>Interior</td>
<td></td>
</tr>
<tr>
<td>Covering</td>
<td></td>
</tr>
<tr>
<td>Manufacturer: Miller</td>
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</tr>
<tr>
<td>Total Net Cost of Casket</td>
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<tr>
<td>Outer Case</td>
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</tr>
<tr>
<td>Vault</td>
<td></td>
</tr>
<tr>
<td>Embalming</td>
<td></td>
</tr>
<tr>
<td>Clothing</td>
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</tr>
<tr>
<td>Total Cash Advances</td>
<td>$5,735.36</td>
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<tr>
<td><strong>Total Net Cost of Funeral</strong></td>
<td></td>
</tr>
<tr>
<td>Gross Profit on Funeral</td>
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<tr>
<td>*Less Overhead Per Funeral</td>
<td></td>
</tr>
<tr>
<td>Net Profit Apparent</td>
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</table>

### Credits

**Place of Death:** Pasadena, California  
**Date of Death:** October 26, 1961  
**Cause of Death:** Contributory Car Accident

**Duration:** Autopsy

**Sex:** Female  
**Color or Race:** White

**Single, Married, Widowed, Divorced, Child:**  
- Divorced

**Date of Birth:** 12/30/1900  
**Age, Years:** 61  
**Months:**  
**Days:**

**Occupation:** Waitress

**How Long at Place of Death:**

**Birthplace—City or County:** Troy, State or Country: Kansas

**Name of Father:** Ephrim Blanton

**Birthplace of Father:**

**Maiden Name of Mother:** Eva Gatewood

**Birthplace of Mother:**

**Name of Mother:**

**Name of Husband:** Charles Taylor (deceased)

**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:**

---

*Be sure that all items not covered by direct charges are included in overhead and properly proportioned to each and every case.*
| Date   | Description of Service       | Amount  | Date   |  | Credits |
|--------|------------------------------|---------|--------| |---------|
|        | Casket and Services          | $20.00  | 11/16/61 | | Cash by Mrs. Speaks |
|        | Embalming                    | $50.00  | 12/4/61 | | Check Ledger |
|        | Outer Case or Vault          | $5.00   |         | | Mrs Speaks 5.01.61 |
|        | Washing and Dressing         | $15.00  |         | |          |
|        | Shaving                      | $10.00  | 11/5/61 | | Mrs Speaks 7.88 |
|        | Slumber Robe                  | $6.00   | 1/6/61  | | Mrs Speaks 14.74 |
|        | Suit or Dress                |         |         | |          |
|        | Other Articles of Clothing   |         |         | |          |
|        | Transferring Body            | $2.25   |         | |          |
|        | Door Badge                   | $7.53   |         | |          |
|        | Opening Grave                |         |         | |          |
|        | Newspaper Notices            |         |         | |          |
|        | Telegrams and Telephone Calls|         |         | |          |
|        | Use of other than chairs     |         |         | |          |
|        | Flowers                       | $40.00  |         | |          |
|        | Clergyman                     | $20.00  |         | |          |
|        | Singers                      |         |         | |          |
|        | Casket Coach                  |         |         | |          |
|        | Use of Funeral Cars           |         |         | |          |
|        | Use of Flower Cars            |         |         | |          |
|        | Professional Supervision     | $1.00   |         | |          |

To Funeral Complete: $784.03
Name of Deceased: John Terrance Speaks  Residence: Troy, Kansas
Funeral at Residence: Mortuary Church St Address: Date: 11-15-61 Hour: 9:30  Clergyman: Father Egbert Hahn

REVENUE ITEMS AND THEIR COST

<table>
<thead>
<tr>
<th>Item</th>
<th>Charge for Complete Funeral</th>
<th>Casket Style</th>
<th>Casket Manufacturer</th>
<th>Total Net Cost of Casket</th>
<th>Outer Case</th>
<th>Vault</th>
<th>Embalming</th>
<th>Clothing</th>
</tr>
</thead>
</table>

