

Record of Funeral

No. _____ Date Jan. 16 - 1921 19
 Name of the Deceased Infant of Amos Schauffer Sex M Color W
 Charge to Amos Schauffer Order given by _____

How Secured Ordered by Ed Schauffer

Date of Funeral Jan 16 - 1921

Place of Death North of Troy

Funeral Services at _____

Time of Funeral Services _____

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death Jan 16 - 1921

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged _____ Years _____ Months 2 Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin 2-0 white Lamb

Ref. Art

Manufactured by Ref. Art

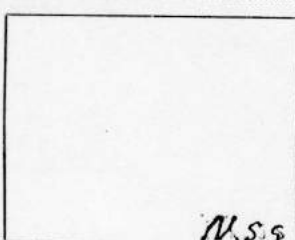
Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at MT Olive Cemetery

Lot or Grave No. _____ Section No. _____

	1.
	2.
	3.
	4.
	5.
	6.

M.S.S.

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□).

Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	20.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$ _____	- - - - -		
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

Total Footing of Bill - - - - - 20.00

By Amount Paid in Advance - - - - -

Balance from Jan 15 5.00

Entered into Ledger, page _____ or below

Total Debit - - - - - \$ 20.00

Jan. 17 1921 Credits local of wood

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____

Date of Funeral Jan

Place of Death North of Troy

Funeral Services at Ch

Time of Funeral Services _____

Clergyman Rev

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death Jan

Occupation of the Deceased _____

Single, Married, Divorced _____

Aged _____ Years _____

Birth Place Troy

Father W.D.

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to _____

Size and Style of Casket or _____

Manufactured by Ref

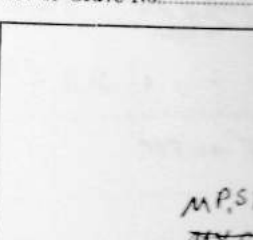
Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at MT Olive

Lot or Grave No. _____

	1.
	2.
	3.
	4.
	5.
	6.

M.P.S.

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□).

Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

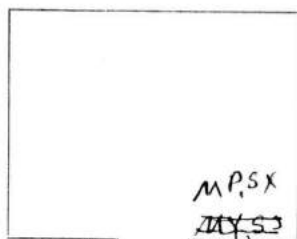
NAMES OF PALLBEARERS _____

Record of Funeral

No. 20 Date Jan 16 1921
 Name of the Deceased Russel William Kent Sex M. Color W
 Charge to R. D. Kent Order given by _____

How Secured _____
 Date of Funeral Jan 18-1921
 Place of Death Home South of Troy
 Funeral Services at Christian Church
 Time of Funeral Services 11 AM
 Clergyman Rev. Rodgers
 Certifying Physician Dr. Condonier
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Jan 16-1921
 Occupation of the Deceased Chief
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, 7 Months, _____ Days
 Birth Place Troy, N.Y.
 Father H. D. Kent
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Pine
 Manufactured by R. & A.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - -	\$	25.00
" Metallic Lining	- - - -		
" Outside Box	- - - -		
" Grave Vault	- - - -		
" Burial Robe	- - - -		
" Burial Slippers and Hose	- - - -		
Engraving Plate	- - - -		
Embalming Body (with _____ Fluid)	- - - -		
Washing and Dressing	- - - -		5.00
Shaving	- - - -		
Disinfecting Rooms	- - - -		
Use of Catafalque and Drapery	- - - -		
Use of Folding Chairs	- - - -		
Use of Candelabrum	- - - -		
Candles	- - - -		
Gloves	- - - -		
Crepe	- - - -		
Telephone	- - - -		
Telegraph	- - - -		
Number of Carriages	_____ @ \$		
Hearse	- - - -		
Wagon Deliveries	- - - -		
Death Notices in _____ Newspapers	- - - -		

NAMES OF NEWSPAPERS		
Flowers	<u>Corn 3rd St. Troy</u>	3.25
Outlay for Lot		
Opening Grave		
Lining Grave		2.25
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		
By Amount Paid in Advance		
Balance		35.50
Entered into Ledger, page _____ or below		
Total Debit		

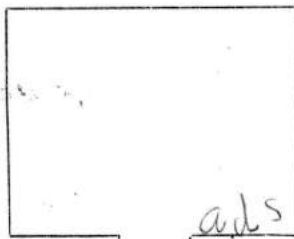
Jan 27 Credits Chs 35.50

Record of Funeral

No. _____ Date Feb. 14 1921
 Name of the Deceased Mellie Edgar Privett Sex M. Color N.
 Charge to Chas Privett Order given by _____

How Secured _____
 Date of Funeral Feb. 14-1921
 Place of Death Denver, Colo.
 Funeral Services at Christian Church
 Time of Funeral Services 2 P.
 Clergyman Rev. Stanbury
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Pneumonia
 Date of Death Feb. 11-1921
 Occupation of the Deceased Baker
 Single, Married, Divorced _____ Religion _____
 Aged 24 Years, 7 Months, 26 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Plush State
half count
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages	@ \$		
Hearse <u>To home & funeral</u>			15.00
Wagon Deliveries <u>Box to Cem</u>			1.25
Death Notices in _____ Newspapers			

NAMES OF NEWSPAPERS

Flowers <u>5-0- tel & 4-1-15</u>		5.25
Outlay for Lot		
Opening Grave		
Lining Grave		2.50
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
<u>Personal services</u>		5.00
<u>express on box of flowers</u>		.40
Total Footing of Bill		29.40
By Amount Paid in Advance		
Balance		
Entered into Ledger, page _____ or below		

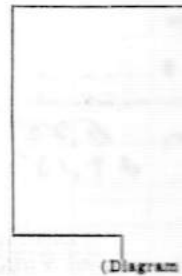
Total Debit - - - - - \$

Feb. 17 Cash By De-hon 5.25
April 5 " " 24.15

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured Ord
 Date of Funeral _____
 Place of Death M.
 Funeral Services at _____
 Time of Funeral _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial _____
 Cause of Death _____
 Date of Death _____
 Occupation of the _____
 Single, Married, Divorced _____
 Aged 13
 Birth Place _____
 Father M.
 Birth Place _____
 Maiden Name of _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped _____
 Size and Style of _____
size 5-0
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Go
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

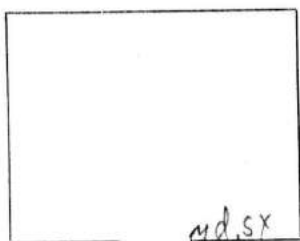
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date March 14 1921
 Name of the Deceased Marie Evelyn Marie Brown Sex F Color av
 Charge to _____ Order given by _____

How Secured Ordered by Tony Schroeder
 Date of Funeral March 14 - 1921
 Place of Death North of Tanning
 Funeral Services at Sparks
 Time of Funeral Services 2 P
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Pneumonia
 Date of Death March 12 - 1921
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 13 Years _____ Months 19 Days _____
 Birth Place _____
 Father W. W. Brown
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Lamb
size 5-6
 Manufactured by Abernathy
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Colo - Sparks R. Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	50.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		15.00
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		15.00
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		
Total Footing of Bill	- - - - -		
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		80.00
Entered into Ledger, page _____ or below	- - - - -		

Total Debit

1921			
Oct. 14	Credits	cash	15.00
April 9	Ch. Dwyer & Co.		35.00
" 29	Ch. Schroeder		15.00
June 15	Ch. Schroeder		5.00
Oct 10	" Schroeder		5.00
Feb. 3 1921	" "		5.00
			80.00

Record of Funeral

No. _____ Date March 27 1921
 Name of the Deceased John Henry Horner Sex M Color W
 Charge to John R Horner Order given by _____

How Secured _____
 Date of Funeral March 24-1921
 Place of Death Three Miles N.E. of Troy
 Funeral Services at Home
 Time of Funeral Services 10.30 am.

Clergyman _____
 Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death acute enteric cholera

Date of Death March 22-1921

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged _____ Years, 7 Months, 18 Days

Birth Place _____

Father John R Horner

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin White Lamb

2-6

Manufactured by Ponderbiter

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at St. Anne Cemetery

Lot or Grave No. _____ Section No. _____

1.	
2.	
3.	
4.	
5.	
6.	

mdss

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	25.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		5.00
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$ _____	- - - - -		
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		2.00
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

Total Footing of Bill - - - - - 32.00

By Amount Paid in Advance - - - - -

Balance - - - - -

Entered into Ledger, page _____ or below

Total Debit - - - - - \$

12-20-1924 Credited Paid by note 32.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death _____

Occupation of the Deceased _____

Single, Married, Divorced _____

Aged 69 Years, _____ Months, _____ Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin _____

Manufactured by _____

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at _____ Cemetery

Lot or Grave No. _____

Section No. _____

1.	
2.	
3.	
4.	
5.	
6.	

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

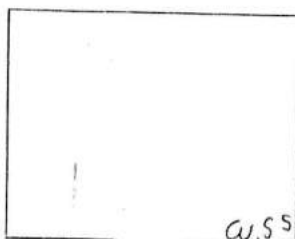
Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date April 8 1921
 Name of the Deceased Calvin Abraham Morehead Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral April 8-1921
 Place of Death Steel City Neb.
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman Rev. Marshall
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death April 5-1921
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 69 Years, 6 Months, 14 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		
Hearse and <u>Personal services</u>	- - - - -		15.00
Wagon Deliveries <u>to Cem.</u>	- - - - -		1.00
Death Notices in _____ Newspapers	- - - - -		

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		2.50
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		
Total Footing of Bill	- - - - -		
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		18.50
Entered into Ledger, page _____ or below	- - - - -		
Total Debit	- - - - -	\$	

April 11 Credits Cash 18.50

Record of Funeral

No. _____ Date April 28 1921
 Name of the Deceased Louis Eugene Tracy Sex M. Color W
 Charge to Louis C. Tracy Order given by _____

How Secured Burden
 Date of Funeral April 29-1921
 Place of Death B. W. Burden
 Funeral Services at Home
 Time of Funeral Services _____

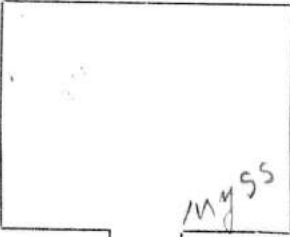
Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____

Cause of Death _____
 Date of Death April 28-1921
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, 1 Months, 19 Days

Birth Place _____
 Father Louis C. Tracy
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Sub Lamb

Manufactured by Pond
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at McAlister Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - \$	20.00
" Metallic Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	- - - -	
" Burial Robe	- - - -	
" Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)	- - - -	
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$ _____	- - - -	
Hearse	- - - -	
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	
<u>Personal service</u>	- - - -	5.00

NAMES OF NEWSPAPERS

Flowers	- - - -	
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	

Total Footing of Bill	- - - -	25.00
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below	- - - -	
Total Debit	- - - - \$	

May 3 Credits Cash 25.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____

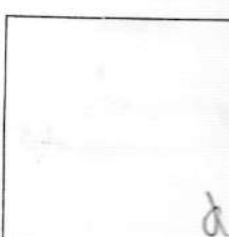
Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____

Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 86 Years

Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Gray B

Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M Cemetery
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. Date May 9 1921
 Name of the Deceased Emily Kent Sex F Color W
 Charge to Mrs. J. H. Fournier Order given by
115 West Hyde Park Ave.
St. Joseph Mo.

How Secured

Date of Funeral May 9 - 21

Place of Death St. Joseph Mo.

Funeral Services at M.C. Church Troy

Time of Funeral Services 11 A

Clergyman

Certifying Physician

His Residence

Number of Burial Certificate

Cause of Death

Date of Death May 7 - 1921

Occupation of the Deceased

Single, Married, Divorced Religion

Aged 86 Years, Months, Days

Birth Place

Father

Birth Place

Maiden Name of Mother

Birth Place

Name of Husband

Name of Wife

Informant

Address

Body to be shipped to

Size and Style of Casket or Coffin Gray Broddick

Manufactured by

Metallic Lining

Outside Box

Number of Handles

Interment at St. Charles Cemetery

Lot or Grave No. Section No.

ITEMIZED CHARGES

Price of Casket or Coffin	-	-	-	\$	
" Metallic Lining	-	-	-		
" Outside Box	-	-	-		
" Grave Vault	-	-	-		
" Burial Robe	-	-	-		
" Burial Slippers and Hose	-	-	-		
Engraving Plate	-	-	-		
Embalming Body (with <u>Fluid</u>)	-	-	-		
Washing and Dressing	-	-	-		
Shaving	-	-	-		
Disinfecting Rooms	-	-	-		
Use of Catafalque and Drapery	-	-	-		
Use of Folding Chairs	-	-	-		
Use of Candelabrum	-	-	-		
Candles	-	-	-		
Gloves	-	-	-		
Crepe	-	-	-		
Telephone	-	-	-		
Telegraph	-	-	-		
Number of Carriages @ \$					
Hearse	-	-	-		10.00
Wagon Deliveries <u>Not to Cemetery</u>	-	-	-		1.00
Death Notices in <u>Newspapers</u>	-	-	-		5.00

NAMES OF NEWSPAPERS

Flowers	-	-	-		
Outlay for Lot	-	-	-		
Opening Grave	-	-	-		
Lining Grave	-	-	-		
Shipping Charges, prepaid	-	-	-		
Removal Charges	-	-	-		
Cremation Charges	-	-	-		
Total Footing of Bill	-	-	-		16.00
By Amount Paid in Advance	-	-	-		
Balance	-	-	-		
Entered into Ledger, page <u> </u> or below					
Total Debit	-	-	-		

May 17 Credits Check 16.00

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks:

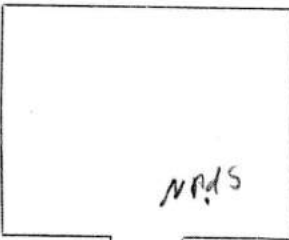
NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date May 14 1921
 Name of the Deceased Caroline Hale Sprattles Sex F Color W.
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral May 15 - 1921
 Place of Death Gray Kansas
 Funeral Services at Christian Church
 Time of Funeral Services 3 P.M.
 Clergyman Rev. J. Elden Sapp
 Certifying Physician Dr. Cordone
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death May 13 - 1921
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 74 Years, 10 Months, 7 Days
 Birth Place Indiana
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Gray Encl
Lambert
 Manufactured by Poid
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at McAllister Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	125.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)			15.00
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$ _____			10.00
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers			1.25

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		2.50
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

Total Footing of Bill	- - - - -		153.75
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		
Entered into Ledger, page _____ or below			

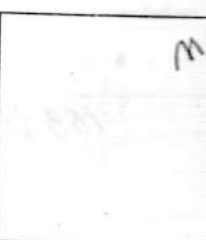
Total Debit - - - - - \$ _____

May 17 Credits Ch 153.75

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured Dr
 Date of Funeral _____
 Place of Death Ind
 Funeral Services at _____
 Time of Funeral Ser _____
 Clergyman Re
 Certifying Physician _____
 His Residence _____
 Number of Burial C _____
 Cause of Death St
 Date of Death C
 Occupation of the D _____
 Single, Married, Div _____
 Aged 51
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mo _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket _____
cloth State
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Luc
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date May 21 1921
 Name of the Deceased Albert Rhumke Sex M Color W
 Charge to _____ Order given by _____

How Secured Ordered by Brothers
 Date of Funeral May 22 - 1921
 Place of Death Sisters Hosp. St Joseph
 Funeral Services at St. Lutheran Church
 Time of Funeral Services 11 A
 Clergyman Rev. Rummekamp
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death General Septicemia
 Date of Death May 19 - 1921
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 51 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Black Broad-
cloth State Half Couch
 Manufactured by Des Moines
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Lutheran Cemetery
 Lot or Grave No. _____ Section No. _____

	1.
	2.
	3.
	4.
	5.
	6.

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$	165.00
" Metallic Lining	-	-
" Outside Box	-	-
" Grave Vault	-	-
" Burial Robe	-	20.00
" Burial Slippers and Hose	-	2.00
Engraving Plate	-	-
Embalming Body (with _____ Fluid)	-	-
Washing and Dressing	-	-
Shaving	-	-
Disinfecting Rooms	-	-
Use of Catafalque and Drapery	-	-
Use of Folding Chairs	-	-
Use of Candelabrum	-	-
Candles	-	-
Gloves	-	-
Crepe	-	-
Telephone	-	-
Telegraph	-	-
Number of Carriages	@ \$	-
Hearse <u>2 trips</u>	-	20.00
Wagon Deliveries	-	-
Death Notices in _____ Newspapers	-	-

NAMES OF NEWSPAPERS

Flowers	-	-
Outlay for Lot	-	-
Opening Grave	-	-
Lining Grave	-	-
Shipping Charges, prepaid	-	-
Removal Charges	-	-
Cremation Charges	-	-
<u>To Herhoffer and A. Co</u>		28.00
Total Footing of Bill		235.00
By Amount Paid in Advance		-
Balance		-
Entered into Ledger, page _____ or below		-
Total Debit	\$	-

Credits	<u>Cash</u>	235.00
---------	-------------	--------

Record of Funeral

No. _____ Date May 29-1921 19____
 Name of the Deceased Simon L. Ryan Sex _____ Color _____
 Charge to _____ Order given by _____

How Secured _____

Date of Funeral May 30-1921Place of Death Noyes Hosp. St. Joseph MoFuneral Services at St. Ann's Church KansasTime of Funeral Services 11 ToClergyman Rev. MessersmithCertifying Physician Dr. GoodHis Residence St. Joseph Mo

Number of Burial Certificate _____

Cause of Death _____

Date of Death May 29-1921Occupation of the Deceased Lawyer

Single, Married, Divorced _____ Religion _____

Aged 73 Years, 2 Months, 7 Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to St. Ann's Ch.Size and Style of Casket or Coffin Grey velvetMetalic regularManufactured by St. Louis

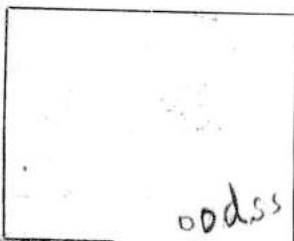
Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at St. Ann's Cemetery

Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	425.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -	1.15	00
" Funeral Home <u>Anderson</u>	- - - - -	2.00	
" Burial Slippers and Hose <u>hose</u>	- - - - -	50	
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -	40.00	
Washing and Dressing <u>Myrums</u>	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
one <u>press + clean suit</u>	- - - - -	1.00	
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$ _____	- - - - -		
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		
<u>R.R. Ticket + Carfare St. Joe to Kansas</u>	- - - - -	2.00	

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

Total Footing of Bill	- - - - -	585.50
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	
Total Debit	- - - - -	\$

1921	Credits	
June 9	By ch.	100.00
June 24	" "	200.00
Aug 5-1921	" "	100.00
Sept 21-21	" "	185.50
		585.50

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____

Date of Funeral _____

Place of Death _____

Funeral Services _____

Time of Funeral _____

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death _____

Occupation of _____

Single, Married, _____

Aged 83

Birth Place _____

Father _____

Birth Place _____

Maiden Name of _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped _____

Size and Style of _____

Wheat h

Manufactured by _____

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at _____

Lot or Grave No. _____

Remarks: _____

NAMES OF PALLBEARERS _____

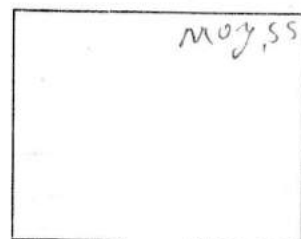
Record of Funeral

7-1921 19
ColorNo. _____ Date June 9 1921
Name of the Deceased Lurana Hargis Sex F Color W
Charge to _____ Order given by _____

CHARGES

\$ 425.00
 1.15.00
 2.00
 50
 40.00
 1.00
 2.00
 585.50
 100.00
 200.00
 100.00
 185.50
 585.50

How Secured _____
 Date of Funeral June 11-1921
 Place of Death Moz. Kansas
 Funeral Services at Christian Church
 Time of Funeral Services 7
 Clergyman Rev. Fuller
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death June 9-1921
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 83 Years, 4 Months, 1 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Half Couch
Wheeler head plate
 Manufactured by K.C. Co. & F.W. Co.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin - - - \$ 185.00
 " Metallic Lining - - -
 " Outside Box - - -
 " Grave Vault - - -
 " Burial Robe - - -
 " Burial Slippers and Hose - - -
 Engraving Plate - - -
 Embalming Body (with _____ Fluid) 15.00
 Washing and Dressing - - -
 Shaving - - -
 Disinfecting Rooms - - -
 Use of Catafalque and Drapery - - -
 Use of Folding Chairs - - -
 Use of Candelabrum - - -
 Candles - - -
 Gloves - - -
 Crepe - - -
 Telephone - - -
 Telegraph - - -
 Number of Carriages @ \$ _____
 Hearse - - - 10.00
 Wagon Deliveries - - -
 Death Notices in _____ Newspapers - - -
 10 NAMES OF NEWSPAPERS
 Flowers Set at 30. 10.30
 Outlay for Lot - - -
 Opening Grave - - -
 Lining Grave - - - 2.50
 Shipping Charges, prepaid - - -
 Removal Charges - - -
 Cremation Charges - - -
 Total Footing of Bill - - - 80
 By Amount Paid in Advance - - - 422
 Balance - - -
 Entered into Ledger, page _____ or below
 Total Debit - - - \$

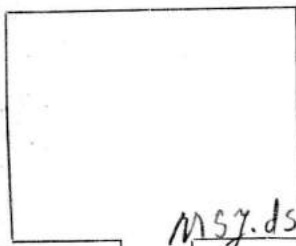
July 26. 30 Credits Ch. Mrs. H. Kirby 100.00
 " 26 Ch. H. Kirby (flowers) 10.30
 Dec. 9 Ch. H. Kirby (6 don.) 15.00
 " 9 Ch. Mrs. H. Kirby 97.50
 212.80

Record of Funeral

No. _____ Date June 28 1921
 Name of the Deceased Carnegie Nixon Sex F Color W
 Charge to Frank Nixon Order given by _____

How Secured _____
 Date of Funeral June 28-1921
 Place of Death Troy Ram
 Funeral Services at Carter Cemetery
 Time of Funeral Services 2 P.M.
 Clergyman Rev. Fuller
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death June 27-1921
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 51 Years, 1 Months, 16 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Frank Nixon
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Black Case X
Charmachy F. M. Co
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Carter Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	145.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		5.00
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		15.00
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		
Hearse	- - - - -		10.00
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

NAMES OF NEWSPAPERS

Flowers	- - - - -		5.65
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		
Total Footing of Bill	- - - - -		180.65
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		
Entered into Ledger, page _____ or below	- - - - -		
Total Debit	- - - - -	\$	

June 28 Credits By check 180.65

No. _____
 Name of the Deceased _____
 Charge to Mrs. 4230
 How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial _____
 Cause of Death _____
 Date of Death _____
 Occupation of the _____
 Single, Married, _____
 Aged 84
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped _____
 Size and Style of _____
State
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 Lot or Grave No. _____

(Diagram of Lot)
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

8 19 21
Color Sw

No. _____ Date June 27 19 21
Name of the Deceased C.C. Camp Sex _____ Color _____
Charge to Mrs Anna L Patton Order given by _____

CHARGES

145.00

5.00

15.00

10.00

5.65

180.65

check 180.65

How Secured 423 E 9th Ada Okla

Date of Funeral June 27-1921

Place of Death Ada Oklahoma

Funeral Services at Presb. Church Troy Ok

Time of Funeral Services 1:30 PM

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death 6-21-1921

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged 84 Years, 9 Months, 29 Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped By Cullison & Co

Size and Style of Casket or Coffin Black B.C.

Male

Manufactured by MT Olive

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at MT Olive Cemetery

Lot or Grave No. _____ Section No. _____

1.	
2.	
3.	
4.	
5.	
6.	

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□).
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$

" Metallic Lining - - - -

Outside Box - - - -

Grave Vault - - - -

" Burial Robe - - - -

" Burial Slippers and Hose - -

Engraving Plate - - - -

Embalming Body (with _____ Fluid)

Washing and Dressing - - - -

Shaving - - - -

Disinfecting Rooms - - - -

Use of Catafalque and Drapery - -

Use of Folding Chairs - - - -

Use of Candelabrum - - - -

Candles - - - -

Gloves - - - -

Crepe - - - -

Telephone - - - -

Telegraph - - - -

Number of Carriages @ \$

Hearse No Deput & Funeral 15.00

Wagon Deliveries Bot to Cem. 1.00

Death Notices in _____ Newspapers

Personal service 10.00

NAMES OF NEWSPAPERS

Flowers - - - -

Outlay for Lot - - - -

Opening Grave - - - -

Lining Grave - - - -

Shipping Charges, prepaid - - -

Removal Charges - - - -

Cremation Charges MT Olive Cem & Crem. 7.00

Total Footing of Bill - - - - 38.00

By Amount Paid in Advance - - -

Balance - - - -

Entered into Ledger, page _____ or below

Total Debit - - - - \$

July 6-21 By ch 38.00

Record of Funeral

No. _____ Date July 29-1921 19____
 Name of the Deceased Everett Thornton Sex M Color W
 Charge to Jephtha Thornton Order given by _____

How Secured _____
 Date of Funeral July 29-1921
 Place of Death Home
 Funeral Services at Home
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death July 29-1921
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years _____ Months 11 Days
 Birth Place _____
 Father Jephtha Thornton
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Lamb
 Manufactured by Des Moines
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Carter Cemetery
 Lot or Grave No. _____ Section No. _____

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 (Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	17.50
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$ _____	- - - - -		
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

Total Footing of Bill	- - - - -	17.50
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	

Total Debit - - - - - \$ _____

Credited By Cash 17.50

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 53 Years _____ Months _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____ Cemetery
 Lot or Grave No. _____ Section No. _____

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 (Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Aug 8 1921
 Name of the Deceased John Alfrey Sex M. Color W.
 Charge to _____ Order given by _____

ITEMIZED CHARGES

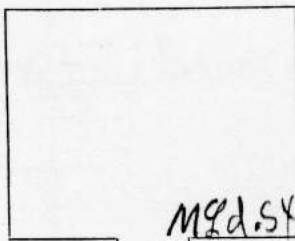
Price of Casket or Coffin	- - - - -	\$	140.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		115.00
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		15.00
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		15.00
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		2.50

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		1.50
Total Footing of Bill	- - - - -		289.00
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		
Entered into Ledger, page _____ or below	- - - - -		

1921 Total Debit - - - - - \$
 May 6 Credits ch 289.00

How Secured _____
 Date of Funeral Aug 11-1921
 Place of Death N.E. Sparks
 Funeral Services at Sparks Home
 Time of Funeral Services 2 P.M.
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Broken neck
 Date of Death Aug 8-1921
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 53 Years, 5 Months, 21 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Grey Oak
 Manufactured by Des Moines
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Vol. Sparks R. Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

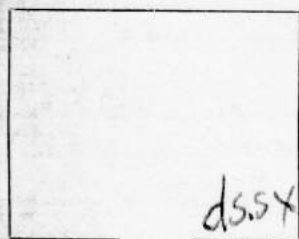
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Aug 8 19 21
 Name of the Deceased Margaret J. Parson Sex F Color N
 Charge to B. H. Parson Order given by _____

How Secured _____
 Date of Funeral Aug 10-1921
 Place of Death Prof. Kansas
 Funeral Services at MT. Olive Cemetery
 Time of Funeral Services 2 P.
 Clergyman Rev. Stanbrough
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Dropsy
 Date of Death Aug 8-1921
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 62 Years, 11 Months, 29 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Belk Case
 Manufactured by Pain & Co.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at MT. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - \$	75.00
" Metallic Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	- - - -	
" Burial Robe	- - - -	
" Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)	- - - -	15.00
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$	- - - -	
Hearse	- - - -	10.00
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	

NAMES OF NEWSPAPERS

Flowers	- - - -	
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	

Total Footing of Bill	- - - -	100.00
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below	- - - -	

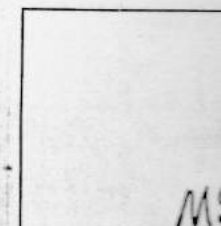
Total Debit - - - - \$

Sept 1-21 Credits By cash 90.00

No. _____
 Name of the Deceased _____
 Charge to Mrs.

How Secured _____
 Date of Funeral _____
 Place of Death Ho
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman R
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death A
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 77
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____ Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

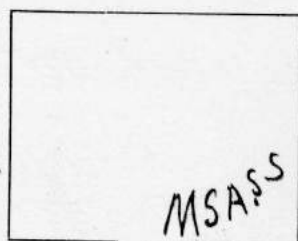
Record of Funeral

 Color W 1921

 No. _____ Date Aug 14 1921
 Name of the Deceased Amie M. Very
 Charge to Mrs Wm Culp Order given by _____

CHARGES

How Secured	\$ 75.00
Date of Funeral	
Place of Death	
Funeral Services at	
Time of Funeral Services	
Clergyman	
Certifying Physician	
His Residence	
Number of Burial Certificate	
Cause of Death	
Date of Death	
Occupation of the Deceased	
Single, Married, Divorced	
Religion	
Aged	
Years	
Months	
Days	
Birth Place	
Father	
Birth Place	
Maiden Name of Mother	
Birth Place	
Name of Husband	
Name of Wife	
Informant	
Address	
Body to be shipped to	
Size and Style of Casket or Coffin	
Manufactured by	
Metallic Lining	
Outside Box	
Number of Handles	
Interment at	
Cemetery	
Lot or Grave No.	
Section No.	
or below	
mark	90.00

 How Secured _____
 Date of Funeral August 15 1921
 Place of Death Home of Wm Culp
 Funeral Services at M.E. Church
 Time of Funeral Services 2 P
 Clergyman Rev Marshall
 Certifying Physician Dr. Waller
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Aug 13 1921
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 77 Years 4 Months 7 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Sil. Grey below
 Manufactured by Secatur
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at MT Olive Cemetery
 Lot or Grave No. _____ Section No. _____
 or below _____


(Diagram of Lot)

 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 140.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	165.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit

1921		
Aug 16	Cred	155.00
" 24	"	10.00
		1.65.00

Record of Funeral

No. _____ Date Sept 1 1921
 Name of the Deceased Corp. Louis B. Nemberg Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____

Date of Funeral Sept. 1 - 1921Place of Death Battle Field in FranceFuneral Services at Troy, N.Y.Time of Funeral Services 2:30 P.M.Clergyman Rev. Sapp R. Marshall

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death Killed in ActionDate of Death October 29 - 1918Occupation of the Deceased Plumber

Single, Married, Divorced _____ Religion _____

Aged 28 Years, 1 Months, 26 Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin _____

Regulation Government Case

Manufactured by _____

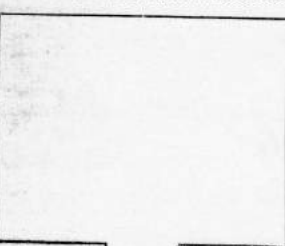
Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at Mt Olive Cemetery

Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$
 Metallic Lining - - - - -
 Outside Box - - - - -
 Grave Vault - - - - -
 Burial Robe - - - - -
 Burial Slippers and Hose - - - - -
 Engraving Plate - - - - -
 Embalming Body (with _____ Fluid)
 Washing and Dressing - - - - -
 Shaving - - - - -
 Disinfecting Rooms - - - - -
 Use of Catafalque and Drapery - - - - -
 Use of Folding Chairs - - - - -
 Use of Candelabrum - - - - -
 Candles - - - - -
 Gloves - - - - -
 Crepe - - - - -
 Telephone - - - - -
 Telegraph - - - - -
 Number of Carriages - - - - @ \$
 Hearse - - - - -
 Wagon Deliveries - - - - -
 Death Notices in _____ Newspapers - - - - -

NAMES OF NEWSPAPERS

Flowers - - - - -
 Outlay for Lot - - - - -
 Opening Grave - - - - -
 Lining Grave - - - - -
 Shipping Charges, prepaid - - - - -
 Removal Charges - - - - -
 Cremation Charges - - - - -

Total Footing of Bill - No Charge
 By Amount Paid in Advance
 Balance - - - - -
 Entered into Ledger, page _____ or below

Total Debit - - - - - \$

Credits

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____

Date of Funeral _____

Place of Death _____

Funeral Services at _____

Time of Funeral _____

Clergyman Rev. Sapp R. Marshall

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death _____

Occupation of the Deceased _____

Single, Married, Divorced _____

Aged 56 Years, _____ Months, _____ Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin _____

Regulation Government Case

Manufactured by _____

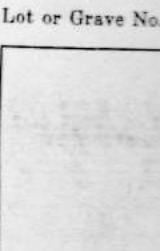
Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at Mt Olive Cemetery

Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Sept 1 - 1901 19__
Name of the Deceased Elizabeth May Hemberger Sex _____ Color _____
Charge to _____ Order given by _____

How Secured
Date of Funeral Sept 1 - 1971
Place of Death Albany, Georgia, GA
Funeral Services at Proby Rains
Time of Funeral Services 2:30 PM
Clergyman Rev. Jeff Rev. Martin
Certifying Physician
His Residence
Number of Burial Certificate
Cause of Death Pulmonary Tuberculosis
Date of Death Aug 28, 1971
Occupation of the Deceased
Single, Married, Divorced Religion
Aged 56 Years, 2 Months, 20 Days
Birth Place
Father
Birth Place
Maiden Name of Mother
Birth Place
Name of Husband Alto Kembery
Name of Wife
Informant

Address
 Body to be shipped to
 Size and Style of Casket or Coffin *Metaber*

 Manufactured by
 Metallic Lining
 Outside Box
 Number of Handles
 Interment at *St Olive* Cemetery
 Lot or Grave No. Section No.

	1. _____
	2. _____
	3. _____
	4. _____
	5. _____
	6. _____

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□).
Use space to the right of Diagram for the names of those buried in Lot.

Remarks:

NAMES OF PALLBEARERS.....

ITEMIZED CHARGES

Price of Casket or Coffin	-	-	-	-	-	\$
1. " Metallic Lining	-	-	-	-	-	
" Outside Box	-	-	-	-	-	
" Grave Vault	-	-	-	-	-	
2. " Burial Robe	-	-	-	-	-	
also Burial Slippers and Hose	-	-	-	-	-	
Engraving Plate	-	-	-	-	-	
Embalming Body (with.....Fluid)	-	-	-	-	-	
Washing and Dressing	-	-	-	-	-	
Shaving	-	-	-	-	-	
Disinfecting Rooms	-	-	-	-	-	
Use of Catafalque and Drapery	-	-	-	-	-	
Use of Folding Chairs	-	-	-	-	-	
Use of Candelabrum	-	-	-	-	-	
Candles	-	-	-	-	-	
Gloves	-	-	-	-	-	
Crepe	-	-	-	-	-	
Telephone	-	-	-	-	-	
Telegraph	-	-	-	-	-	
Number of Carriages..... @ \$	-	-	-	-	-	
Hearse	-	-	-	-	-	1500
Wagon Deliveries	-	-	-	-	-	
Death Notices in.....Newspapers	-	-	-	-	-	

NAMES OF NEWSPAPERS

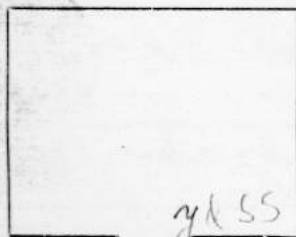
Flowers	-	-	-	-	-	.....	.....
Outlay for Lot	-	-	-	-	-	.....	.....
Opening Grave	-	-	-	-	-	.....	.....
Lining Grave	-	-	-	-	-	.....	.....
Shipping Charges, prepaid	-	-	-	-	-	.....	.....
Removal Charges	-	-	-	-	-	.....	.....
Cremation Charges	-	-	-	-	-	.....	.....
<i>Personal services</i>						.....	<u>5.00</u>
Total Footing of Bill	-	-	-	-	-	.....	.....
By Amount Paid in Advance	-	-	-	-	-	.....	.....
Balance	-	-	-	-	-	.....	.....
Entered into Ledger, page.....						.....	.....
							
Total Debit	-	-	-	-	-	\$	.....

Nov. 1821	Credits	Ch	20.00
-----------	---------	----	-------

Record of Funeral

No. _____ Date Sept 1-1921
 Name of the Deceased Geo W. Abbott Sex M. Color W
 Charge to Rich Abbott Order given by _____

How Secured _____
 Date of Funeral Sept 2-1921
 Place of Death Home of Rich Abbott
 Funeral Services at Carter Cemetery
 Time of Funeral Services 11 AM
 Clergyman Rev. Stanborough
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death old age
 Date of Death Sept 2-1921
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 83 Years, 3 Months, 3 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blk Crepe
 Manufactured by Des Moines
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Carter Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	50.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		1.00.00
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		15.00
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		10.00
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

Total Footing of Bill	- - - - -		85.00
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		
Entered into Ledger, page _____ or below	- - - - -		

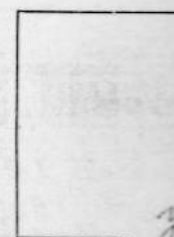
Total Debit - - - - - \$

Sept. 2	Credits	Cash Abbott	10.00
" 8	Ck	Dougherty Co.	50.00
April 20-22	Cash	D. Abbott	25.00
			85.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 88 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin State
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____ Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

-1921-19
Color WNo. _____ Date Sept 3 1921
Name of the Deceased Chrissie C Watkins Sex _____ Color _____
Charge to Estate Order given by _____

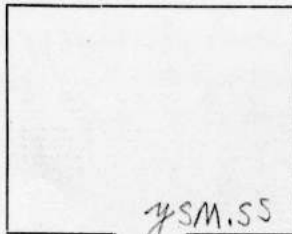
CHARGES

50.00
Fluid) 15.00
10.00
10.00
85.00
or below

10.00
50.00
25.00
85.00

How Secured _____
Date of Funeral Sept 4-1921
Place of Death Home of Sara Barton
Funeral Services at Saverton Home
Time of Funeral Services 1:30 P.M.
Clergyman Rev Marshall
Certifying Physician _____
His Residence _____
Number of Burial Certificate _____
Cause of Death _____
Date of Death Sept 1 1921
Occupation of the Deceased Housewife
Single, Married, Divorced _____ Religion _____
Aged 88 Years, 8 Months, 21 Days
Birth Place _____
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife _____
Informant _____

Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin Grey Velour
State
Manufactured by Globe Casket Co
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at St Mary's Cemetery
Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□).
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$ 275.00
" Metallic Lining - - - -
" Outside Box - - - -
" Grave Vault - - - -
" Burial Robe - - - -
" Burial Slippers and Hose - -
Engraving Plate - - - -
Embalming Body (with _____ Fluid) 15.00
Washing and Dressing - - - -
Shaving - - - -
Disinfecting Rooms - - - -
Use of Catafalque and Drapery - -
Use of Folding Chairs - - - -
Use of Candelabrum - - - -
Candles - - - -
Gloves - - - -
Crepe - - - -
Telephone - - - -
Telegraph - - - -
Number of Carriages _____ @ \$ _____
Hearse - - - - 15.00
Wagon Deliveries - - - -
Death Notices in _____ Newspapers -

NAMES OF NEWSPAPERS

Flowers _____
Outlay for Lot - - - -
Opening Grave - - - -
Lining Grave - - - -
Shipping Charges, prepaid - - - -
Removal Charges - - - -
Cremation Charges - - - -

Total Footing of Bill - - - -
By Amount Paid in Advance - - - -
Balance - - - -
Entered into Ledger, page _____ or below

Total Debit - - - - \$ 305.00

1921
Sept 15 Credits By ch 305.00

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Sept 18-1921 19____
 Name of the Deceased Gt Clyde J. Dawson Sex M Color W
 Charge to _____ Order given by _____

How Secured Shipped From France

ITEMIZED CHARGES

Date of Funeral Sept 18-1921

Place of Death Killed in Action

Funeral Services at Protestant Church

Time of Funeral Services 7:30 P.M.