CREDITS

<table>
<thead>
<tr>
<th>Item</th>
<th>DEBITS</th>
</tr>
</thead>
</table>

PERSONAL AND STATISTICAL

Place of Death: Troy, Kansas - His Home
Date of Death: November 12, 1961
Cause of Death: Coronary occlusion, contributory
Duration: Autopsy: No
Sex: Male
Color or Race: White
Single: Married: Divorced: Child
Date of Birth: 12-29-1899; Age: 62
Occupation: City Employee
How Long at Place of Death: 2 Years
Birthplace - City or County: Sparks, State or Country: Kansas
Name of Father: Michael Calvin Speaks
Birthplace of Father:
Maiden Name of Mother: Barbara Ellen McIntyre
Birthplace of Mother:
Signed: Robert Coulter, M.D.
Address: Highland KS
Interment at: Mt. Olive
Lot or Grave No.: Section No.: Shipped to: Arrived from:
Vit: R.R. Date: In Charge of:

Source of Call:

Insured in: Amount

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 Nancy J. Chase**

<table>
<thead>
<tr>
<th>Place of Burial</th>
<th>Cemetery</th>
<th>Grave No.</th>
<th>Lot No.</th>
<th>Block No.</th>
<th>Section</th>
<th>Pall Bearers</th>
<th>Singers</th>
<th>Insurance Policies</th>
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</table>

<table>
<thead>
<tr>
<th>Date</th>
<th>Description of Service</th>
<th>Amount</th>
<th>Date</th>
<th>V</th>
<th>Credits</th>
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<tbody>
<tr>
<td>12-11-61</td>
<td>Casket and Services</td>
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<td>1-4-62</td>
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</tr>
<tr>
<td>2-15-62</td>
<td>Embalming</td>
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<td>CK</td>
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</tr>
<tr>
<td>3-15-62</td>
<td>Washing and Dressing</td>
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<tr>
<td></td>
<td>Slumber Robe</td>
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<tr>
<td></td>
<td>Suit or Dress</td>
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<tr>
<td></td>
<td>Other Articles of Clothing</td>
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<tr>
<td></td>
<td>Transferring Body</td>
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<td>Door Badge</td>
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<td>Newspaper Notices</td>
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<td>Singers</td>
<td>10.00</td>
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<td>Casket Coach</td>
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<td>Use of Funeral Cars</td>
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<td>Use of Flower Cars</td>
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<td></td>
<td>Professional Supervision</td>
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<td></td>
<td><strong>USE OF MORTUARY FACILITIES</strong></td>
<td>50.00</td>
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<td></td>
<td><strong>Grad, Equipment</strong></td>
<td>3.00</td>
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<td></td>
<td><strong>SALES TAX</strong></td>
<td>63.00</td>
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</tbody>
</table>

To Funeral Complete: 13 0 65
**Name of Deceased:** Nancy Jane Chase  
**Residence:** Salem, Mo

**Funeral at Residence:** Mortuary
**Date:** 11-29-61  
**Hour:** 2 p.m.  
**Clergyman:** John Evans

**Singers:** Louise Saltzman  
**LOUPE AFFILIATIONS:**

<table>
<thead>
<tr>
<th><strong>Revenue Items and Their Cost</strong></th>
<th><strong>Credits</strong></th>
<th><strong>Personal and Statistical</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge for Complete Funeral</td>
<td></td>
<td></td>
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<tr>
<td>Casket No.</td>
<td>Style</td>
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<tr>
<td>Interior</td>
<td>Covering</td>
<td></td>
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<tr>
<td>Manufacturer</td>
<td></td>
<td></td>
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<tr>
<td>Total Net Cost of Casket</td>
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<tr>
<td>Outer Case</td>
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<td>Vault</td>
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<tr>
<td>Embalming</td>
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<td>Clothing</td>
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<tr>
<td>Total Cash Advances</td>
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</tr>
</tbody>
</table>