Clergyman Rev. Stambrough

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death Killed in action

Date of Death Nov. 3-1918

Occupation of the Deceased U.S. Soldier

Single, Married, Divorced _____ Religion _____

Aged _____ Years, _____ Months, _____ Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to Buried at Dough

Size and Style of Casket or Coffin Regulation Army Case

Manufactured by _____

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at Dough Cemetery

Lot or Grave No. _____ Section No. _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and

mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□).

Use space to the right of Diagram for the names of those buried

in Lot.

Remarks: _____

Price of Casket or Coffin - - - - \$

" Metallic Lining - - - -

" Outside Box - - - -

" Grave Vault - - - -

" Burial Robe - - - -

" Burial Slippers and Hose - -

Engraving Plate - - - -

Embalming Body (with _____ Fluid)

Washing and Dressing - - - -

Shaving - - - -

Disinfecting Rooms - - - -

Use of Catafalque and Drapery - -

Use of Folding Chairs - - - -

Use of Candelabrum - - - -

Candles - - - -

Gloves - - - -

Crepe - - - -

Telephone - - - -

Telegraph - - - -

Number of Carriages @ \$

Hearse - - - -

Wagon Deliveries - - - -

Death Notices in _____ Newspapers

Flowers - - - -

Outlay for Lot - - - -

Opening Grave - - - -

Lining Grave - - - -

Shipping Charges, prepaid - - -

Removal Charges - - - -

Cremation Charges - - - -

Total Footing of Bill - - - -

By Amount Paid in Advance - - -

Balance - - - -

Entered into Ledger, page _____ or below

Total Debit - - - - \$

Sept 20 Credits Cash 20.00

No. _____

Name of the Deceased _____

Charge to _____

How Secured _____

Date of Funeral _____

Place of Death _____

Funeral Services at _____

Time of Funeral Services _____

Clergyman R

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death _____

Date of Death Sept 18-1921

Occupation of the Deceased _____

Single, Married, Divorced _____

Aged 78

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin _____

Manufactured by _____

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at Dough Cemetery

Lot or Grave No. _____

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and

mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□).

Use space to the right of Diagram for the names of those buried

in Lot.

Remarks: _____

Record of Funeral

No. _____ Date Oct. 23-1921 19
 Name of the Deceased John L. Grant Sex M Color W
 Charge to _____ Order given by _____

How Secured Ordered by Mrs. Agee

Date of Funeral Oct 28-1921

Place of Death St Joseph Mo

Funeral Services at Parlors

Time of Funeral Services 2 P M

Clergyman Rev. Stambrough

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death T.B. Lung

Date of Death Oct 20-1921

Occupation of the Deceased Butcher

Single, Married, Divorced _____ Religion _____

Aged 48 Years, _____ Months, _____ Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin Grey Crepe

Manufactured by _____

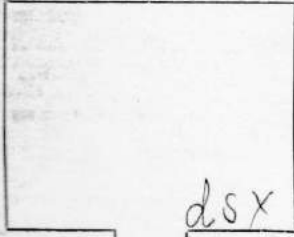
Metallie Lining _____

Outside Box _____

Number of Handles _____

Interment at M Olevie Cemetery

Lot or Grave No. _____ Section No. _____

 (Diagram of Lot)	1.
	2.
	3.
	4.
	5.
	6.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□). Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS Butcher Union

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - \$	
" Metallie Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	- - - -	
" Burial Robe	- - - -	
" Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)	- - - -	
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$		
Hearse <u>Train + Funeral</u>		15.00
Wagon Deliveries <u>Bot to Cem</u>		1.00
Death Notices in _____ Newspapers		

NAMES OF NEWSPAPERS

Flowers	- - - -	
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	

Total Footing of Bill	- - - -	16.00
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below		

Total Debit - - - - \$

Sec 2-1921 By cash 16.00

No. _____

Name of the Deceased _____

Charge to John

How Secured _____

Date of Funeral _____

Place of Death _____

Funeral Services at _____

Time of Funeral _____

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial _____

Cause of Death _____

Date of Death _____

Occupation of the _____

Single, Married, Divorced _____

Aged 80

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant John

Address _____

Body to be shipped _____

Size and Style of Casket _____

Manufactured by _____

Metallie Lining _____

Outside Box _____

Number of Handles _____

Interment at M

Lot or Grave No. _____

Remarks: _____

NAMES OF PALLBEARERS _____

Remarks: _____

NAMES OF PALLBEARERS _____

Remarks: _____

NAMES OF PALLBEARERS _____

Remarks: _____

NAMES OF PALLBEARERS _____

Remarks: _____

NAMES OF PALLBEARERS _____

Remarks: _____

NAMES OF PALLBEARERS _____

Remarks: _____

NAMES OF PALLBEARERS _____

Remarks: _____

NAMES OF PALLBEARERS _____

Remarks: _____

NAMES OF PALLBEARERS _____

Remarks: _____

NAMES OF PALLBEARERS _____

Remarks: _____

NAMES OF PALLBEARERS _____

Remarks: _____

NAMES OF PALLBEARERS _____

Remarks: _____

Record of Funeral

3-1921 19
Color *W*No. _____ Date *Oct 24-1921* 19
Name of the Deceased *Christian Niederhauer* Sex *M* Color *W*Charge to *John Niederhauer* Order given by _____

CHARGES

Hose _____

Fluid) _____

How Secured *Mossville Mo.*Date of Funeral *Oct 25-1921*Place of Death *South of Lutheran Church*Funeral Services at *Mossville Mo.*

Time of Funeral Services _____

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death *Pericarditis*Date of Death *Oct 23-1921*Occupation of the Deceased *Farmer*

Single, Married, Divorced _____ Religion _____

Aged *80* Years *1* Months *29* DaysBirth Place *Switzerland*

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant *John Niederhauer*Address *Mossville Mo.*Body to be shipped to *Mossville Mo.*Size and Style of Casket or Coffin *Grey Birch 12 Couch*

Manufactured by _____

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at *Mossville Mo. Cemetery*

Lot or Grave No. _____ Section No. _____

ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$ *170.00*

Metallic Lining - - - - -

Outside Box - - - - -

Grave Vault - - - - -

Burial Robe - - - - - *12.50*Burial Slippers and Hose *W. men* - - - - *1.75*

Engraving Plate - - - - -

Embalming Body (with _____ Fluid) *15.00*

Washing and Dressing - - - - -

Shaving - - - - -

Disinfecting Rooms - - - - -

Use of Catafalque and Drapery - - - - -

Use of Folding Chairs - - - - -

Use of Candelabrum - - - - -

Candles - - - - -

Gloves - - - - -

Crepe - - - - -

Telephone - - - - -

Telegraph - - - - -

Number of Carriages - - - - - @ \$

Hearse for body & team *10.00*

Wagon Deliveries - - - - -

Death Notices in _____ Newspapers - - - - -

NAMES OF NEWSPAPERS

Flowers - - - - - *56.5*

Outlay for Lot - - - - -

Opening Grave - - - - -

Lining Grave - - - - -

Shipping Charges, prepaid - - - - -

Removal Charges - - - - -

Cremation Charges - - - - -

Total Footing of Bill - - - - - *214.90*

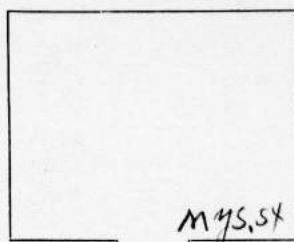
By Amount Paid in Advance - - - - -

Balance - - - - -

Entered into Ledger, page _____ or below

Total Debit - - - - - \$

*chk 200 + 175**Oct 24 1921 Credit 214.90*



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).

Designate place for Monument with a small square (□).

Use space to the right of Diagram for the names of those buried in Lot.

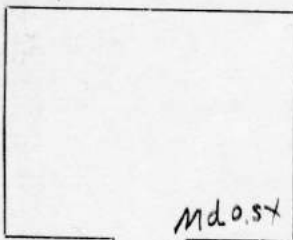
Remarks: _____

NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date Nov. 4-1921 19____
 Name of the Deceased Daniel Morgan Blevins Sex M Color W
 Charge to Estate Order given by _____

How Secured _____
 Date of Funeral _____
 Place of Death Home of Chas Blevins
 Funeral Services at Christian Church
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Nov. 4-1921
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 83 Years, 5 Months, 23 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant C. C. Blevins
Des Moines Ia
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Grey Ribbed
 Manufactured by Des M
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	185.00
Metallie Lining	- - - - -		
Outside Box	- - - - -		
Grave Vault	- - - - -		
Burial Robe	- - - - -		20.00
Burial Slippers and Hose	- - - - -		4.00
Engraving Plate	- - - - -		
Embalming Body (with Fluid)	- - - - -		15.00
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		
Hearse	- - - - -		12.50
Wagon Deliveries	- - - - -		
Death Notices in Newspapers	- - - - -		1.25

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		3.50
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

Total Footing of Bill	- - - - -	241.25
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below		

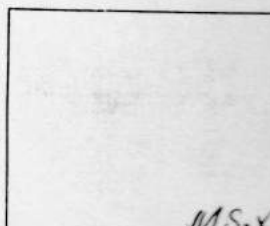
Total Debit - - - - - \$ _____

Nov. 7 Credits cho 241.25

No. _____
 Name of the Deceased _____
 Charge to Mrs. Galt

How Secured _____
 Date of Funeral Nov
 Place of Death Top
 Funeral Services at Ch
 Time of Funeral Services _____
 Clergyman Rev
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Nov
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 54 Years
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Ans
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Belmont
 Manufactured by Des
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Sola
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

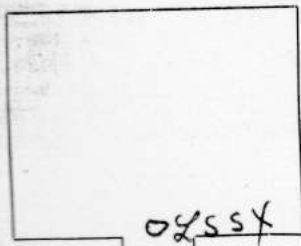
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Nov. 14-1921 19____
 Name of the Deceased Julian Oscar Nelson Sex M. Color W
 Charge to _____ Order given by _____

How Secured Nov. 16-1921
 Date of Funeral Nov. 16-1921
 Place of Death 1/2 Mi. West of Moray School
 Funeral Services at Moray Church
 Time of Funeral Services 2:00 P.M.
 Clergyman Rev. Kraeger
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Tuberculosis
 Date of Death Nov. 14-1921
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 25 Years, 7 Months, 28 Days
 Birth Place _____
 Father Oliver T. Nelson
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife Nada Royce Nelson
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Spartan funeral
Metallic
 Manufactured by St. Louis Coffin Co.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Moray Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

L. W. HOLLEY & SON, MAKER DES MOINES, IA

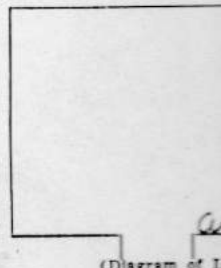
ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	425.00
Metallic Lining	- - - - -		
Outside Box	- - - - -		
Grave Vault	- - - - -		11.50
Burial Robe	- - - - -		
Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		15.00
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		15.00
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		
NAMES OF NEWSPAPERS			
Flowers for lying in state	- - - - -		5.50
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Reinforcing Grave	- - - - -		2.25
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		
Collar 15" x 15" x 15" x 15"	- - - - -		3.75
cleaning & pressing suit	- - - - -		2.00
Total Footing of Bill	- - - - -		583.00
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		
Entered into Ledger, page _____ or below	- - - - -		
Total Debit	- - - - -	\$	
Dec 14-1921 Credits By ch.	- - - - -		583.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged _____ Years _____ Months _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

L. W. HOLLEY & SON, MAKER DES MOINES, IA

Record of Funeral

 1921 19
 Color *W*

CHARGES

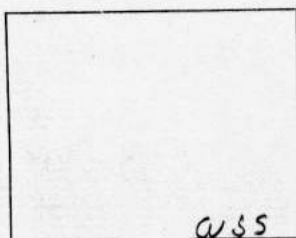
\$ 425.00
 11.50.00
 Fluid) 1.50.00
 @ \$ 1.50.00
 PAPERS 5.50
 2.25
 3.75
 2.00
 583.00
 or below
 583.00

No. _____ Date *Nov. 26 1921*
 Name of the Deceased *Everett Franklin Ramsey* Sex *M.* Color *W*
 Charge to *Everett Ramsey* Order given by _____

ITEMIZED CHARGES

How Secured _____
 Date of Funeral *Nov. 27-1921*
 Place of Death *Proy Kans*
 Funeral Services at *Home*
 Time of Funeral Services *2 P.*
 Clergyman *Rev. Campbell*
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death *Nov. 26-1921*
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, *1* Months, *6* Days
 Birth Place _____
 Father *Everett Ramsey*
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin *White Lamb*
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at *W. Olive* Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

Price of Casket or Coffin - - - - \$ *18.00*
 " Metallic Lining - - - - -
 " Outside Box - - - - -
 " Grave Vault - - - - -
 " Burial Robe - - - - -
 " Burial Slippers and Hose - - - -
 Engraving Plate - - - - -
 Embalming Body (with _____ Fluid)
 Washing and Dressing - - - - -
 Shaving - - - - -
 Disinfecting Rooms - - - - -
 Use of Catafalque and Drapery - - -
 Use of Folding Chairs - - - - -
 Use of Candelabrum - - - - -
 Candles - - - - -
 Gloves - - - - -
 Crepe - - - - -
 Telephone - - - - -
 Telegraph - - - - -
 Number of Carriages _____ @ \$ _____
 Hearse - - - - -
 Wagon Deliveries - - - - -
 Death Notices in _____ Newspapers -

NAMES OF NEWSPAPERS

Flowers _____
 Outlay for Lot - - - - -
 Opening Grave - - - - -
 Lining Grave - - - - -
 Shipping Charges, prepaid - - - -
 Removal Charges - - - - -
 Cremation Charges - - - - -
 Total Footing of Bill - - - - - *18.00*
 By Amount Paid in Advance - - - -
 Balance - - - - -
 Entered into Ledger, page _____ or below

Total Debit

1921
 Dec 6.. Credits *Cash* *18.00*

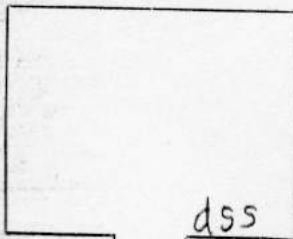
NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date Dec. 7-1921 19____
 Name of the Deceased Elmer C. Kibler Sex M. Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec. 7-1921
 Place of Death Topeka, Ks.
 Funeral Services at M.C. Church
 Time of Funeral Services 2 P.
 Clergyman Rev. Campbell
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Dec. 5-1921
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 43 Years, _____ Months, 14 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Plush 12 casket
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at McAlister Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

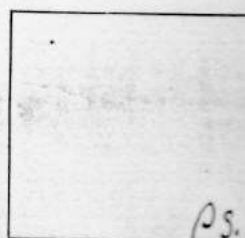
Price of Casket or Coffin	-	-	-	\$	
" Metallic Lining	-	-	-		
" Outside Box	-	-	-		
" Grave Vault	-	-	-		
" Burial Robe	-	-	-		
" Burial Slippers and Hose	-	-	-		
Engraving Plate	-	-	-		
Embalming Body (with _____ Fluid)	-	-	-		
Washing and Dressing	-	-	-		
Shaving	-	-	-		
Disinfecting Rooms	-	-	-		
Use of Catafalque and Drapery	-	-	-		
Use of Folding Chairs	-	-	-		
Use of Candelabrum	-	-	-		
Candles	-	-	-		
Gloves	-	-	-		
Crepe	-	-	-		
Telephone	-	-	-		
Telegraph	-	-	-		
Number of Carriages @ \$					
Hearse <u>Topeka & Funeral</u>				15	00
Wagon Deliveries <u>Box to Cem.</u>				1	00
Death Notices in _____ Newspapers				2	00
NAMES OF NEWSPAPERS					
Flowers <u>500</u>				5	30
Outlay for Lot	-	-	-		
Opening Grave	-	-	-		
Lining Grave	-	-	-	2	50
Shipping Charges, prepaid	-	-	-		
Removal Charges	-	-	-		
Cremation Charges	-	-	-		
Telephone to Topeka				5	5
Funeral services				5	00
Total Footing of Bill					
By Amount Paid in Advance					
Balance				31	35
Entered into Ledger, page _____ or below					
Total Debit	-	-	-	\$	

231.71 Credits Ch. 31.35

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral Dec.
 Place of Death Topeka
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Dec.
 Date of Death Dec.
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 76 Years
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket Spice
 Manufactured by Rey
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Cola
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

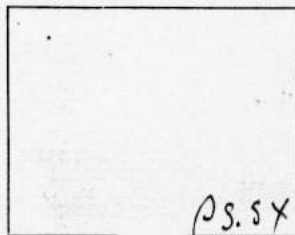
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Dec 15-1921 19
 Name of the Deceased Martin M. Robinson Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec 17-1921
 Place of Death North of Sparks
 Funeral Services at Sparks Mass
 Time of Funeral Services 1:30 P.M.
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Dropsy
 Date of Death Dec 15-1921
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 76 Years, _____ Months, 5 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Grey Lamb
Spice
 Manufactured by Ref.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Sparks Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - \$	75.00
" Metallic Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	- - - -	
" Burial Robe	- - - -	
" Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)	- - - -	15.00
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$	- - - -	
Hearse	- - - -	15.00
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	

NAMES OF NEWSPAPERS

Flowers	- - - -	7.65
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	

Total Footing of Bill	- - - -	112.65
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below	- - - -	

Total Debit	- - - - \$	
-------------	------------	--

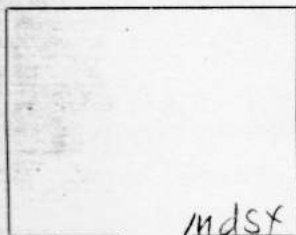
12-22-21 Credits Ch	112.00
Jan 2-22 cash	.65
	112.65

Record of Funeral

No. _____ Date Dec 16 1921
 Name of the Deceased John C. Martin Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Dec 18 - 1921
 Place of Death Troy, KS
 Funeral Services at Christians Church
 Time of Funeral Services 1:45 P.M.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Waller
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Dec 16 - 1921
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 54 Years 14 Months 16 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blk Crepe
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Carter Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	<u>all</u>	\$	<u>50.00</u>
Metallie Lining	-	-	-
Outside Box	-	-	-
Grave Vault	-	-	-
Burial Robe	-	-	-
Burial Slippers and Hose	-	-	-
Engraving Plate	-	-	-
Embalming Body (with _____ Fluid)	-	-	-
Washing and Dressing	-	-	-
Shaving	-	-	-
Disinfecting Rooms	-	-	-
Use of Catafalque and Drapery	-	-	-
Use of Folding Chairs	-	-	-
Use of Candelabrum	-	-	-
Candles	-	-	-
Gloves	-	-	-
Crepe	-	-	-
Telephone	-	-	-
Telegraph	-	-	-
Number of Carriages @ \$ _____	-	-	-
Hearse	-	-	-
Wagon Deliveries	-	-	-
Death Notices in _____ Newspapers	-	-	-

NAMES OF NEWSPAPERS

Flowers	-	-	-
Outlay for Lot	-	-	-
Opening Grave	-	-	-
Lining Grave	-	-	-
Shipping Charges, prepaid	-	-	-
Removal Charges	-	-	-
Cremation Charges	-	-	-

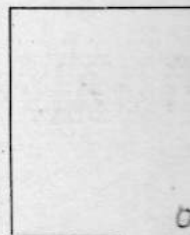
Total Footing of Bill	-	-	-
By Amount Paid in Advance	-	-	-
Balance	-	-	<u>50.00</u>
Entered into Ledger, page _____ or below	-	-	-
Total Debit	-	-	\$ _____

12-19-21 Credits Subscriptions 15.00
Jan 1-21 Longhart Co. 35.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral Jan 18
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 35
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Belmont
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

16 1921
Color *W*No. _____ Date *Jan. 5* 19*22*
Name of the Deceased *Mrs. Belle Blanton* Sex *F* Color *N*
Charge to _____ Order given by _____

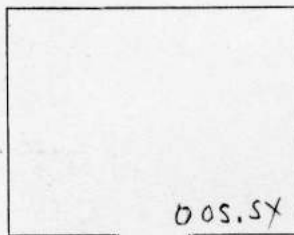
CHARGES

all - \$ *50.00*
Hose - - - - -
Fluid) - - - - -
Pery - - - - -
@ \$ - - - - -
ewspapers - - - - -
PAPERS - - - - -
or below *50.00*

scriptions *15.00*
an *30.00*

How Secured _____
Date of Funeral *Jan. 8-1922*
Place of Death *Sparks Hall*
Funeral Services at *Sparks Hall*
Time of Funeral Services *2 PM*
Clergyman *Rev. Hanbrough*
Certifying Physician _____
His Residence _____
Number of Burial Certificate _____
Cause of Death *Interrine Fibroid*
Date of Death *Jan. 5-1922*
Occupation of the Deceased *Housewife*
Single, Married, Divorced _____ Religion _____
Aged *35* Years, *4* Months, *29* Days
Birth Place _____
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife _____
Informant _____

Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin *Steel Grey*
Belmont Mfg. Co. Couch
Manufactured by *St. Louis*
Metallic Lining _____
Outside Box *valet*
Number of Handles _____
Interment at *Salva* Cemetery
Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□).
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$ *375.00*
" Metallic Lining - - - - -
" Outside Box - - - - -
" Grave Vault - - - - - *115.00*
" Burial Robe - - - - - *30.00*
" Burial Slippers and Hose - - - - -
Engraving Plate - - - - -
Embalming Body (with _____ Fluid) *15.00*
Washing and Dressing - - - - -
Shaving - - - - -
Disinfecting Rooms - - - - -
Use of Catafalque and Drapery - - - - -
Use of Folding Chairs - - - - -
Use of Candelabrum - - - - -
Candles - - - - -
Gloves - - - - -
Crepe - - - - -
Telephone - - - - -
Telegraph - - - - -
Number of Carriages _____ @ \$ _____
Hearse - - - - - *15.00*
Wagon Deliveries - - - - -
Death Notices in _____ Newspapers - - - - -

NAMES OF NEWSPAPERS

Flowers - - - - -
Outlay for Lot - - - - -
Opening Grave - - - - -
Lining Grave - - - - -
Shipping Charges, prepaid - - - - -
Removal Charges - - - - -
Cremation Charges - - - - -

Total Footing of Bill - - - - - *550.00*
By Amount Paid in Advance - - - - -
Balance - - - - -
Entered into Ledger, page _____ or below

Total Debit - - - - - \$ _____

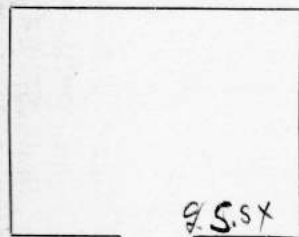
Jan. 9-22 Cash *550.00*
Credits _____

Record of Funeral

No. _____ Date Jan 4-1927 19
 Name of the Deceased Carl Zehr Sex M. Color R
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Jan 11-1927
 Place of Death 4 1/2 mi NW Mathenia
 Funeral Services at Lutheran Ch.
 Time of Funeral Services 2 P.
 Clergyman Rev. Jaegle
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Hanging (Suicide)
 Date of Death Jan 9-1927
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 73 Years, 6 Months, 16 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Blk Crepe
Des-Morris
 Manufactured by Casket Co
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Lutheran Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 65.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	15.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	10.00
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

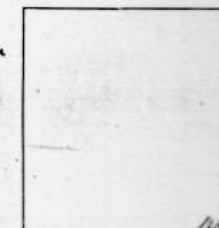
Total Footing of Bill	90.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

Jan 16 Credits cash 90.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Jan 28 1922
 Name of the Deceased Freda Ellen Smith Sex _____ Color _____
 Charge to Elmer Smith Order given by _____

ITEMIZED CHARGES

How Secured _____
 Date of Funeral Jan 29 - 1922
 Place of Death N. W. of Troy
 Funeral Services at Trinity
 Time of Funeral Services 2 P.M.
 Clergyman Father Dumas
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Pneumonia
 Date of Death Jan 28 - 1922
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, 1 Months, 13 Days
 Birth Place _____
 Father Elmer E. Smith
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Price of Casket or Coffin - - - \$ 20.00
 " Metallic Lining - - - _____
 " Outside Box - - - _____
 " Grave Vault - - - _____
 " Burial Robe - - - _____
 " Burial Slippers and Hose - - - _____
 Engraving Plate - - - _____
 Embalming Body (with _____ Fluid) _____
 Washing and Dressing Care of body 5.00
 Shaving - - - _____
 Disinfecting Rooms - - - _____
 Use of Catafalque and Drapery - - - _____
 Use of Folding Chairs - - - _____
 Use of Candelabrum - - - _____
 Candles - - - _____
 Gloves - - - _____
 Crepe - - - _____
 Telephone - - - _____
 Telegraph - - - _____
 Number of Carriages _____ @ \$ _____
 Hearse - - - _____
 Wagon Deliveries - - - _____
 Death Notices in _____ Newspapers - - - _____

NAMES OF NEWSPAPERS

Flowers - - - _____
 Outlay for Lot - - - _____
 Opening Grave - - - _____
 Lining Grave - - - _____
 Shipping Charges, prepaid - - - _____
 Removal Charges - - - _____
 Cremation Charges - - - _____

Total Footing of Bill - - - 25.00
 By Amount Paid in Advance - - - _____
 Balance - - - _____
 Entered into Ledger, page _____ or below

Total Debit - - - \$ _____

Credits

1.	
2.	
3.	
4.	
5.	
6.	

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: 700 P.M.

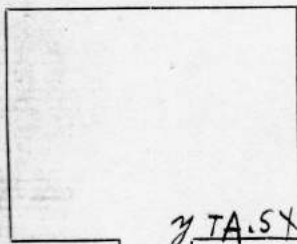
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Feb. 16-1922
 Name of the Deceased Frances Franklin Paige Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Feb. 17-1922
 Place of Death Trinity Church
 Funeral Services at Trinity Church
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Campbell
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Apoplexy
 Date of Death Feb. 15-1922
 Occupation of the Deceased Retired
 Single, Married, Divorced _____ Religion _____
 Aged 76 Years, 4 Months, 17 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Metallie case
 Manufactured by St. Louis
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

L. W. HOLLEY & SON, MAKER DES MOINES, IA

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$ <u>425.00</u>
" Metallic Lining	- - - - -	
" Outside Box	- - - - -	
" Grave Vault	- - - - -	
" Burial Robe	- - - - -	
" Burial Slippers and Hose	- - - - -	
Engraving Plate	- - - - -	
Embalming Body (with _____ Fluid)	- - - - -	<u>15.00</u>
Washing and Dressing	- - - - -	
Shaving	- - - - -	
Disinfecting Rooms	- - - - -	
Use of Catafalque and Drapery	- - - - -	
Use of Folding Chairs	- - - - -	
Use of Candelabrum	- - - - -	
Candles	- - - - -	
Gloves	- - - - -	
Crepe	- - - - -	
Telephone	- - - - -	
Telegraph	- - - - -	
Number of Carriages @ \$ _____	- - - - -	
Hearse	- - - - -	<u>10.00</u>
Wagon Deliveries	- - - - -	
Death Notices in _____ Newspapers	- - - - -	

NAMES OF NEWSPAPERS

Flowers	<u>10.25</u>	<u>10.25</u>
Outlay for Lot		
Opening Grave		
Lining Grave <u>for visitors</u>		<u>1.00</u>
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
<u>Red lumber</u>		<u>2.00</u>

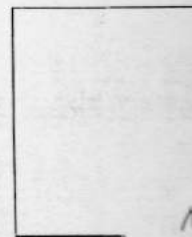
Total Footing of Bill	- - - - -	<u>463.75</u>
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	

Total Debit	- - - - -	\$ <u>425.00</u>
<u>425.00</u>		
Credits <u>By Ch.</u>	- - - - -	<u>450.00</u>
<u>6.22</u>		<u>13.75</u>
		<u>463.75</u>

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 26
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

L. W. HOLLEY & SON, MAKER DES MOINES, IA

Record of Funeral

No. 1922 Date Feb. 17-1922
 Name of the Deceased Ralph W. Charles Sex _____ Color _____
 Charge to _____ Order given by _____

ITEMIZED CHARGES

How Secured _____
 Date of Funeral Feb. 19-1922
 Place of Death Brimm with Corp. Joseph
 Funeral Services at Christ Church
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Sapp
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death pneumonia
 Date of Death Feb. 17-1922
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 26 Years, 9 Months, 15 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Wey B.C.
half couch
 Manufactured by W. Norman
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Alice Cemetery
 Lot or Grave No. _____ Section No. _____

Price of Casket or Coffin	175.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with <u>Mishoff</u> Fluid)	28.00
Washing and Dressing	
Shaving <u>shut</u> <u>te collar</u>	3.70
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	10.00
Hearse	
Wagon Deliveries	
Death Notices in <u>Newspapers</u>	1.25
<u>heavy lumber for over lot</u>	2.00
NAMES OF NEWSPAPERS	10.25
Flowers <u>10.00</u>	
Outlay for Lot	
Opening Grave	2.50
Lining Grave	
Shipping Charges, prepaid	
Removal Charges <u>Idume to Wey</u>	10.00
Cremation Charges	
Phone <u>Rev. Sapp</u>	1.90
<u>Ralph Charles</u>	.25
Total Footing of Bill	
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	244.85

Feb. 20-22 By Ch. 244.85
 Credits

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____

Myg SX

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

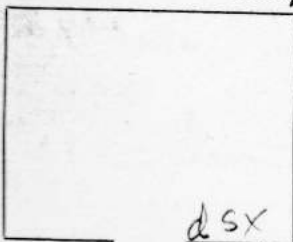
Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Feb. 18-1922 19
 Name of the Deceased Berna Louise Jackson Sex F Color N
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Feb. 18-1922
 Place of Death _____
 Funeral Services at Christ Church Sparks
 Time of Funeral Services 2 PM
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Syphilis
 Date of Death Feb. 16-1922
 Occupation of the Deceased Chief
 Single, Married, Divorced _____ Religion _____
 Aged 12 Years, _____ Months, 13 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Gold Sparks Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: Body shipped to Sparks from RR Mo

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	-	-	-	\$	
" Metallic Lining	-	-	-		
" Outside Box	-	-	-		
" Grave Vault	-	-	-		
" Burial Robe	-	-	-		
" Burial Slippers and Hose	-	-	-		
Engraving Plate	-	-	-		
Embalming Body (with _____ Fluid)	-	-	-		
Washing and Dressing	-	-	-		
Shaving	-	-	-		
Disinfecting Rooms	-	-	-		
Use of Catafalque and Drapery	-	-	-		
Use of Folding Chairs	-	-	-		
Use of Candelabrum	-	-	-		
Candles	-	-	-		
Gloves	-	-	-		
Crepe	-	-	-		
Telephone	-	-	-		
Telegraph	-	-	-		
Number of Carriages @ \$	-	-	-		
Hearse & services	-	-	-		20.00
Wagon Deliveries	-	-	-		
Death Notices in _____ Newspapers	-	-	-		

NAMES OF NEWSPAPERS

Flowers	-	-	-		
Outlay for Lot	-	-	-		
Opening Grave	-	-	-		
Lining Grave	-	-	-		
Shipping Charges, prepaid	-	-	-		
Removal Charges	-	-	-		
Cremation Charges	-	-	-		

Total Footing of Bill _____
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below _____

Total Debit _____ \$

Feb. 18 Credits Cash 20.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 22 Years _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket _____
half Cor
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

8-1922

19

Color

No.

Name of the Deceased

Date

Feb. 22

19

22

Charge to

Sam Whittaker

Order given by

Color

D CHARGES

How Secured

From Eusewirth Hosp.

ITEMIZED CHARGES

Date of Funeral

Feb. 23 - 1922

Price of Casket or Coffin

\$ 130.00

Place of Death

Eusewirth Hosp.

Metallic Lining

Funeral Services at

Mt. Church Brog.

Outside Box

Time of Funeral Services

2:30

Grave Vault

Clergyman

Rev. Campbell

Burial Robe

\$ 20.00

Certifying Physician

Burial Slippers and Hose

\$ 2.50

His Residence

Engraving Plate

Embalming Body (with Fluid)

\$ 75.00

Number of Burial Certificate

Washing and Dressing

Cause of Death

Purpural Septicemia

Shaving

Date of Death

Feb. 21 - 1922

Disinfecting Rooms

Occupation of the Deceased

Housewife

Use of Catafalque and Drapery

Single, Married, Divorced

Religion

Use of Folding Chairs

Aged

22

Years

Months

Days

Use of Candelabrum

Birth Place

Candles

Gloves

Crepe

Telephone

Telegraph

Number of Carriages @ \$

Hearse

\$ 10.00

Wagon Deliveries

Death Notices in Newspapers

Hearse to St. Joseph

\$ 10.00

NAMES OF NEWSPAPERS

Flowers

Outlay for Lot

Opening Grave

Lining Grave

\$ 2.50

Shipping Charges, prepaid

Removal Charges

Cremation Charges

Heavy Linen, folded

\$ 2.00

Total Footing of Bill

\$ 222.00

By Amount Paid in Advance

Balance

Entered into Ledger, page or below

Total Debit

\$ 222.00

Credits By ck

\$ 222.00

Address

Body to be shipped to

Size and Style of Casket or Coffin

Grey Plush

Half Couch

Manufactured by

Metallic Lining

Outside Box

Number of Handles

Interment at

Mt. Olive

Cemetery

Lot or Grave No.

Section No.

or below

\$

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

20.00

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□).
Use space to the right of Diagram for the names of those buried in Lot.

Remarks:

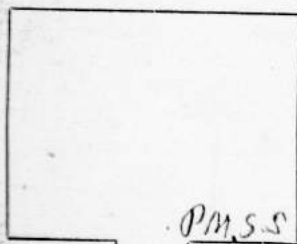
NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date Feb. 23 1922
 Name of the Deceased James C. Summers Sex M Color R
 Charge to _____ Order given by _____

How Secured Ordered by Mrs. Wagner
 Date of Funeral Feb. 24 - 1922
 Place of Death Home of Saver Wagner
 Funeral Services at Catholic Church No. 7
 Time of Funeral Services 10 A.M.
 Clergyman Father Desmar
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Feb. 22 - 1922
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 54 Years, _____ Months, 5 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Dark Crepe
 Manufactured by Ref. Art
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Anne Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	75.00
Metallie Lining	- - - - -		
Outside Box	- - - - -		
Grave Vault	- - - - -		
Burial Robe	- - - - -		
Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		15.00
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		
Hearse	- - - - -		15.00
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		
<u>Underwear, shirt, etc.</u>	- - - - -		3.75

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

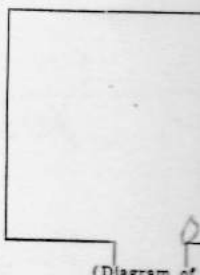
Total Footing of Bill	- - - - -		108.75
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		
Entered into Ledger, page _____ or below	- - - - -		
Total Debit	- - - - -	\$	

April 27, 22 Credits Ch 108.75

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured Ca
 Date of Funeral _____
 Place of Death 2
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Ca
 Date of Death 4
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 35 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

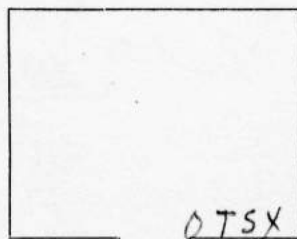
NAMES OF PALLBEARERS _____

Record of Funeral

No. 3 Date Feb. 21 1922
 Name of the Deceased Ralph Walters Sex M. Color R
 Charge to _____ Order given by _____

How Secured Called by Sheriff
 Date of Funeral _____
 Place of Death 2 miles S.E. of Lawrence
 Funeral Services at Maucha
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Auto accident
 Date of Death Feb. 20-1922
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 35 Years _____ Months _____ Days _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to Maucha Ks
 Size and Style of Casket or Coffin _____
 Manufactured by Inter State #1185
 Metallic Lining PSOS
 Outside Box MAD. SX
 Number of Handles Maucha
 Interment at _____ Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 175.00
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with Fluid)	75.00
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	100.00
Wagon Deliveries	
Death Notices in Newspapers	
Body brought in	5.00

NAMES OF NEWSPAPERS

Flowers _____
 Outlay for Lot _____
 Opening Grave _____
 Lining Grave _____
 Shipping Charges, prepaid _____
 Removal Charges _____
 Cremation Charges _____

Total Footing of Bill _____
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below _____
 Total Debit \$ _____

Credits

Record of Funeral

No. _____ Date Feb. 21 1922
 Name of the Deceased Joseph Holmes Sex M Color W
 Charge to _____ Order given by _____

How Secured Called by Sheriff

Date of Funeral _____

Place of Death my S.B. Senguer

Funeral Services at Mauiath

Time of Funeral Services _____

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death Auto accident

Date of Death Feb. 20-1922

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged 67 Years _____ Months _____ Days _____