**Place of Death:** Salem, Mo  
**Date of Death:** Nov 26, 1961

**Cause of Death:** Contributory
**Duration:** Autopsy
**Sex:** Female  
**Color or Race:** White
**Single:** Married  
**Widowed:** Divorced  
**Child:**
**Date of Birth:** Jan 14, 1869  
**Age, Years:** 94  
**Months:** 1  
**Days:**

**Occupation:**
**How Long at Place of Death:** 15 yrs
**Birthplace—City or County:** Topeka, State of Country: Kansas

**Name of Father:** Wm. Woods

**Birthplace of Father:**
**Maiden Name of Mother:**
**Birthplace of Mother:**

**Signed:** M.D.  
**Coroner:**

**Address:**
**Date:**

**Intemment at:**

**Lot or Grave No.:**
**Section No.:**

**Shipped to:**
**Arrived from:** Salem, Mo

**Via:** CAR  
**R.R. Date:** 11-28-61

**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 proportionated to each and every case.*
### Funeral of Charles N. Turner

**Credit:** Place of Burial

**Cemetery:**

**Grave No.:**

**Lot No.:**

**Block No.:**

**Section:**

**Pall Bearers:**
- Robert Myers
- Harlan Hale
- Horace Wright
- Donald Pepper
- Bernard Dious
- Harold Widmark

**Singers:**
- Audrey Roberts
- Dorothy Hale
- Lois Wright

**Insurance Policies:**

---

<table>
<thead>
<tr>
<th>Place of Burial</th>
<th>Cemetery</th>
<th>Grave No.</th>
<th>Lot No.</th>
<th>Block No.</th>
<th>Section</th>
</tr>
</thead>
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</tbody>
</table>

| Date | Description of Service | Amount | Date | | |
|------|-------------------------|--------|------| | |
|      | Casket and Services      | 585    | 1-15-62 | | |
|      | Embalming                | 55     |       | | |
|      | Outer Case or Vault      |        |       | | |
|      | Washing and Dressing     |        |       | | |
|      | Shaving                  |        |       | | |
|      | Robe or Dress            |        |       | | |
|      | Other Articles of Clothing | | | | |
|      | Transferring Body        |        |       | | |
|      | Door Badge               |        |       | | |
|      | Opening Grave            | 85     | 1-13-62 | | |
|      | Newspaper Notices        |        |       | | |
|      | Telegrams and Telephone Calls | | | | |
|      | Use of                   |        |       | | |
|      | Flowers                  |        |       | | |
|      | Clergyman                |        |       | | |
|      | Singers                  |        |       | | |
|      | Casket Couch             | 20     | 1-15-62 | | |
|      | Use of                   |        |       | | |
|      | Use of Flower Cars       |        |       | | |
|      | Professional Supervision |        |       | | |
|      | Sales Tax                | 7.15   |       | | |

**To Funeral Complete:** 482.15

---

**Clergyman:** Wright Horton Lodge Affiliations

**Body Shipped to or from:**

---

**Account No.:** 689

**Serial No.:** 406

**Date:** Dec 26, 61 Hour: 2 p.m.

---

**Copyright, 1930**

**The Barnes-Rosco Co., Indianapolis**
**Name of Deceased:** Charles N. Turpin  
**Residence:** Denton, Kansas

**Funeral at:** Residence  
**Mortuary:** Church  
**Church:** Meth  
**Date:** 12-24-61  
**Time:** 2PM  
**Clergyman:** Wright Horton

**Singers:** Mixed Trio

### Revenue Items and Their Cost

<table>
<thead>
<tr>
<th>Item</th>
<th>Quantity</th>
<th>Description</th>
<th>Cost</th>
</tr>
</thead>
<tbody>
<tr>
<td>Charge for Complete Funeral</td>
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<tr>
<td>Casket No.</td>
<td>250</td>
<td>Style: <strong>Adult</strong></td>
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<tr>
<td>Interior Masonry</td>
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<tr>
<td>Manufacture</td>
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<td>Total Net Cost of Casket</td>
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<td>Outer Case</td>
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<td>Total Cash Advances</td>
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<tr>
<td>Total Net Cost of Funeral</td>
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</tbody>
</table>