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to Mauiath

Size and Style of Casket or Coffin _____

Manufactured by _____

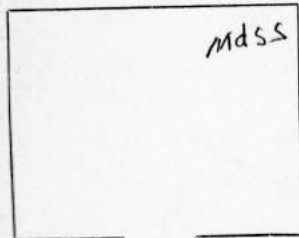
Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at Mauiath Cemetery

Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - - \$
Metallic Lining	- - - - -
Outside Box	- - - - -
Grave Vault	- - - - -
Burial Robe	- - - - -
Burial Slippers and Hose	- - - - -
Engraving Plate	- - - - -
Embalming Body (with _____ Fluid)	- - - - -
Washing and Dressing	- - - - -
Shaving	- - - - -
Disinfecting Rooms	- - - - -
Use of Catafalque and Drapery	- - - - -
Use of Folding Chairs	- - - - -
Use of Candelabrum	- - - - -
Candles	- - - - -
Gloves	- - - - -
Crepe	- - - - -
Telephone	- - - - -
Telegraph	- - - - -
Number of Carriages @ \$	- - - - -
Hearse	- - - - -
Wagon Deliveries	- - - - -
Death Notices in _____ Newspapers	- - - - -

NAMES OF NEWSPAPERS

Flowers	- - - - -
Outlay for Lot	- - - - -
Opening Grave	- - - - -
Lining Grave	- - - - -
Shipping Charges, prepaid	- - - - -
Removal Charges	- - - - -
Cremation Charges	- - - - -

Total Footing of Bill	- - - - -
By Amount Paid in Advance	- - - - -
Balance	- - - - -
Entered into Ledger, page _____ or below	- - - - -

Total Debit - - - - - \$

Credits _____

No. _____

Name of the Deceased _____

Charge to _____

How Secured Call

Date of Funeral _____

Place of Death 2nd

Funeral Services at _____

Time of Funeral Services _____

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death Auto accident

Date of Death Feb. 20-1922

Occupation of the Deceased _____

Single, Married, Divorced _____

Aged 30 Years _____ Months _____ Days _____

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin _____

Manufactured by _____

Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at _____

Lot or Grave No. _____

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

21 1922
Color *W*No. _____ Date *Feb-21* 19*22*
Name of the Deceased *Charles Branguard* Sex *M* Color *W*

Charge to _____ Order given by _____

CHARGES

How Secured *Collected by Sheriff*

Date of Funeral _____

Place of Death *2 mi S.E. of Lawrence*Funeral Services at *Kianaatha*

Time of Funeral Services _____

Clergyman _____

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death *Auto accident*Date of Death *Feb. 20 - 1922*

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged *30* Years, _____ Months, _____ Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

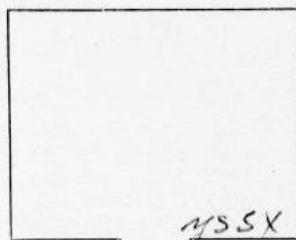
Address _____

Body to be shipped to *Kianaatha*

Size and Style of Casket or Coffin _____

Manufactured by *Abernathy #800 in*Metallic Lining *Y.P.M.A.*Outside Box *Nd.S.S.*Number of Handles *Kianaatha*Interment at *Kianaatha* Cemetery

Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□).
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS: _____

ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$ *85.00*

" Metallic Lining - - - - -

" Outside Box - - - - -

" Grave Vault - - - - -

" Burial Robe - - - - -

" Burial Slippers and Hose - - - - -

Engraving Plate - - - - -

Embalming Body (with _____ Fluid) *25.00*

Washing and Dressing - - - - -

Shaving - - - - -

Disinfecting Rooms - - - - -

Use of Catafalque and Drapery - - - - -

Use of Folding Chairs - - - - -

Use of Candelabrum - - - - -

Candles - - - - -

Gloves - - - - -

Crepe - - - - -

Telephone - - - - -

Telegraph - - - - -

Number of Carriages @ \$ _____

Hearse - - - - - *10.00*

Wagon Deliveries - - - - -

Death Notices in _____ Newspapers

Body brought in *5.00*

NAMES OF NEWSPAPERS

Flowers - - - - -

Outlay for Lot - - - - -

Opening Grave - - - - -

Lining Grave - - - - -

Shipping Charges, prepaid - - - - -

Removal Charges - - - - -

Cremation Charges - - - - -

Total Footing of Bill - - - - -

By Amount Paid in Advance - - - - -

Balance - - - - -

Entered into Ledger, page _____ or below

Total Debit - - - - - \$

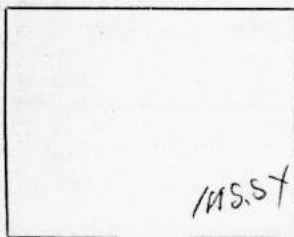
Credits - - - - -

Record of Funeral

No. _____ Date Feb. 28 1922
 Name of the Deceased Ketter Jasper Sex F Color W
 Charge to Estate Order given by _____

How Secured by John Thomas
 Date of Funeral 2-28-1922
 Place of Death Grand Junction, Colo.
 Funeral Services at Sparks Christ Church
 Time of Funeral Services 2:00
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Phthisis Pulmonalis
 Date of Death 2-23-1922
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 52 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Grey Crepe
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at La Sparta R. Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		
Hearse	- - - - -		
Wagon Deliveries <u>From Train</u>	- - - - -		12.50
Death Notices in _____ Newspapers	- - - - -		12.50
<u>Personal services</u>	- - - - -		10.00

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		
Total Footing of Bill	- - - - -		35.00
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		
Entered into Ledger, page _____ or below	- - - - -		

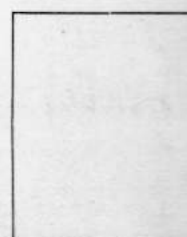
Total Debit - - - - - \$

July 19 Credits Ch. 35.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman Rev.
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged _____ Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin 2-6
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

28 1922
Color W

No. _____ Date March 17 1922
Name of the Deceased Mildred E Hart Sex F Color W
Charge to _____ Order given by _____

CHARGES

	\$	
Hose		
(Fluid)		
ery		
@ \$		
Train		12 50
Newspapers		12 50
PAPERS		10 00

PAPERS

[illegible]

350

-----	-----	-----
-----	-----	-----

[illegible][illegible]

How Secured
Date of Funeral *March 17-1922*
Place of Death *St Joseph Mo.*
Funeral Services at *St Joseph Mo.*
Time of Funeral Services *11 A.M.*
Clergyman *Rev Stambrough*
Certifying Physician
His Residence
Number of Burial Certificate
Cause of Death *Pneumonia*
Date of Death
Occupation of the Deceased *child*
Single, Married, Divorced Religion
Aged Years, *8* Months, Days
Birth Place
Father
Birth Place
Maiden Name of Mother
Birth Place
Name of Husband
Name of Wife
Informant

Address
 Body to be shipped to.....
 Size and Style of Casket or Coffin *White Pine*
2-6
 Manufactured by
 Metallic Lining
 Outside Box
 Number of Handles
 Interment at *Carter* Cemetery
 Lot or Grave No. Section No.

	1.	
	2.	
	3.	
	4.	
	5.	
	6.	

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□).
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS

.....

L. W. HOLLEY & SON, MAKERS OF THE MOINES LA.

ITEMIZED CHARGES

Price of Casket or Coffin	-	-	-	-	-	\$
" Metallic Lining	-	-	-	-	-	
" Outside Box	-	-	-	-	-	
" Grave Vault	-	-	-	-	-	
" Burial Robe	-	-	-	-	-	
" Burial Slippers and Hose	-	-	-	-	-	
Engraving Plate	-	-	-	-	-	
Embalming Body (with.....Fluid)	-	-	-	-	-	
Washing and Dressing	-	-	-	-	-	
Shaving	-	-	-	-	-	
Disinfecting Rooms	-	-	-	-	-	
Use of Catafalque and Drapery	-	-	-	-	-	
Use of Folding Chairs	-	-	-	-	-	
Use of Candelabrum	-	-	-	-	-	
Candles	-	-	-	-	-	
Gloves	-	-	-	-	-	
Crepe	-	-	-	-	-	
Telephone	-	-	-	-	-	
Telegraph	-	-	-	-	-	
Number of Carriages.....	@	\$	-	-	-	
Hearse	-	-	-	-	-	
Wagon Deliveries	-	-	-	-	-	
Death Notices in.....Newspapers	-	-	-	-	-	

NAMES OF NEWSPAPERS

Flowers	-	-	-	-	-	-	-
Outlay for Lot	--	-	-	-	-	-	-
Opening Grave	-	-	-	-	-	-	-
Lining Grave	-	-	-	-	-	-	-
Shipping Charges, prepaid	-	-	-	-	-	-	-
Removal Charges	-	-	-	-	-	-	-
Cremation Charges	-	-	-	-	-	-	-

Total Footing of Bill	-	-	-	-	-	.....	.....
By Amount Paid in Advance	-	-	-	-	-	.....	.....
Balance	-	-	-	-	-	<u> </u>	<u> </u>
Entered into Ledger, page.....						or below	

Total Debit	-	-	-	-	-	\$		
-------------	---	---	---	---	---	----	-------	-------

	Credits		
--	---------	--	--

[illegible]

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

*****	*****	*****
-------	-------	-------

[illegible][illegible][illegible]

.....				
-------	-------	-------	-------	-------

[illegible]

XXXXXXXXXX	XXXXXX	XX	XXXXXXXXXXXX	XXXXXX
------------	--------	--	--------------	--------

A horizontal number line with vertical tick marks at intervals of 10, labeled from 0 to 100. A dot is placed on the tick mark for 25, and the number 25 is written below the line.

.....

.....

.....

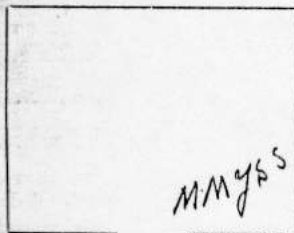
00000000000000000000000000000000

Record of Funeral

No. _____ Date April 10-22 19____
 Name of the Deceased Elizabeth J. O'Connell Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral April 19-1922
 Place of Death East of Troy
 Funeral Services at Home
 Time of Funeral Services 2 P.M.
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death April 10-1922
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 53 Years 9 Months 6 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Light grey
Box Skin
 Manufactured by R. A. Art.
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Vincent's Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

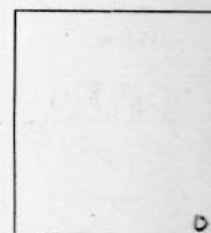
Price of Casket or Coffin	- - - - -	\$	175.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		8.50
" Burial Slippers and Hose	<u>None</u>		.50
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		15.00
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$ _____	- - - - -		10.00
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		
NAMES OF NEWSPAPERS			
Flowers <u>5.00</u> <u>tip & etc.</u> <u>40</u>	- - - - -		5.40
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		2.50
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		
<u>2 Phone Calls (March 22)</u>	- - - - -		2.00
Total Footing of Bill	- - - - -		219.40
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		
Entered into Ledger, page _____ or below	- - - - -		
Total Debit	- - - - -	\$	

Apr 28-22 Credits Ch. 219.40

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 72 Years _____ Months _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin all light
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Vincent's Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

10-22 19
Color WNo. _____ Date April 8-1922 19
Name of the Deceased Joseph Hagenbuch Sex M Color W
Charge to _____ Order given by _____

CHARGES

How Secured 17.50
 Date of Funeral April 7-1922
 Place of Death Home, Troy, Mo.
 Funeral Services at Presb. Church
 Time of Funeral Services 2:30 P.M.
 Clergyman Stambrough & Campbell
 Certifying Physician Partner
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death April 7-1922
 Occupation of the Deceased Merchant
 Single, Married, Divorced _____ Religion _____
 Aged 72 Years, 3 Months, 13 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Metallic
and tight Spikes
 Manufactured by Springfield
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Louis Cemetery
 Lot or Grave No. _____ Section No. _____
 or below _____
 \$ _____

219.40

ITEMIZED CHARGES
 Price of Casket or Coffin \$42.50
 " Metallic Lining _____
 " Outside Box _____
 " Grave Vault _____
 " Burial Robe _____
 " Burial Slippers and Hose _____
 Engraving Plate _____
 Embalming Body (with _____ Fluid) 15.00
 Washing and Dressing _____
 Shaving _____
 Disinfecting Rooms _____
 Use of Catafalque and Drapery _____
 Use of Folding Chairs _____
 Use of Candelabrum _____
 Candles _____
 Gloves _____
 Crepe _____
 Telephone _____
 Telegraph _____
 Number of Carriages _____ @ \$ _____
 Hearse _____ 10.00
 Wagon Deliveries _____
 Death Notices in _____ Newspapers _____
Ed. Hagenbuch 2.00
 NAMES OF NEWSPAPERS _____
 Flowers 12.00 66 K. H. 12.25
 Outlay for Lot _____
 Opening Grave _____
 Lining Grave To Septon 1.00
 Shipping Charges, prepaid _____
 Removal Charges _____
 Cremation Charges _____
Phone Rm. Hardware 33-
 Total Footing of Bill 465.66
 By Amount Paid in Advance _____
 Balance _____
 Entered into Ledger, page _____ or below _____
 Total Debit _____ \$ _____

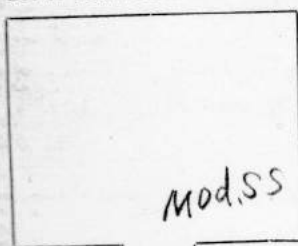
1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 (Diagram of Lot)
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.
 Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date April 24 1922
 Name of the Deceased Alma Hancock Sex F Color W
 Charge to A. S. Hancock Order given by _____

How Secured _____
 Date of Funeral April 25-1922
 Place of Death Severance Kan.
 Funeral Services at St. Paul
 Time of Funeral Services 2:30 P.
 Clergyman Rev. Mubbe
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death April 22-1922
 Occupation of the Deceased _____
 Single, Married, Divorced Widow Religion _____
 Aged 78 Years, 8 Months, 14 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Steel grey Broadcloth half covered
 Manufactured by Des Moines
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Severance Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

L. W. HOLLEY & SON, MAKER DES MOINES, IA

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$ 180.00
" Metallic Lining	- - - - -	
" Outside Box	- - - - -	
" Grave Vault	- - - - -	
" Burial Robe	- - - - -	
" Burial Slippers and Hose	- - - - -	
Engraving Plate	- - - - -	
Embalming Body (with _____ Fluid)	- - - - -	15.00
Washing and Dressing	- - - - -	
Shaving	- - - - -	
Disinfecting Rooms	- - - - -	
Use of Catafalque and Drapery	- - - - -	
Use of Folding Chairs	- - - - -	
Use of Candelabrum	- - - - -	
Candles	- - - - -	
Gloves	- - - - -	
Crepe	- - - - -	
Telephone	- - - - -	
Telegraph	- - - - -	
Number of Carriages @ \$	- - - - -	15.00
Hearse	- - - - -	
Wagon Deliveries	- - - - -	
Death Notices in _____ Newspapers	- - - - -	

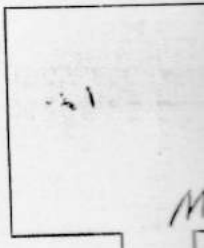
NAMES OF NEWSPAPERS

Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	
Lining Grave	- - - - -	2.50
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	

Total Footing of Bill	- - - - -	212.50
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	

Total Debit	- - - - -	\$
May 6 Credits	- - - - -	Ch 212.50

No. _____
 Name of the Deceased _____
 Charge to C. C. C.
 How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman Rev.
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Ap
 Date of Death Apr
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 77 Years _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket half covered
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at SM
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

L. W. HOLLEY & SON, MAKER DES MOINES, IA

Record of Funeral

No. _____ Date April 26 19 22
Name of the Deceased Elizabeth Culp Sex _____ Color _____
Charge to C Culp Sr. Order given by _____
ITEMIZED CHARGES

CHARGES

CHARGES	
- - - \$	180.00

lose

ery

_ @ \$

newspapers

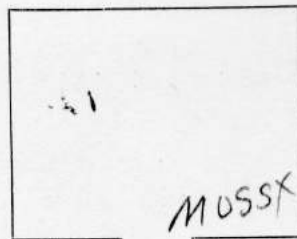
PAPERS

CC

or below

2

How Secured _____
Date of Funeral April 27-1922
Place of Death Boy name
Funeral Services at M.E. Church
Time of Funeral Services 2 7
Clergyman Rev. J. M. Campbell
Certifying Physician Dr. Hallett
His Residence _____
Number of Burial Certificate _____
Cause of Death Apoplexy
Date of Death April 25 1922
Occupation of the Deceased _____
Single, Married, Divorced _____ Religion _____
Aged 77 Years, _____ Months, 21 Days
Birth Place _____
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife _____
Informant _____
Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin Boy Church
half casket
Manufactured by Shinton
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at St. Albans Cemetery _____
Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□).
Use space to the right of Diagram for the names of those buried in Lot.

Remarks:

NAMES OF PALLBEARERS.....

ITEMIZED CHARGES

Price of Casket or Coffin	- - - \$	175.00
" Metallic Lining	- - -	.....
" Outside Box	- - -	.....
" Grave Vault	- - -	.....
" Burial Robe	- - -	.....
" Burial Slippers and Hose	- - -	.....
Engraving Plate	- - -	.....
Embalming Body (with.....Fluid)	- - -	15.00
Washing and Dressing	- - -	.....
Shaving	- - -	.....
Disinfecting Rooms	- - -	.....
Use of Catafalque and Drapery	- - -	.....
Use of Folding Chairs	- - -	.....
Use of Candelabrum	- - -	.....
Candles	- - -	.....
Gloves	- - -	.....
Crepe	- - -	.....
Telephone	- - -	.....
Telegraph	- - -	.....
Number of Carriages..... @ \$	- - -	.....
Hearse	- - -	10.00
Wagon Deliveries	- - -	.....
Death Notices in.....Newspapers	- - -	1.25

NAMES OF NEWSPAPERS

Flowers	-	-	-	-	-	.....
Outlay for Lot	--	-	-	-	-	.....
Opening Grave	-	-	-	-	-	.....
Lining Grave	-	-	-	-	-	 2.50
Shipping Charges, prepaid	-	-	-	-	-	.....
Removal Charges	-	-	-	-	-	.....
Cremation Charges	-	-	-	-	-	.....
<i>Log timber</i>						 2.00

Total Footing of Bill	205.75
By Amount Paid in Advance	14.00
Balance	219.75
Entered into Ledger, page..... or below.....	