### Credits

<table>
<thead>
<tr>
<th>Item</th>
<th>Amount</th>
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<tbody>
<tr>
<td>Gross Profit on Funeral</td>
<td></td>
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<tr>
<td><em>Less Overhead Per Funeral</em></td>
<td></td>
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<tr>
<td>Net Profit Apparent</td>
<td></td>
</tr>
</tbody>
</table>

### Personal and Statistical Information

- **Place of Death:** Meth Hosp - ST. Joseph  
- **Date of Death:** Dec 24, 1961  
- **Cause of Death:** Contributory  
- **Duration:** |  
- **Sex:** Male  
- **Color or Race:** White  
- **Single/Divorced:** Married  
- **Widowed/Child:**  
- **Birthplace:** City or Country: Iaton  
- **State or Country:** MO  
- **Name of Father:** Theodore Turpin  
- **Birthplace of Father:**  
- **Maiden Name of Mother:** Dora Johnson  
- **Name of Mother:** Alberta Reeves  
- **Birthplace of Mother:**  
- **Address:** Denton, KS  
- **Signed:** Emerson Yoder, M.D.  
- **Date:**  
- **Coroner:**  
- **Interment at:** Denton Cemetery  
- **Lot or Grave No.:**  
- **Section No.:**  
- **Moved:**  
- **R.R. Date:**  
- **In Charge of:**  
- **Source of Call:**  
- **Insured:**  
- **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 **Lela Ridgway**

<table>
<thead>
<tr>
<th>Place of Burial</th>
<th>Cemetery</th>
<th>Grave No.</th>
<th>Lot No.</th>
<th>Block No.</th>
<th>Section</th>
<th>Pall Bearers</th>
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<tr>
<th>Date</th>
<th>Description of Service</th>
<th>Amount</th>
<th>Date</th>
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<th>Credits</th>
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<td>Casket and Services</td>
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<td>12-30-61</td>
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<td>Embalming</td>
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<td>Outer Case or Vault</td>
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<td>Washing and Dressing</td>
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<td>Shaving</td>
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<td>Slumber Robe</td>
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<td>Suit or Dress</td>
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**904 90**

Insurance Policies

**COPYRIGHT, 1930**
THE BARDER-ROSS CO., INDIANAPOLIS
### Summary of Charge for Complete Funeral:

<table>
<thead>
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<td>Clothing</td>
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</tbody>
</table>

**Total Net Cost of Funeral:**

**Gross Profit on Funeral:**

**Less Overhead Per Funeral:**

**Net Profit Apparent:**

### Additional Information:

- **Place of Death:** ST. JOSEPH, MO (Gen. Obit)
- **Date of Death:** 12-27-61
- **Cause of Death:** CANCER
- **Duration:** Autopsy: No
- **Sex:** Female
- **Color or Race:** White
- **Single / Married:** Married
- **Widowed / Divorced:** Widowed
- **Child:** Yes
- **Occupation:** Donnelly Carment Factory
- **Date of Birth:** 9-19-1901
- **Age, Years:** 60
- **Months:** 6
- **Days:** 10
- **Birthplace:** City or County: Elwood
- **State or Country:** Kansas
- **Name of Father:** George Hard
- **Name of Mother:** Mable Hinchliff
- **Birthplace of Father:**
- **Birthplace of Mother:**

### Remarks:

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

### Additional Information:

- **Position of Body:**
- **Shipment:**
- **Permit Number:**
- **In Charge of:**
- **Source of Call:**
- **Insured:**
- **Beneficiary:**
- **Amount:**