Total Debit	-	-	-	-	-	\$		
-------------	---	---	---	---	---	----	-------	-------

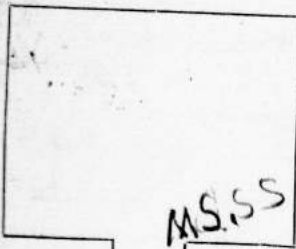
May 1	Credits	cash	219.75
-------	---------	------	--------

Record of Funeral

No. _____ Date May 6 1927
 Name of the Deceased Martha Hargis Norton Sex F Color N
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral May 7-1927
 Place of Death San Diego Cal
 Funeral Services at Christ Church Propls
 Time of Funeral Services 2 Pk
 Clergyman Rev. Armstrong
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Pulmonary Tuberc
 Date of Death May 1-1927
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 41 Years, 7 Months, 21 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Ralph Norton
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin grey BC
half couch
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles MT blue
 Interment at _____ Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

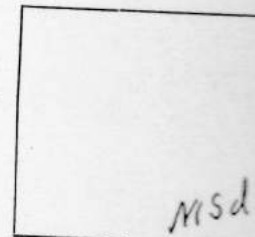
ITEMIZED CHARGES

Price of Casket or Coffin	-	-	-	\$	
" Metallic Lining	-	-	-		
" Outside Box	-	-	-		
" Grave Vault	-	-	-		
" Burial Robe	-	-	-		
" Burial Slippers and Hose	-	-	-		
Engraving Plate	-	-	-		
Embalming Body (with _____ Fluid)	-	-	-		
Washing and Dressing	-	-	-		
Shaving	-	-	-		
Disinfecting Rooms	-	-	-		
Use of Catafalque and Drapery	-	-	-		
Use of Folding Chairs	-	-	-		
Use of Candelabrum	-	-	-		
Candles	-	-	-		
Gloves	-	-	-		
Crepe	-	-	-		
Telephone	-	-	-		
Telegraph	-	-	-		
Number of Carriages	-	-	-		
Hearse <u>to trans 5th funeral</u>	-	-	-		15.00
Wagon Deliveries	-	-	-		
Death Notices in _____ Newspapers	-	-	-		
<u>Personal services</u>	-	-	-		18.00
NAMES OF NEWSPAPERS					
Flowers	-	-	-		
Outlay for Lot	-	-	-		
Opening Grave	-	-	-		
Lining Grave	-	-	-		
Shipping Charges, prepaid	-	-	-		2.50
Removal Charges	-	-	-		
Cremation Charges	-	-	-		
<u>grey box</u>	-	-	-		1.00
<u>phone number</u>	-	-	-		2.50
Total Footing of Bill	-	-	-		28.75
By Amount Paid in Advance	-	-	-		
Balance	-	-	-		
Entered into Ledger, page _____ or below	-	-	-		
Total Debit	-	-	-	\$	
<u>May 7-27 ch</u>	-	-	-		28.75
Credits	-	-	-		

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death Cal
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman Rev
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death May 1
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 63 Years
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at MT
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

6 1922
Color *W*

No. _____ Date *May 6 - 1922*
Name of the Deceased *John H. McNamee* Sex *M* Color *W*
Charge to _____ Order given by _____

ED CHARGES

How Secured	
Date of Funeral	<i>May 8 - 1922</i>
Place of Death	<i>6 mi south of Troy</i>
Funeral Services at	<i>Home</i>
Time of Funeral Services	<i>1 P</i>
Clergyman	<i>Rev. Armstrong</i>
Certifying Physician	
His Residence	
Number of Burial Certificate	
Cause of Death	
Date of Death	<i>May 6 - 1922</i>
Occupation of the Deceased	<i>Farmer</i>
Single, Married, Divorced	
Religion	
Aged <i>63</i> Years, <i>9</i> Months, <i>6</i> Days	
Birth Place	
Father	
Birth Place	
Maiden Name of Mother	
Birth Place	
Name of Husband	
Name of Wife	
Informant	
Address	
Body to be shipped to	
Size and Style of Casket or Coffin	<i>Six grey oak</i>
Manufactured by	<i>Refr</i>
Metallic Lining	
Outside Box	
Number of Handles	
Interment at	<i>St. Anne</i>
Cemetery	
Lot or Grave No.	
Section No.	
1.	
2.	
3.	
4.	
5.	
6.	
(Diagram of Lot)	
Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).	
Designate place for Monument with a small square (□).	
Use space to the right of Diagram for the names of those buried in Lot.	
Remarks:	

ITEMIZED CHARGES

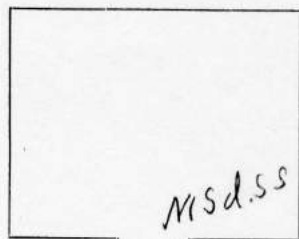
Price of Casket or Coffin	\$	<i>120.00</i>
" Metallic Lining		
" Outside Box		
" Grave Vault		
" Burial Robe		<i>25.00</i>
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		<i>15.00</i>
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		<i>12.50</i>
Wagon Deliveries		
Death Notices in _____ Newspapers		

NAMES OF NEWSPAPERS

Flowers		<i>8.15</i>
Outlay for Lot		
Opening Grave		
Lining Grave		<i>2.50</i>
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		

Total Footing of Bill	<i>183.75</i>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

May 20 Credits *183.75*



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□).
Use space to the right of Diagram for the names of those buried in Lot.

Remarks:

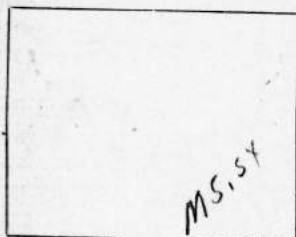
NAMES OF PALLBEARERS

Record of Funeral

No. _____ Date May 18 1922
 Name of the Deceased John Trubken Sex M Color W
 Charge to Caroline Trubken Order given by _____

How Secured _____
 Date of Funeral May 18-1922
 Place of Death Los Angeles Cal
 Funeral Services at Moray Chapel
 Time of Funeral Services 12 P.M.
 Clergyman Rev. Sayre
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Chorea of Heart
 Date of Death May 12-1922
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 40 Years, _____ Months, 6 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin grey Crepe
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Moray Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages	- - - - -	@ \$	
Hearse <u>To train + funeral</u>	- - - - -		15.00
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		10.00

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		
Total Footing of Bill	- - - - -		25.00
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		
Entered into Ledger, page _____ or below	- - - - -		

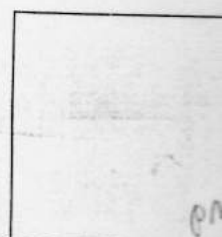
Total Debit - - - - - \$

June 9-22 Credits Ch. 25.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 47 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin 4-3
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at M
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

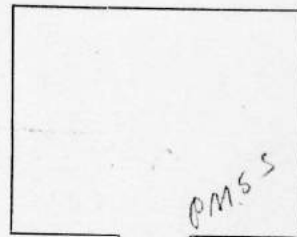
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date May 29-1922
 Name of the Deceased Laura Costin Carroll Sex F Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral May 29-1922
 Place of Death Atchison, Kans.
 Funeral Services at Christ Ch. Troy, Mo.
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Campbell
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Acute Gastritis
 Date of Death May 27-1922
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 67 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to From Atchison, Mo.
 Size and Style of Casket or Coffin grey Lamb
6-3
 Manufactured by Ret. Art
 Metallic Lining _____
 Outside Box _____
 Number of Handles MT Drive
 Interment at _____ Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS: _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - \$	85.00
" Metallic Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	- - - -	
" Burial Robe	- - - -	15.00
" Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)	- - - -	15.00
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$	- - - -	
Hearse <u>4 trips</u>	- - - -	25.00
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	

NAMES OF NEWSPAPERS

Flowers	- - - -	
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	2.50
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	2.00
Total Footing of Bill	- - - -	144.50
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below	- - - -	
Total Debit	- - - - \$	

July 7	Credits	By Ch.	50.00
July 25	"	"	94.50
			144.50

Record of Funeral

No. _____ Date May 31 1922
 Name of the Deceased Isaac H. Jackson Sex M. Color H
 Charge to _____ Order given by _____

How Secured Ordered By Mrs. Bonham

Date of Funeral June 1 - 1922

Place of Death Liebert Cal.

Funeral Services at Bonham Home Sparks

Time of Funeral Services 1:30 P.M.

Clergyman Rev. G. H. Smith

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death Bright Disease

Date of Death May 28 - 1922

Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____

Aged 82 Years, _____ Months, _____ Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin Alk. Case

Manufactured by _____

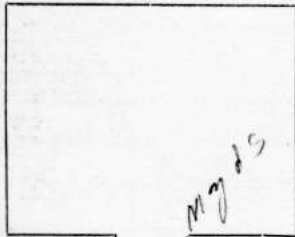
Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at Sola Cemetery

Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		
Hearse <u>Two trips</u>	- - - - -		25.00
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		
<u>Personal services</u>	- - - - -		10.00

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		2.50
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

Total Footing of Bill	- - - - -		
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		
Entered into Ledger, page _____ or below	- - - - -		

Total Debit - - - - - \$

Aug 15 Credits By Ch. 37.50

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____

Date of Funeral _____

Place of Death _____

Funeral Services at _____

Time of Funeral Services _____

Clergyman Rev.

Certifying Physician _____

His Residence _____

Number of Burial Certificate _____

Cause of Death Pro

Date of Death June

Occupation of the Deceased _____

Single, Married, Divorced _____

Aged 1 Years, _____ Months, _____ Days

Birth Place _____

Father _____

Birth Place _____

Maiden Name of Mother _____

Birth Place _____

Name of Husband _____

Name of Wife _____

Informant _____

Address _____

Body to be shipped to _____

Size and Style of Casket or Coffin 3-0

Manufactured by P

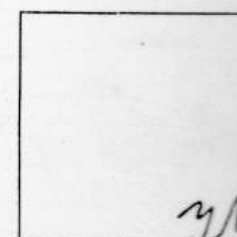
Metallic Lining _____

Outside Box _____

Number of Handles _____

Interment at M

Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

31
Color 1922No. _____ Date June 3 1922
Name of the Deceased Marjorie Pearl Schindler Sex F Color W
Charge to _____ Order given by _____

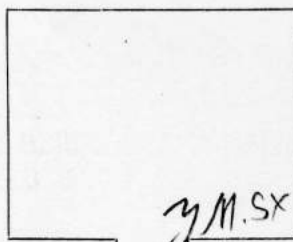
ED CHARGES

How Secured	
Date of Funeral	
Place of Death	
Funeral Services at	
Time of Funeral Services	
Clergyman	
Certifying Physician	
His Residence	
Number of Burial Certificate	
Cause of Death	
Date of Death	
Occupation of the Deceased	
Single, Married, Divorced	
Religion	
Aged	
Years	
Months	
Days	
Birth Place	
Father	
Birth Place	
Maiden Name of Mother	
Birth Place	
Name of Husband	
Name of Wife	
Informant	
Address	
Body to be shipped to	
Size and Style of Casket or Coffin	
Manufactured by	
Metallic Lining	
Outside Box	
Number of Handles	
Interment at	
Cemetery	
Lot or Grave No.	
Section No.	

37.50

How Secured June 4-1922
 Date of Funeral June 4-1922
 Place of Death Moys Hospital
 Funeral Services at Fanning
 Time of Funeral Services 2:30 P
 Clergyman Rev. P. M. Mabley
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Bronchial Pneumonia
 Date of Death June 3-1922
 Occupation of the Deceased Chief
 Single, Married, Divorced _____ Religion _____
 Aged 1 Years, 11 Months, 20 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Oak
3-0
 Manufactured by Pond
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Albans Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$	30.00
" Metallic Lining		
" Outside Box		
" Grave Vault		
" Burial Robe		
" Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with _____ Fluid)		15.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages @ \$		
Hearse		
Wagon Deliveries		
Death Notices in _____ Newspapers		

NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	

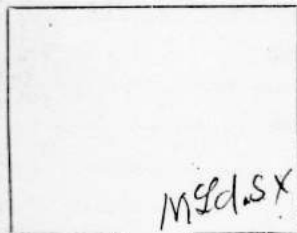
Total Footing of Bill	45.00
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit	\$	1922
Nov. 16 Credits	Ch	10.00
March 19 Mdse & Cash		30.00

Record of Funeral

No. _____ Date June 7 1922
 Name of the Deceased Jesse C Pollard Sex _____ Color _____
 Charge to None Order given by _____

How Secured _____
 Date of Funeral June 9-1922
 Place of Death Doniphan, Kans
 Funeral Services at _____
 Time of Funeral Services 10¹⁵
 Clergyman Rev. Armstrong
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Heart Failure Arteriosclerosis
 Date of Death June 7-1922
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 73 Years _____ Months _____ Days _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin grey Plush
Raycomb
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt Olive Cemetery _____
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - -	\$185.00
" Metallic Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	- - - -	
" Burial Robe <u>suit</u>	- - - -	20.00
" Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)	- - - -	15.00
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone	- - - -	
Telegraph	- - - -	
Number of Carriages @ \$ _____	- - - -	
Hearse	- - - -	
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	

NAMES OF NEWSPAPERS

Flowers <u>tel. & 7.30</u>	- - - -	5.30
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	2.50
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges <u>ed lumber</u>	- - - -	2.25
Total Footing of Bill	- - - -	230.05
By Amount Paid in Advance	- - - -	
Balance	- - - -	
Entered into Ledger, page _____ or below	- - - -	

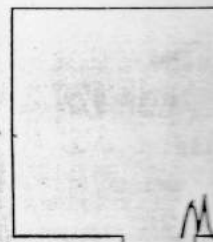
Total Debit

1922			
June 10	Credits	Cash	75.00
" 20		Cash	155.05
			230.05

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Service _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged _____ Years _____ Months _____ Days _____
 Birth Place _____
 Father John
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Fa
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

7 1922
Color

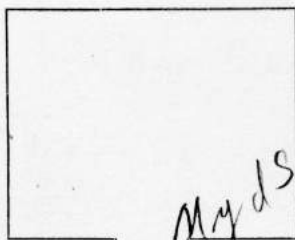
ITEMIZED CHARGES

\$185.00
 20.00
 Fluid 15.00
 Drapery
 Newspapers
 NEWSPAPERS
 30.00
 2.50
 2.25
 23.00
 Advance
 or below
 \$
 Cash 75.00
 Cash 155.05
 230.05

No. June 8 Date June 8 1922
 Name of the Deceased Loretta Elmore Sparks Sex F Color W
 Charge to John Sparks Order given by

How Secured
 Date of Funeral June 10-1922
 Place of Death Sparks Room
 Funeral Services at Home
 Time of Funeral Services 9 P
 Clergyman
 Certifying Physician
 His Residence
 Number of Burial Certificate
 Cause of Death
 Date of Death June 8-1922
 Occupation of the Deceased Child
 Single, Married, Divorced Religion
 Aged Years 4 Months 16 Days
 Birth Place
 Father John Sparks
 Birth Place
 Maiden Name of Mother
 Birth Place
 Name of Husband
 Name of Wife
 Informant

Address
 Body to be shipped to
 Size and Style of Casket or Coffin White Lamb
 Manufactured by
 Metallic Lining
 Outside Box
 Number of Handles
 Interment at Fanning's Cemetery
 Lot or Grave No. Section No.



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and
 mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried
 in Lot.

Remarks:

NAMES OF PALLBEARERS

ITEMIZED CHARGES

Price of Casket or Coffin \$ 20.00
 " Metallic Lining
 " Outside Box
 " Grave Vault
 " Burial Robe
 " Burial Slippers and Hose
 Engraving Plate
 Embalming Body (with Fluid)
 Washing and Dressing
 Shaving
 Disinfecting Rooms
 Use of Catafalque and Drapery
 Use of Folding Chairs
 Use of Candelabrum
 Candles
 Gloves
 Crepe
 Telephone
 Telegraph
 Number of Carriages @ \$
 Hearse
 Wagon Deliveries
 Death Notices in Newspapers 5.00
Care of body

NAMES OF NEWSPAPERS

Flowers
 Outlay for Lot
 Opening Grave
 Lining Grave
 Shipping Charges, prepaid
 Removal Charges
 Cremation Charges

Total Footing of Bill 25.00
 By Amount Paid in Advance
 Balance
 Entered into Ledger, page or below

Total Debit

Credits

Record of Funeral

No. _____ Date June 18 1922
 Name of the Deceased James Jasper Newton Sex M Color W
 Charge to _____ Order given by _____

No. _____
 Name of the Deceased Mr. Newton
 Charge to _____

How Secured _____
 Date of Funeral June 18 1922
 Place of Death Kansas City, Mo.
 Funeral Services at Christ Church, Lawrence
 Time of Funeral Services 1:30 P.M.
 Clergyman Rev. C.
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Blood Poison
 Date of Death June 15 1922
 Occupation of the Deceased Salesman
 Single, Married, Divorced _____ Religion _____
 Aged 44 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket _____
 Manufactured by Gray
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Lawrence Cemetery
 Lot or Grave No. _____

(Diagram of Lot)
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.
 Remarks: Funeral of Member
 NAMES OF PALLBEARERS _____

L. W. HOLLEY & SON, MAKERS

How Secured Ordered By Mr. Russell Taylor ITEMIZED CHARGES
 Date of Funeral June 18 1922
 Place of Death Kansas City, Mo.
 Funeral Services at Christ Church, Lawrence
 Time of Funeral Services 1:30 P.M.
 Clergyman Rev. C.
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Obstruction of Bowels
 Date of Death June 15 1922
 Occupation of the Deceased Salesman
 Single, Married, Divorced _____ Religion _____
 Aged 44 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

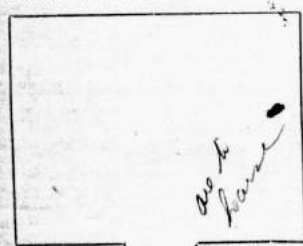
Price of Casket or Coffin - - - - \$
 " Metallic Lining - - - - "
 " Outside Box - - - - "
 " Grave Vault - - - - "
 " Burial Robe - - - - "
 " Burial Slippers and Hose - - - - "
 Engraving Plate - - - - "
 Embalming Body (with _____ Fluid) - - - - "
 Washing and Dressing - - - - "
 Shaving - - - - "
 Disinfecting Rooms - - - - "
 Use of Catafalque and Drapery - - - - "
 Use of Folding Chairs - - - - "
 Use of Candelabrum - - - - "
 Candles - - - - "
 Gloves - - - - "
 Crepe - - - - "
 Telephone - - - - "
 Telegraph - - - - "
 Number of Carriages @ \$ _____
 Hearse for funeral 15.00
 Wagon Deliveries - - - - "
 Death Notices in _____ Newspapers - - - - "

NAMES OF NEWSPAPERS
 Flowers - - - - "
 Outlay for Lot - - - - "
 Opening Grave - - - - "
 Lining Grave - - - - "
 Shipping Charges, prepaid - - - - "
 Removal Charges - - - - "
 Cremation Charges - - - - "

Total Footing of Bill - - - - 15.00
 By Amount Paid in Advance - - - - "
 Balance - - - - "
 Entered into Ledger, page _____ or below

Total Debit - - - - \$

June 28 Credits ch 15.00



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date July 1 1922
 Name of the Deceased Wilhelm Albert Gartner Sex M Color Sw
 Charge to _____ Order given by _____

CHARGES

How Secured	
Date of Funeral	<u>July 2, 1922</u>
Place of Death	<u>Lebanon, St. Joseph</u>
Funeral Services at	<u>Home</u>
Time of Funeral Services	<u>2 P.M.</u>
Clergyman	<u>Rev. Campbell</u>
Certifying Physician	
His Residence	
Number of Burial Certificate	
Cause of Death	<u>Blood Poison</u>
Date of Death	<u>June 30, 1922</u>
Occupation of the Deceased	<u>Physician</u>
Single, Married, Divorced	
Religion	
Aged	<u>38</u> Years, <u>10</u> Months, <u>10</u> Days
Birth Place	<u>Delaware, Ohio</u>
Father	<u>F. G. Gartner</u>
Birth Place	
Maiden Name of Mother	
Birth Place	
Name of Husband	
Name of Wife	
Informant	
Address	
Body to be shipped to	
Size and Style of Casket or Coffin	<u>Steel Grey Oak</u>
Manufactured by	<u>Imperial</u>
Metallic Lining	
Outside Box	
Number of Handles	
Interment at	<u>St. Olive</u> Cemetery
Lot or Grave No.	
Section No.	
Diagram of Lot	
Remarks	<u>Funeral in charge of Steinberg Post Am. Legion</u>
NAMES OF PALLBEARERS	

ITEMIZED CHARGES

Price of Casket or Coffin	\$	100.00
Metallic Lining		
Outside Box		
Grave Vault		
Burial Robe		
Burial Slippers and Hose		
Engraving Plate		
Embalming Body (with <u>fluid</u>)		28.00
Washing and Dressing		
Shaving		
Disinfecting Rooms		
Use of Catafalque and Drapery		
Use of Folding Chairs		
Use of Candelabrum		
Candles		
Gloves		
Crepe		
Telephone		
Telegraph		
Number of Carriages	@ \$	
Hearse	<u>No. St. Joseph</u>	10.00
Wagon Deliveries	<u>Chairs</u>	
Death Notices in	Newspapers	
Crayage on chair		1.00
NAMES OF NEWSPAPERS		
Flowers		
Outlay for Lot		
Opening Grave		
Lining Grave		2.50
Shipping Charges, prepaid		
Removal Charges		
Cremation Charges		
Total Footing of Bill		193.50
By Amount Paid in Advance		8.00
Balance		151.50
Entered into Ledger, page		or below
Total Debit		\$

July 24	Credits	Ch	100.00
July 28	Ch	Ch	51.50
			151.50

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks:

NAMES OF PALLBEARERS

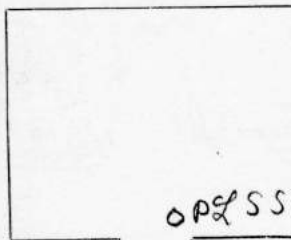
Record of Funeral

No. _____ Date July 5-1922 19
 Name of the Deceased Charles R. Hewins Sex M Color W
 Charge to _____ Order given by _____

No. _____
 Name of the Deceased May
 Charge to _____

How Secured _____
 Date of Funeral July 7-1922
 Place of Death Court yard Troy Mo.
 Funeral Services at Court yard Troy Mo.
 Time of Funeral Services 2:30 P.M.
 Clergyman Rev. Stanborough
 Certifying Physician Dr. Cordon
 His Residence Troy Mo.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death July 4-1922
 Occupation of the Deceased County Supt. of Schools
 Single, Married, Divorced _____ Religion _____
 Aged 55 Years, 7 Months, 3 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Silver Spate
Sealer State
 Manufactured by H. Jones
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

L. W. HOLLEY & SON, MAKER DES MOINES, IA

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$ <u>425.00</u>
" Metallic Lining	- - - - -	
" Outside Box	- - - - -	
" Grave Vault	- - - - -	<u>125.00</u>
" Burial Robe	- - - - -	
" Burial Slippers and Hose	- - - - -	
Engraving Plate	- - - - -	
Embalming Body (with _____ Fluid)	- - - - -	<u>15.00</u>
Washing and Dressing	- - - - -	
Shaving	- - - - -	
Disinfecting Rooms	- - - - -	
Use of Catafalque and Drapery	- - - - -	
Use of Folding Chairs	- - - - -	
Use of Candelabrum	- - - - -	
Candles	- - - - -	
Gloves	- - - - -	
Crepe	- - - - -	
Telephone	- - - - -	
Telegraph	- - - - -	
Number of Carriages @ \$ _____	- - - - -	<u>10.00</u>
Hearse	- - - - -	
Wagon Deliveries	- - - - -	
Death Notices in _____ Newspapers	- - - - -	

NAMES OF NEWSPAPERS

Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	
Shipping Grave	- - - - -	<u>2.50</u>
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	
<u>cleaning & pressing suit</u>	- - - - -	<u>1.25</u>

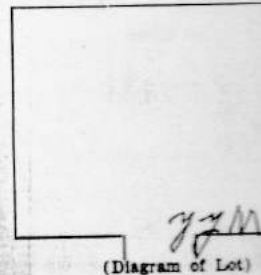
Total Footing of Bill	- - - - -	<u>578.75</u>
By Amount Paid in Advance	- - - - -	<u>1.50</u>
Balance	- - - - -	<u>580.25</u>
Entered into Ledger, page _____ or below	- - - - -	

Total Debit

1922		
Aug. 4...	Credits <u>By Ch</u>	<u>580.25</u>

How Secured _____
 Date of Funeral July
 Place of Death S.E. of
 Funeral Services at St. Olive
 Time of Funeral Services _____
 Clergyman Rev. Per
 Certifying Physician Dr. Cordon
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Tube
 Date of Death July
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 34 Years
 Birth Place _____
 Father Joseph
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Chas
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or _____
Metallic
 Manufactured by B
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olive
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot mark space for this Funeral
 Designate place for Monument
 Use space to the right of D in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

L. W. HOLLEY & SON, MAKER DES MOINES, IA

Record of Funeral

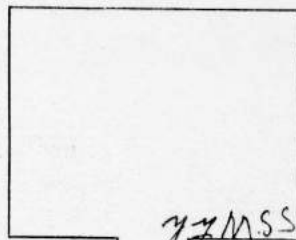
5-1922
Color WNo. _____ Date July 14 1922
Name of the Deceased Mary Augusta Gaul Sex F Color W
Charge to _____ Order given by _____

ED CHARGES

\$ 425.00
125.00
 and Hose _____
 Fluid) 15.00
 trapery _____
 @ \$ 10.00
 Newspapers _____
 PAPERS _____
 aid 2.50
 ing suit 1.25
 anconlin 5.75
5.40 75
 or below _____
 \$ _____
 Ch 580.25

How Secured _____
 Date of Funeral July 16 - 1922
 Place of Death S. E. of Troy
 Funeral Services at St. Lutheran Church
 Time of Funeral Services 11 A
 Clergyman Rev. Penzance
 Certifying Physician Dr. Cordover
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Tuberculosis
 Date of Death July 14 - 1922
 Occupation of the Deceased Housewife
 Single, Married, Divorced _____ Religion _____
 Aged 34 Years, 8 Months, 15 Days
 Birth Place _____
 Father Joseph Hley
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Chas Gaul
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Steel Grey B.C.
Metallic
 Manufactured by Batesville
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at German Lutheran Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$ 400.00
 " Metallic Lining - - - - -
 " Outside Box - - - - -
 " Grave Vault - - - - -
 " Burial Robe - - - - - 20.00
 " Burial Slippers and Hose - - - - -
 Engraving Plate - - - - -
 Embalming Body (with _____ Fluid) 15.00
 Washing and Dressing - - - - -
 Shaving - - - - -
 Disinfecting Rooms - - - - -
 Use of Catafalque and Drapery - - - - -
 Use of Folding Chairs - - - - -
 Use of Candelabrum - - - - -
 Candles - - - - -
 Gloves - - - - -
 Crepe - - - - -
 Telephone - - - - -
 Telegraph - - - - -
 Number of Carriages @ \$ _____
 Hearse - - - - - 12.50
 Wagon Deliveries - - - - -
 Death Notices in _____ Newspapers -

NAMES OF NEWSPAPERS

Flowers _____
 Outlay for Lot - - - - -
 Opening Grave - - - - -
 Lining Grave - - - - -
 Shipping Charges, prepaid - - - - -
 Removal Charges - - - - -
 Cremation Charges - - - - -
 Total Footing of Bill 447.50
 By Amount Paid in Advance _____
 Balance - - - - -
 Entered into Ledger, page _____ or below _____

1922 Total Debit - - - - - \$ _____
 Aug 21 Credits By Ch 447.50

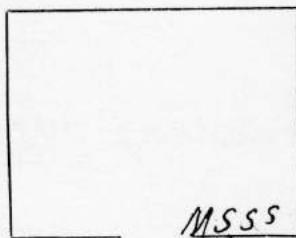
Record of Funeral

No. _____ Date July 22 1922
 Name of the Deceased James Goodwin Sex M Color W
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral July 22-1922
 Place of Death Brooklyn
 Funeral Services at Grave
 Time of Funeral Services 9 A
 Clergyman Rev. Armstrong
 Certifying Physician Dr. Walker
 His Residence _____
 Number of Burial Certificates _____
 Cause of Death Still Born
 Date of Death July 22-1922
 Occupation of the Deceased Infant
 Single, Married, Divorced _____ Religion _____
 Aged Born Years _____ Months _____ Days _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Lamb

Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	20.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$ _____	- - - - -		
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

NAMES OF NEWSPAPERS

Flowers _____
 Outlay for Lot _____
 Opening Grave _____
 Lining Grave _____
 Shipping Charges, prepaid _____
 Removal Charges _____
 Cremation Charges _____

Total Footing of Bill _____
 By Amount Paid in Advance _____
 Balance See page 172
 Entered into Ledger, page _____ or below

Total Debit

1923		
Jan 29	Credits cash	5.00
July 26-1923	Cash	5.00
June 10	by painting car	5.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificates _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 52 Years _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin 3 Corn
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 Lot or Grave No. _____

(Diagram of Lot)
 Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

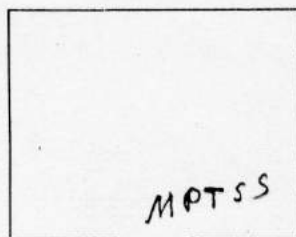
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Aug. 10-1922 19__
 Name of the Deceased Chas. A. Winter Sex _____ Color _____
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Aug. 10-1922
 Place of Death Troy Kans
 Funeral Services at Denton Kans
 Time of Funeral Services 2 P
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Auto hit by train
 Date of Death Aug 8-1922
 Occupation of the Deceased Prop. Restaurant
 Single, Married, Divorced _____ Religion _____
 Aged 52 Years, 9 Months, 4 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Grey Sawn
1/2 Couch
 Manufactured by Midland Valley
 Metallic Lining _____
 Outside Box venet
 Number of Handles _____
 Interment at Denton Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 150.00
" Metallic Lining	
" Outside Box	
" Grave Vault	100.00
" Burial Robe <u>pants</u>	4.50
" Burial Slippers and Hose <u>hose</u>	2.50
Engraving Plate	
Embalming Body (with _____ Fluid)	25.00
Washing and Dressing <u>150 to 50</u>	2.00
Shaving <u>On Hair</u> <u>shirt</u>	1.00
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse <u>2 trips</u>	25.00
Wagon Deliveries	
Death Notices in _____ Newspapers	

NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	307.75
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

Oct. 19 Credits Chas. A. Winter 307.75

Record of Funeral

No. _____ Date August 17 1922
 Name of the Deceased John Thomas Brumton Sex M. Color W.
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral August 17-1922
 Place of Death Droy Kans.
 Funeral Services at Home of Jas Randal
 Time of Funeral Services 2 PM
 Clergyman Rev. Stanbrough
 Certifying Physician Dr. Dunsmore
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death August 16-1922
 Occupation of the Deceased Retired farmer
 Single, Married, Divorced _____ Religion _____
 Aged 84 Years, 8 Months, 14 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Wk Cope
 Manufactured by Ruf
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Mt Olive Cemetery
 Lot or Grave No. _____ Section No. _____

1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 (Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	75.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		10.00
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		15.00
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		10.00
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		
Total Footing of Bill	- - - - -		
By Amount Paid in Advance	- - - - -		
Balance	- - - - -		110.00
Entered into Ledger, page _____ or below	- - - - -		

Total Debit - - - - - \$
1922
Oct 13 Credits By ch 110.00

No. _____
 Name of the Deceased _____
 Charge to _____
 How Secured Advised
 Date of Funeral Aug
 Place of Death 5 mi
 Funeral Services at 4
 Time of Funeral Service _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Pa
 Date of Death Aug
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 78 Years _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband Ed
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket 1/2 Copech 156 in
interior
 Manufactured by Int
 Metallic Lining #11
 Outside Box Case
 Number of Handles 1
 Interment at Mt Olive
 Lot or Grave No. _____

(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

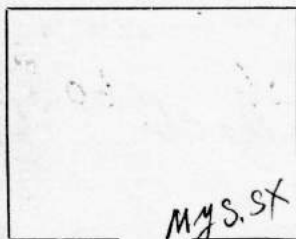
Remarks: This
to Mt Olive
Droy 16
 NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date August 26 1922
 Name of the Deceased Richard Solomon Wilson Sex M. Color N
 Charge to (JCL) Order given by _____

How Secured _____
 Date of Funeral August 27-1922
 Place of Death Woods Hospital St. Joseph Mo.
 Funeral Services at Christian Church
 Time of Funeral Services 2 P.
 Clergyman Rev. Wm. A. Brown
 Certifying Physician Dr. Brown
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death August 25-1922
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 18 Years 2 Months 25 Days
 Birth Place Dry, Kansas
 Father W. D. Nelson
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Box B-Clath
1/2 Crown (Special)
 Manufactured by Des Moines
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

L. W. HOLLEY & SON, MAKER DES MOINES, IA.

ITEMIZED CHARGES

Price of Casket or Coffin	\$ <u>175.00</u>
Metallic Lining	
Outside Box	
Grave Vault	
Burial Robe	
Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with <u>Fluid</u>)	\$ <u>25.00</u>
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages	
Hearse <u>To St. Joseph Mo.</u>	
Wagon Deliveries	
Death Notices in Newspapers	

NAMES OF NEWSPAPERS

Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
<u>Heavy duty lumber</u>	\$ <u>0.00</u>
Total Footing of Bill	\$ <u>202.00</u>
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	

Total Debit

1922
Sept 2 Credits By Ch. 202.00

No. _____
 Name of the Deceased _____
 Charge to Fra

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services _____
 Time of Funeral _____
 Clergyman Fra
 Certifying Physician _____
 His Residence _____
 Number of Burial _____
 Cause of Death _____
 Date of Death _____
 Occupation of the _____
 Single, Married, _____
 Aged 6
 Birth Place Pa
 Father Fra
 Birth Place _____
 Maiden Name of _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped _____
 Size and Style of 4-0
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Hand _____
 Interment at _____
 Lot or Grave No. _____

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

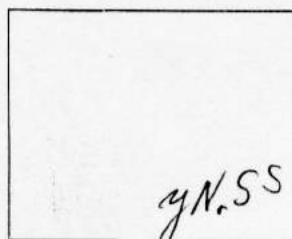
Record of Funeral

No. _____ Date Sept 7-1922 19
 Name of the Deceased Mabel Catherine McKernan Sex F Color M
 Charge to Frank McKernan Order given by _____

CHARGES

26 1922
 Color M
 CHARGES
275.00
25.00
202.00
202.00

How Secured _____
 Date of Funeral Sept 7-1922
 Place of Death Home Troy Mo.
 Funeral Services at No Service
 Time of Funeral Services 9:30 P.M.
 Clergyman Father Edward Karsen
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Diphtheria
 Date of Death Sept. 6-1922
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged 6 Years 6 Months 9 Days
 Birth Place Troy Kansas
 Father Frank McKernan
 Birth Place _____
 Maiden Name of Mother Lilla Rumsford
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____
 Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Lamb
4-0
 Manufactured by Ponder
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Fanning Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$ 35.00
 " Metallic Lining - - - - -
 " Outside Box - - - - -
 " Grave Vault - - - - -
 " Burial Robe - - - - -
 " Burial Slippers and Hose - - - - -
 Engraving Plate - - - - -
 Embalming Body (with _____ Fluid) 15.00
 Washing and Dressing - - - - -
 Shaving - - - - -
 Disinfecting Rooms - - - - -
 Use of Catafalque and Drapery - - - - -
 Use of Folding Chairs - - - - -
 Use of Candelabrum - - - - -
 Candles - - - - -
 Gloves - - - - -
 Crepe - - - - -
 Telephone - - - - -
 Telegraph - - - - -
 Number of Carriages _____ @ \$ _____
 Hearse - - - - - 10.00
 Wagon Deliveries - - - - -
 Death Notices in _____ Newspapers - - - - -

NAMES OF NEWSPAPERS

Flowers _____
 Outlay for Lot - - - - -
 Opening Grave - - - - -
 Lining Grave - - - - -
 Shipping Charges, prepaid - - - - -
 Removal Charges - - - - -
 Cremation Charges - - - - -
 Total Footing of Bill - - - - - 60.00
 By Amount Paid in Advance - - - - -
 Balance - - - - -
 Entered into Ledger, page _____ or below

Total Debit - - - - - \$ _____

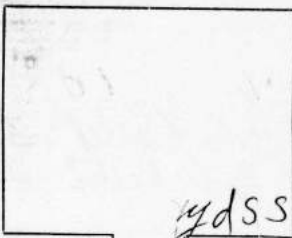
1922
 Oct 11 Credits By ch 60.00

Record of Funeral

No. _____ Date Sept 16 1927
 Name of the Deceased James Clyde Gunderman Sex M Color W
 Charge to Carl Moser & Co. Order given by _____

How Secured Ordered by Carl Moser
 Date of Funeral Sept 17-1927
 Place of Death County Farm
 Funeral Services at St. Olive Cemetery
 Time of Funeral Services 2 P.
 Clergyman Rev. Campbell
 Certifying Physician Dr. Caldwell
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Multiple Neuritis
 Date of Death Sept 16-1927
 Occupation of the Deceased _____
 Single, Married, Divorced _____ Religion _____
 Aged 57 Years, 3 Months, 16 Days
 Birth Place Danishman County
 Father John B. Gunderman
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Montross
 Manufactured by Montross
 Metallic Lining _____
 Outside Box _____
 Number of Handles MT Olive
 Interment at _____ Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$ <u>45.00</u>
" Metallic Lining	- - - - -	
" Outside Box	- - - - -	
" Grave Vault	- - - - -	
" Burial Robe	- - - - -	<u>5.00</u>
" Burial Slippers and Hose	- - - - -	
Engraving Plate	- - - - -	
Embalming Body (with _____ Fluid)	- - - - -	
Washing and Dressing	- - - - -	
Shaving	- - - - -	
Disinfecting Rooms	- - - - -	
Use of Catafalque and Drapery	- - - - -	
Use of Folding Chairs	- - - - -	
Use of Candelabrum	- - - - -	
Candles	- - - - -	
Gloves	- - - - -	
Crepe	- - - - -	
Telephone	- - - - -	
Telegraph	- - - - -	
Number of Carriages @ \$ _____	- - - - -	<u>10.00</u>
Hearse	- - - - -	
Wagon Deliveries	- - - - -	
Death Notices in _____ Newspapers	- - - - -	<u>80</u>

NAMES OF NEWSPAPERS

Flowers	- - - - -	
Outlay for Lot	- - - - -	
Opening Grave	- - - - -	
Lining Grave	- - - - -	
Shipping Charges, prepaid	- - - - -	
Removal Charges	- - - - -	
Cremation Charges	- - - - -	
Total Footing of Bill	- - - - -	<u>60.80</u>
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	
Entered into Ledger, page _____ or below	- - - - -	

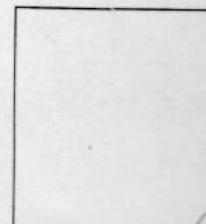
Total Debit

1927		
Oct 24	Ch. Danzha	25.00
Nov. 14	Ch. Wm. E. Gunderman	17.90
Nov. 14	Ch. C. C. Moser	17.90
		<u>60.80</u>

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged 65 Years, _____ Months, _____ Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____ Cemetery
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: C.H.

Mrs. Aaron

NAMES OF PALLBEARERS _____

Record of Funeral

L. 16 1922
M. Color W

No. _____ Date Sept. 28-1922 19____
Name of the Deceased Wm. Pettet Sex M. Color W.
Charge to _____ Order given by _____

ED CHARGES

[illegible]

and Hose	-	-	.....	.....
	-	-		
Fluid)			.....	.....

[illegible]

rapery	-	-	.....	.....
-	-	-		

[illegible]

_____ @ \$ _____ _____ _____	1000
---	-------------

Newspapers		
<i>realt</i>		80
SPAPERS		

[illegible]

	.	.	.	.		
id	-	-	-	-		
	.	.	.	.		
	.	.	.	.		

[illegible]

nce

or below		
• • • • •	• • • • •	

Phar C	25 00
Emmeline	17 90

Moser	17	40
	60	80

.....

.....

.....

How Secured
Date of Funeral Sept 29-1922
Place of Death Pross, Kansas
Funeral Services at Bethel Church
Time of Funeral Services South of St. Joseph
Clergyman
Certifying Physician
His Residence
Number of Burial Certificate.....
Cause of Death.....
Date of Death Sept. 28-1922
Occupation of the Deceased Retired Farmer
Single, Married, Divorced..... Religion.....
Aged 65 Years, 9 Months, 23 Days
Birth Place
Father
Birth Place
Maiden Name of Mother.....
Birth Place
Name of Husband
Name of Wife
Informant

Address

Body to be shipped to.....

Size and Style of Casket or Coffin *Blk. Crepe*

Manufactured by Rethel
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at Bethel Cemetery
Lot or Grave No. South of St. Joseph Section No. _____

	1.
	2.
	3.
	4.
	5.
	6.

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□).
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: C. H. Petlet (Brother)
Mrs Aaron Reno Hall, N. H.

NAMES OF PALLBEARERS..... *sister*

L W HOLLEY & SON, MAKER, DES MOINES, IA

ITEMIZED CHARGES

Price of Casket or Coffin	-	-	-	-	\$	70	00
Metallic Lining	-	-	-	-			
Outside Box	-	-	-	-			
Grave Vault	-	-	-	-			
Burial Robe	-	-	-	-			
Burial Slippers and Hose	-	-	-	-			
Engraving Plate	-	-	-	-			
Embalming Body (with..... Fluid)	-	-	-	-		15	00
Washing and Dressing	-	-	-	-			
Shaving	-	-	-	-			
Disinfecting Rooms	-	-	-	-			
Use of Catafalque and Drapery	-	-	-	-			
Use of Folding Chairs	-	-	-	-			
Use of Candelabrum	-	-	-	-			
Candles	-	-	-	-			
Gloves	-	-	-	-			
Crepe	-	-	-	-			
Telephone	-	-	-	-			
Telegraph	-	-	-	-			
Number of Carriages	-	-	-	-	@ \$		
Hearse	-	-	-	-		15	00
Wagon Deliveries	-	-	-	-			
Death Notices in..... Newspapers	-	-	-	-			

NAMES OF NEWSPAPERS

Flowers	-	-	-	-	-
Outlay for Lot	-	-	-	-	-
Opening Grave	-	-	-	-	-
Lining Grave	-	-	-	-	-
Shipping Charges, prepaid	-	-	-	-	-
Removal Charges	-	-	-	-	-
Cremation Charges	-	-	-	-	-
Total Footing of Bill	-	-	-	-	-
By Amount Paid in Advance	-	-	-	-	-
Balance	-	-	-	-	-
Entered into Ledger, page.....					or below
Total Debit	-	-	-	-	\$

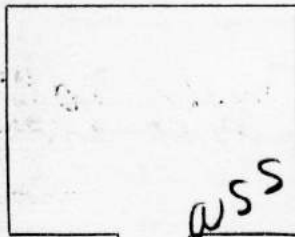
Sept 28	Cash By C. H. Pettet	50.00
" 30	Cash By L. O. Pettet	20.00

Record of Funeral

No. _____ Date Louis Oct 2 1922
 Name of the Deceased Louis Goodwin Sex M. Color W
 Charge to Goodwin Order given by _____

How Secured _____
 Date of Funeral Oct 2 - 1922
 Place of Death Troy Kans
 Funeral Services at Home
 Time of Funeral Services _____
 Clergyman By Starbrough
 Certifying Physician Dr. Haller
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct. 1, 1922
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, 2 Months, 9 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Whit Lane
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at St. Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	20.00
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages @ \$	- - - - -		
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

Total Footing of Bill	- - - - -	20.00
By Amount Paid in Advance	- - - - -	
Balance	- - - - -	See page 16.2
Entered into Ledger, page _____ or below	- - - - -	152

Total Debit - - - - - \$

Credits - - - - -

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin 2-0
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____ Cemetery
 Lot or Grave No. _____



Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

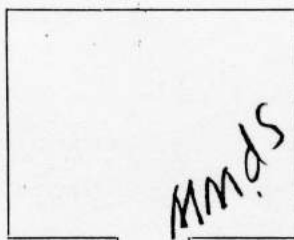
No. _____ Date October 8 1922
 Name of the Deceased Louis Leroy Clay Sex _____ Color _____
 Charge to Louis W. Clay Order given by _____

ITEMIZED CHARGES

Price of Casket or Coffin	\$ 20.00
" Metallic Lining	
" Outside Box	
" Grave Vault	
" Burial Robe	
" Burial Slippers and Hose	
Engraving Plate	
Embalming Body (with _____ Fluid)	
Washing and Dressing	
Shaving	
Disinfecting Rooms	
Use of Catafalque and Drapery	
Use of Folding Chairs	
Use of Candelabrum	
Candles	
Gloves	
Crepe	
Telephone	
Telegraph	
Number of Carriages @ \$	
Hearse	
Wagon Deliveries	
Death Notices in _____ Newspapers	5.00
NAMES OF NEWSPAPERS	
Flowers	
Outlay for Lot	
Opening Grave	
Lining Grave	
Shipping Charges, prepaid	
Removal Charges	
Cremation Charges	
Total Footing of Bill	
By Amount Paid in Advance	
Balance	
Entered into Ledger, page _____ or below	
Total Debit	\$

How Secured _____
 Date of Funeral Oct. 8 - 1922
 Place of Death Troy Kans.
 Funeral Services at Home
 Time of Funeral Services 1 P.M.
 Clergyman Rev. Stambrough
 Certifying Physician Dr. Cordonier
 His Residence Troy Kans.
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death Oct. 7 - 1922
 Occupation of the Deceased Child
 Single, Married, Divorced _____ Religion _____
 Aged _____ Years, 3 Months, 11 Days
 Birth Place Troy Kans.
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin White Lamb
2-0
 Manufactured by Imperial
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at Carter Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

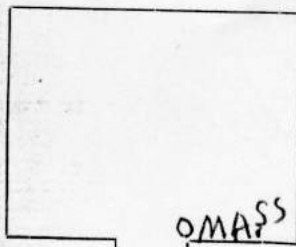
NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Oct. 20-1922 19____
 Name of the Deceased Frank Allen Kinsey Sex M. Color W.
 Charge to _____ Order given by _____

How Secured _____
 Date of Funeral Oct. 20-1922
 Place of Death Home May Raus
 Funeral Services at Home
 Time of Funeral Services 2:30 P.
 Clergyman Rev. Peltz Highland
 Certifying Physician Dr. Dussmore
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Pneumonia
 Date of Death Oct. 19-1922
 Occupation of the Deceased Farmer
 Single, Married, Divorced _____ Religion _____
 Aged 65 Years, 6 Months, 5 Days
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin Grey Cedar
Metallic half casket
 Manufactured by H. Touss Coffin Co.
 Metallic Lining _____
 Outside Box Casket
 Number of Handles _____
 Interment at MT Olive Cemetery
 Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - -	\$ 375.00
" Metallic Lining	- - - -	
" Outside Box	- - - -	
" Grave Vault	- - - -	110.00
" Burial Robe	- - - -	
" Burial Slippers and Hose	- - - -	
Engraving Plate	- - - -	
Embalming Body (with _____ Fluid)	- - - -	15.00
Washing and Dressing	- - - -	
Shaving	- - - -	
Disinfecting Rooms	- - - -	
Use of Catafalque and Drapery	- - - -	
Use of Folding Chairs	- - - -	
Use of Candelabrum	- - - -	
Candles	- - - -	
Gloves	- - - -	
Crepe	- - - -	
Telephone <u>Mrs. M. C. Cunningham</u>	- - - -	2.5
Telegraph	- - - -	
Number of Carriages @ \$ _____	- - - -	
Hearse	- - - -	10.00
Wagon Deliveries	- - - -	
Death Notices in _____ Newspapers	- - - -	
<u>Short 100 copies 20</u>	- - - -	2.70

NAMES OF NEWSPAPERS

Flowers	- - - -	12.50
Outlay for Lot	- - - -	
Opening Grave	- - - -	
Lining Grave	- - - -	2.50
Shipping Charges, prepaid	- - - -	
Removal Charges	- - - -	
Cremation Charges	- - - -	

Total Footing of Bill - - - - 527.95

By Amount Paid in Advance - - - -

Balance - - - -

Entered into Ledger, page _____ or below

Total Debit - - - - \$

Nov. 7.3 Credits Ch. 527.95

No. _____
 Name of the Deceased _____
 Charge to Att.

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral _____
 Clergyman _____
 Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____
 Single, Married, Divorced _____
 Aged _____
 Birth Place _____
 Father _____
 Birth Place _____
 Maiden Name of Mother _____
 Birth Place _____
 Name of Husband _____
 Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____
 Size and Style of Casket or Coffin _____
 Manufactured by _____
 Metallic Lining _____
 Outside Box _____
 Number of Handles _____
 Interment at _____
 Lot or Grave No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

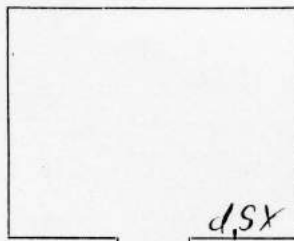
-1922 19
Color *W*

No. _____ Date *Oct 19-1922* 19
Name of the Deceased *Hyman Richard Schmidek M.* Color *W*
Charge to *Elle Schmidek* Order given by _____

CHARGES

375.00
110.00
15.00
25
10.00
2.70
12.50
2.50
527.95
527.95

How Secured _____
Date of Funeral *Oct 20-1922*
Place of Death *Home*
Funeral Services at _____
Time of Funeral Services _____
Clergyman _____
Certifying Physician _____
His Residence _____
Number of Burial Certificate _____
Cause of Death _____
Date of Death *Oct 19-1922*
Occupation of the Deceased *Child*
Single, Married, Divorced _____ Religion _____
Aged _____ Years, _____ Months, *4* Days
Birth Place _____
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife _____
Informant _____
Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin *White Lamb*
Manufactured by *Imperial*
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at *Hyman & Schuchman* Cemetery
Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□).
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$ *15.00*
" Metallic Lining - - - - -
" Outside Box - - - - -
" Grave Vault - - - - -
" Burial Robe - - - - -
" Burial Slippers and Hose - - - - -
Engraving Plate - - - - -
Embalming Body (with _____ Fluid)
Washing and Dressing - - - - -
Shaving - - - - -
Disinfecting Rooms - - - - -
Use of Catafalque and Drapery - - - - -
Use of Folding Chairs - - - - -
Use of Candelabrum - - - - -
Candles - - - - -
Gloves - - - - -
Crepe - - - - -
Telephone - - - - -
Telegraph - - - - -
Number of Carriages _____ @ \$ _____
Hearse - - - - -
Wagon Deliveries - - - - -
Death Notices in _____ Newspapers -

NAMES OF NEWSPAPERS

Flowers - - - - -
Outlay for Lot - - - - -
Opening Grave - - - - -
Lining Grave - - - - -
Shipping Charges, prepaid - - - - -
Removal Charges - - - - -
Cremation Charges - - - - -

Total Footing of Bill - - - - - *15.00*
By Amount Paid in Advance - - - - -
Balance - - - - -
Entered into Ledger, page _____ or below

Total Debit - - - - - \$

Nov. 4 Credits *By Ch.* *15.00*

NAMES OF PALLBEARERS _____

Record of Funeral

No. _____ Date Oct. 24-1922 19____
 Name of the Deceased Leonard Lee Jeschke Sex _____ Color _____
 Charge to Emil Jeschke Order given by _____

How Secured _____
 Date of Funeral Oct 24-1922
 Place of Death Home
 Funeral Services at Home
 Time of Funeral Services 1.05
 Clergyman _____

Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death Expiration Pneumonia
 Date of Death Oct 23-1922
 Occupation of the Deceased Chell

Single, Married, Divorced _____ Religion _____
 Aged _____ Years, _____ Months, 6 Days

Birth Place _____
 Father _____

Birth Place _____
 Maiden Name of Mother Ida Hopman

Birth Place _____
 Name of Husband _____

Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____

Size and Style of Casket or Coffin White Pine

Manufactured by Emile Carbet

Metallic Lining _____
 Outside Box _____

Number of Handles _____
 Interment at W. Olive Cemetery

Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin	- - - - -	\$	<u>20.00</u>
" Metallic Lining	- - - - -		
" Outside Box	- - - - -		
" Grave Vault	- - - - -		
" Burial Robe	- - - - -		
" Burial Slippers and Hose	- - - - -		
Engraving Plate	- - - - -		
Embalming Body (with _____ Fluid)	- - - - -		
Washing and Dressing	- - - - -		
Shaving	- - - - -		
Disinfecting Rooms	- - - - -		
Use of Catafalque and Drapery	- - - - -		
Use of Folding Chairs	- - - - -		
Use of Candelabrum	- - - - -		
Candles	- - - - -		
Gloves	- - - - -		
Crepe	- - - - -		
Telephone	- - - - -		
Telegraph	- - - - -		
Number of Carriages _____ @ \$ _____			
Hearse	- - - - -		
Wagon Deliveries	- - - - -		
Death Notices in _____ Newspapers	- - - - -		

NAMES OF NEWSPAPERS

Flowers	- - - - -		
Outlay for Lot	- - - - -		
Opening Grave	- - - - -		
Lining Grave	- - - - -		
Shipping Charges, prepaid	- - - - -		
Removal Charges	- - - - -		
Cremation Charges	- - - - -		

Total Footing of Bill	- - - - -		
By Amount Paid in Advance	- - - - -		<u>20.00</u>
Balance	- - - - -		
Entered into Ledger, page _____ or below			

Total Debit - - - - - \$ _____

Nov 7 Credits By cash 20.00

No. _____
 Name of the Deceased _____
 Charge to _____

How Secured _____
 Date of Funeral _____
 Place of Death _____
 Funeral Services at _____
 Time of Funeral Services _____
 Clergyman _____

Certifying Physician _____
 His Residence _____
 Number of Burial Certificate _____
 Cause of Death _____
 Date of Death _____
 Occupation of the Deceased _____

Single, Married, Divorced _____ Religion _____
 Aged 72 Years, _____ Months, _____ Days

Birth Place _____
 Father _____

Birth Place _____
 Maiden Name of Mother _____

Birth Place _____
 Name of Husband _____

Name of Wife _____
 Informant _____

Address _____
 Body to be shipped to _____

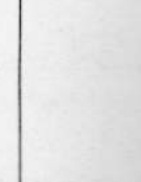
Size and Style of Casket or Coffin _____

Manufactured by _____

Metallic Lining _____
 Outside Box _____

Number of Handles _____
 Interment at _____ Cemetery

Lot or Grave No. _____ Section No. _____



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
 Designate place for Monument with a small square (□).
 Use space to the right of Diagram for the names of those buried in Lot.

Remarks: _____

NAMES OF PALLBEARERS _____

Record of Funeral

4-1927 19
Color

No. _____ Date Nov. 12 19 27
Name of the Deceased Largh Ann Goacher Sex F Color W
Charge to Family Order given by _____

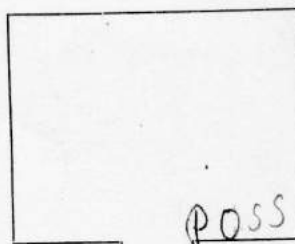
ED CHARGES

How Secured _____
Date of Funeral Nov. 12-1927
Place of Death Troy, Mass
Funeral Services at E. A. Hall Parlors
Time of Funeral Services _____
Clergyman Rev. Campbell
Certifying Physician _____
His Residence _____
Number of Burial Certificate _____
Cause of Death Electrocuted (Guine wine)
Date of Death Nov. 11-1927
Occupation of the Deceased Housewife
Single, Married, Divorced _____ Religion _____
Aged 72 Years, 4 Months, 21 Days
Birth Place _____
Father _____
Birth Place _____
Maiden Name of Mother _____
Birth Place _____
Name of Husband _____
Name of Wife _____
Informant _____

NEWSPAPERS

Address _____
Body to be shipped to _____
Size and Style of Casket or Coffin Dark Crepe
Manufactured by Ref. Art.
Metallic Lining _____
Outside Box _____
Number of Handles _____
Interment at Moray Cemetery
Lot or Grave No. _____ Section No. _____

By cash 20.00



(Diagram of Lot)

Designate all Graves in Lot with Numbers (1, 2, 3, 4, etc.), and mark space for this Funeral with a cross (+).
Designate place for Monument with a small square (□).
Use space to the right of Diagram for the names of those buried in Lot.

Remarks: Daughter Mrs. Clara King
Highland, Mo.

NAMES OF PALLBEARERS _____

ITEMIZED CHARGES

Price of Casket or Coffin - - - - \$ 75.00
" Metallic Lining - - - - "
" Outside Box - - - - "
" Grave Vault - - - - "
" Burial Robe - - - - "
" Burial Slippers and Hose - - - - "
Engraving Plate - - - - "
Embalming Body (with _____ Fluid) 15.00
Washing and Dressing - - - - "
Shaving - - - - "
Disinfecting Rooms - - - - "
Use of Catafalque and Drapery - - - - "
Use of Folding Chairs - - - - "
Use of Candelabrum - - - - "
Candles - - - - "
Gloves - - - - "
Crepe - - - - "
Telephone - - - - "
Telegraph - - - - "
Number of Carriages _____ @ \$ _____
Hearse - - - - 10.00
Wagon Deliveries - - - - "
Death Notices in _____ Newspapers - - - - "

NAMES OF NEWSPAPERS

Flowers _____
Outlay for Lot - - - - "
Opening Grave - - - - "
Lining Grave - - - - "
Shipping Charges, prepaid - - - - "
Removal Charges - - - - "
Cremation Charges - - - - "

Total Footing of Bill _____
By Amount Paid in Advance _____
Balance _____ 100.00
Entered into Ledger, page _____ or below

Total Debit - - - - \$ _____

1923
Mch 2 Credits cash 100.00